CABINET MEMBER FOR ADULT SOCIAL CARE

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

Date: **Monday, 21st July, 2014**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for Absence.

4. Declarations of Interest

5. Minutes of previous meeting (Pages 1 - 11)

6. Health and Wellbeing Board (Pages 12 - 28)

7. Adult Services Revenue Budget Monitoring (Pages 29 - 33)

8. Domestic Abuse Performance Management Framework and Action Plan (Pages 34 - 45)

9. Representation on Outside Bodies/Working Groups
   Rotherham Foundation Trust – Council of Governors
   (Partner Governor – *Councillor Wyatt)*

   RDaSH
   (Partner Governor – Councillor Wyatt)

   Local Government Yorkshire and the Humber – Health and Wellbeing Group
   (Councillor Wyatt)

   Obesity Strategy Group
   (Councillor Wyatt – Chair)

Rotherham Heart Town
(Joint Chair – Councillor Wyatt)

Tobacco Control Alliance
(Chair – Councillor Wyatt)

Self-Harm and Suicide Prevention Group
(Councillor Wyatt)

Clinical Commissioning Group
(Councillor Wyatt)

CABINET MEMBER FOR ADULT SOCIAL CARE
16th June, 2014

Present:- Councillor Doyle (in the Chair); Councillors Andrews and Pitchley.

H1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H2. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 28th April, 2014.

Resolved:- That the minutes of the meeting held on 28th April, 2014, be approved as a correct record.

H3. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 23rd April, 2014, were noted.

H4. ADULT SERVICES REVENUE OUTTURN 2013-14

Mark Scarrott, Finance Manager (Adult Services) presented a report relating to the Revenue Outturn position for Adult Services Department within the Neighbourhood and Adult Services Directorate for the financial year 2013/14.

It was reported that the 2013/14 revised cash limited budget was £73.555M, and the net Outturn for the Service for 2013/14 was an underspend of £33,089 (variation of -0.05%).

It was noted that a significant part of the actual underspend was due to additional income received from the NHS during the final quarter. This, together with restricting spend to essential items only throughout the year, underpinned by tight financial management within the Service, had contributed to addressing the budget pressures within Adult Services.

A summary revenue outturn position for Adult Social Services was given in the table within the submitted report.

The appendix to the submitted report detailed the revenue outturn 2013/14 and the reasons for variance from approved budgets. The following key variations were highlighted:-

Adults General (-£140,000)

- Underspend in the main due to restricting spend to essential items only, managed savings on training budgets plus additional grant funding for HIV support

Older People's Services (+£298,000)

- Recurrent budget pressure on Direct Payments, delays in implementing budget savings target within In-House Residential Care due to extended consultation, overspend on independent residential and nursing care due to budget savings target for additional Continuing Health Care not achieved plus increase in demand for domiciliary care particularly during the final quarter
- Above budget pressures reduced by additional Winter Pressures funding received in the last quarter, vacancies due to Service reviews and increased staff turnover within Assessment and Care Management and Social Work Teams, impact of restricting spend to essential items only within Day Care Services, delays on developing services for Dementia clients and carers' breaks. There had also been additional funding from Health to support hospital discharges, revenue savings due to delays in the replacement programme for Community Alarms and funding through capital resources

Learning Disabilities (+£132,000)

- Main overspend in respect of SYHA residential and nursing contracts, increases in care packages and reduced in Continuing Health Care income in Supported Living Schemes
- Increase in demand and unachievable budget saving in Domiciliary Care and high cost placements in independent day care
- Recurrent pressures on Day Care transport including under-recovery of income from charges and new high cost placements during the year
- Reduced by underspends in independent sector residential care budgets as a result of a review of all high cost placements plus efficiency savings on a number of independent and voluntary sector contracts and reduced care packages within Community Support Services

Mental Health Services (-£446,000)

- Savings on Community Support budgets
- Additional funding from Health to meet Public Health outcomes in respect of alcohol and substance misuse

Physical and Sensory Disabilities (+£383,000)

- Recurrent budget pressure and a further increase in demand for Direct Payments plus independent Domiciliary Care
- Pressures reduced by a planned delay in developing specialist alternatives to residential and respite care provision
- Efficiency savings on contracts with providers for day care, advocacy and Community Support Services, equipment and minor adaptations, staff vacancies and non-pay budgets

Adult Safeguarding (-£148,000)

- Underspend mainly due to additional Public Health funding to support Domestic Violence plus higher than expected staff turnover

Supporting People (-£112,000)

- Efficiency savings were made due to a reduction in actual activity on a number of subsidy contracts

Members present raised a number of issues that were clarified as follows:-

- The Local Authority had received £220,000 Winter Pressures money from Rotherham CCG
- £400,000 ringfenced Public Health monies had been allocated to meet Public Health outcomes within Adult Services

Resolved:- (1) That the unaudited 2013/14 Revenue Outturn report for Adult Services be received and noted.

(2) That staff be congratulated on ensuring the 2013/14 budget had been brought in line with Corporate priorities in an efficient manner.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE THE ARRANGEMENTS TO BE MADE.)

H5. CHAMPIONS

Resolved:- (1) That the 2014/15 Champions for the Adult Services Directorate be as follows:-

Learning Disability	Councillor Pitchley
Mental Health	Councillor Pitchley
Carers	Councillor Andrews

(2) That a report be submitted to the next meeting with regard to the Champion positions for Older People, Sensory Deprivation, Domestic Abuse and Safeguarding Adults.

H6. THE FUTURE OF CARERS' SUPPORT SERVICES

Sarah Farragher, presented a report on the future of Carers' Services which showed that Rotherham continued to have a higher rate of people with limiting long term illness than the national average of 17.6% (56,588 – 21.9% of the population). It also revealed that Rotherham's population was ageing faster than the national average with a 16% increase in the number of people aged over 65. Those aged over 85 increased at over

twice the rate, the profile of which impacted upon the numbers of people needing care now and potentially in the future.

Also 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/disability or problems related to old age.

Given this information, the emerging demographic trends and the future legislative requirements through the Care Act 2014, there was a need to consider ways in which the Authority could improve the ways in which it supported carers in Rotherham. A review had been commissioned to establish the future requirements in the delivery of support to carers across the Borough. This part of the review provided an evaluation of the ways in which carers received information:-

Carers Support Officers

- Carers were positive about the range of information and support they received
- Workshops delivered in local communities at health centres, community centres and recently at the Hospital
- The number of carers attending the events had been greater than the day-to-day footfall to Carers Corner
- Proposal to increase the sessions across all local communities

Council Website

- Difficult to search for information relating to support to carers and need to update this part of the website
- Proposal to rebadge it as "Carers Corner" with interactive buttons that could be clicked to access a range of information about carers support services and/or signposting to health and 3rd sector organisations for additional information and support
- Would help build closer working arrangements with external organisations who also undertook a support role to carers in Rotherham

Carers Corner

- Serious decline in the number of people visiting for support during the last year
- Due to insufficient budget to manage the Service, and the need to support the service with additional staff, this had resulted in a detrimental impact on other services
- 3 options:-
  - Invest in current Service
  - Virtual Carers Corner
  - Relocate Carers Corner

Full details of each of the 3 options were set out in the report submitted upon which the following discussion took place:-

- The implications of giving notice on the existing premises in July, 2014
- Possible suitable alternative premises in the Town Centre
- The prominence of support for carers in national and local agendas
- Health and safety requirements for staff, resulting in staff being unable to work alone

Resolved:- (1) That the report be noted.

(2) That option 3, the reconfiguration of support services delivered by the Carers Corner function, be endorsed which would maximise the ways in which the needs of hard to reach carers living in the Borough of Rotherham could be met whilst still maintaining a Town Centre location with the potential for increased footfall.

(3) That the proposals for improvements to the range of information provided to carers on the Council's website and ways in which linked with Health and 3rd sector partner agencies could be improved be endorsed.

H7. SCRUTINY REVIEW - SUPPORT FOR CARERS

The Director of Health and Wellbeing reported on the joint review undertaken by the Health and Improving Lives Select Commissions during 2013 and reported to Cabinet on 5th February, 2014 (Minute No. C177 refers).

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

- If carers generally identified themselves as carers
- The degree to which carers accessed support or considered they need support to assist them in their caring role
- Where carers go for initial support
- The key factors necessary to ensure carers received good and timely information
- Any areas for improvement in current information provision

The review had established that carers represented a vital unpaid workforce within the Borough and that they needed to be invested in. Any resources invested to support carers represented an opportunity to reduce pressure on social care and health services.

The review produced 11 recommendations:-

- 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

- 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

- 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

- 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

- 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

- 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

- 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"

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

- 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

- 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

- 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

Discussion ensued on the report with the following issues clarified/raised:-

- The Carers' Charter and Carers' Action Plan incorporated the review's actions
- A report was to be submitted to the Chief Executives' meeting regarding the employment aspect

Resolved:- That the report be noted.

H8. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) SUPREME COURT JUDGEMENT

Sam Newton, Service Manager, Safeguarding Adults, presented a report outlining the significant resource implications for the Local Authority in its role as Care Manager, Care Provider and Supervisory Body as a result of a legal challenge and case law.

The Deprivation of Liberty Safeguards (DoLS) were introduced to the Mental Capacity Act 2005 through the Mental Capacity Act 2007 which required a process to be implemented which ensured that people who were considered to be deprived of their liberty were safeguarded through the DoLS process. This had been subject to challenge and case law, the most recent of which was the judgement in P v Cheshire West and Chester Council and P & Q v Surrey County Council which was handed down by the Supreme Court on 19th March, 2014. The judgement clarified the meaning of 'deprivation of liberty' in the context of social and health care which had practical and legal implications for the future of the Mental Capacity Act and the application of Article 5 of the European Convention on Human Rights and Article 5 being a person's right to liberty.

In order to meet its statutory responsibility following the judgement, the Local Authority would need to invest in additional resources and workforce. The initial costing for assessment alone could be in the region of £1M with an annual recurrent cost of approximately £700,000 for reviews and new assessments. This did not include the financial implications in terms of costs for commissioners, legal services, human

resources, additional Mental Health Act assessments and implications for Section 117 funding.

An initial action plan had been developed but was likely to change as national guidance emerged. In order to meet the initial impact and demand, the DoLS Team would have to be immediately increased with a Best Interest Assessor and additional business support in order to priorities all urgent DoLS requests (completion in 7 days). All previous DoLS applications received in the past 2 years that were not granted on the grounds that they did not meet the Council's then understanding of the threshold for deprivation of liberty would need to be reviewed.

A more detailed scoping exercise would be undertaken to understand how many individuals in Rotherham would be affected including all Adults and Children (those that are 16 years+ and in Foster Care) and those in receipt of health services. It was proposed that a working party be established to undertake this exercise and would include:-

- An approach to assessing/reviewing individuals that were impacted upon by the judgement
- Whether those who lacked the mental capacity to consent would need to be subject to a DoLS authorisation or be detained under a section of the Mental Health Act
- Proposed planned and measured approach applied in respect of standard requests (completion in 21 days) working with providers to identify, screen and prioritise assessments over a longer time frame e.g. 12 months
- Future applications not accepted without an appropriate Mental Capacity Assessment and evidence of a well worked best interest decision clearly demonstrating that all other alternatives to a deprivation of the person's liberty had been explored and ruled out
- Work with Rotherham CCG in terms of negotiating the availability of Section 12 Approved Doctors practicing within the local area
- Consideration to recruitment of additional trained Best Interests Assessors from external sources and/or investment in the development of the internal workforce to conduct reviews/assessments
- Impact of the additional demand on Legal Services

Discussion ensued on the report with the following issues raised/clarified:-

- Any suitably qualified doctor who had received Section 12 training could carry out the assessment
- Work was taking place around options for increasing the pool of Section 12 doctors as cost effectively as possible
- ADASS had commissioned a survey and was working with the Department of Health on the requirements
- Need to ensure that Social Workers were fully aware of the implications of these rulings especially in relation to their

understanding of the Human Rights Act and the Article 5 and the Mental Capacity Act

Resolved:- That the report be noted.

H9. CARE ACT 2014

The Director of Health and Wellbeing presented a report on the plans in place to support the implementation of the Care Act 2014 in Rotherham.

The Care Act aimed to transform the social care system and its funding. The Department of Health was working together with the Local Government Association and the Association of Directors of Adult Social Services to develop and shape the Regulations which would come under the primary legislation and to inform the statutory Guidance on how local authorities would meet the legal obligations.

The Bill placed a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS and other health related services including house, to be in place by 2018.

The key elements of the Act as currently laid out included:-

- Improving Advice, Information and Guidance
- Entitlement to Care and Support
- Assessment of Eligibility
- Personalisation
- Financial Assessment
- Cap on Care Costs
- Deferred Payments
- Safeguarding
- Carers
- Portability of assessment/Provision
- Provider Failure
- Transition from Child to Adult

It was anticipated that additional funding would be made available to local authorities in relation to the new duties but the level of which was not clear. Some of the issues the Council would need to address were:-

- Understanding the implications for the Council of a national eligibility framework
- Clear information about self-funders, not just in care homes but also those with eligible needs who were purchasing community-based support services who would be entitled to an assessment of need, support plan and annual review
- An understanding of the new processes that would need to be put in place for the provision of 'care accounts' including financial

assessments of self-funders, monitoring of self-funders' eligible care costs, production and provision of 'care account' statements for self-funders

- Assessment of financial implications of the cap on care costs and of an increase in the upper threshold for financial support from the Local Authority
- Awareness of those, including carers, who had unmet needs who would be eligible for social care services
- Understanding of the number of carers who would be entitled to an assessment to support planning where relevant
- Financial implications of extended carers' support services which would be non-chargeable
- Arising implications from the responsibility of ensuring there were sufficient preventative services which delayed people's need for long term care and support
- Development of processes to recover costs for meeting a person's eligible needs where funding responsibility laid with another local authority
- Resource implications of extended responsibilities in relation to transitions from Children's to Adults Services
- Implications for training assessment and care management staff with a move to proportionate assessments with an 'asset based' approach
- Implication of extended responsibilities to provide written information and advice to people with non-eligible needs on what could be done to prevent or delay the need for care and support

In order to gain an early understanding of the changes and the implications for the Local Authority, a programme of work had commenced in 2013 to consider in detail of the implications of the Bill and to scope and plan the implementation of the required changes. A Care Act Steering Board had been established with workstreams identified against key areas of work together with substantive sub-groups and enabling sub-groups. Details of each were set out in the report submitted.

It was noted that an all Members seminar was to be held before Christmas 2014.

Resolved:- That the report be noted.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE APPROPRIATE ARRANGEMENTS TO BE MADE.)

H10. ADULT SOCIAL SERVICES VISITS

Resolved:- That, in future, the above be referred to as "Adult Social Services Informal Visits".

H11. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 4 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations).

H12. COMMISSIONING OF JOINT COMMUNITY OCCUPATIONAL THERAPY SERVICE POST MARCH, 2014

Janine Parkin, Strategic Commissioning Manager, reported on the refreshed options remaining to the Local Authority and the Rotherham CCG for the delivery of Community Occupational Therapy Services following expiry of the existing jointly commissioned contract with the Rotherham Foundation Trust.

A full review of the Service and its performance had been conducted.

The report contained details of the 2 options available.

Resolved:- (1) That Option 1 be approved as the preferred option.

(2) That formal engagement with Rotherham CCG, agreement on governance arrangements and prioritisation of the service review be agreed by the Better Care Fund Task Group before submission to the Cabinet Member.

(3) That, further to (2) above, a further report be submitted before September, 2014, outlining the future commissioning plan, new governance routes and the proposed service model.

HEALTH AND WELLBEING BOARD
4th June, 2014

Present:-

Councillor John Doyle	Cabinet Member for Adult Social Care **(in the Chair)**
Dr. David Clitheroe	SCE Executive Lead, Children's and Urgent Care, Rotherham CCG
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Officer, Rotherham CCG
Naveen Judah	Rotherham Healthwatch
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Deputy Leader
Jenny Lax	South Yorkshire Police (in attendance for Jason Harwin)
Carole Lavelle	NHS England (in attendance for Brian Hughes)
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children's and Young Peoples Services

Also in Attendance:-

Tracey Clark	RDaSH (representing Chris Bain)
David Hicks	Rotherham Foundation Trust (in attendance for Louise Barnett)
Councillor Rushforth	Cabinet Member for Education and Public Health
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Louise Barnett, Kate Green, Jason Harwin, Brian Hughes, Martin Kimber, Chrissy Wright and Councillor Ken Wyatt.

S103. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the member of the public.

S104. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 23rd April, 2014, be approved as a correct record.

Arising from Minute No. S96 (Admiral Nurses), it was noted that the CCG were currently undertaking a community transformation project in an attempt to rationalise and evaluate all the nursing services required. The discussions would also include specialist nursing for Dementia patients, case management and the use of VAR and be guided as to what services were required.

Arising from Minute No. S101 (Peer Review), it was noted that a LGA review would take place in September, 2014. Scoping meetings were to

take place in June for Board members to formulate what the review should consist of.

S105. COMMUNICATIONS

(a) Rotherham Tobacco Control Alliance

The notes of the meeting held on 17th April, 2014, were noted.

(b) Integrated Youth Support Services

A report was submitted for information on the progress achieved by the Integrated Youth Support Service and its partners in relation to progression and retention in learning and employment for young people, academic age 16-18 years.

(c) Data Sharing Protocol – Request from South Yorkshire Fire and Rescue Service

A request had been received from the South Yorkshire Fire and Rescue Service to sign up to the Data Sharing Protocol.

Resolved:- That South Yorkshire Fire and Rescue Service sign the Data Sharing Protocol.

S106. BETTER CARE FUND

Tom Cray, Strategic Director, Housing and Neighbourhood Services, presented a report which provided a brief overview of the process undertaken to date, NHS England feedback received to the bid and how the plan would now be implemented.

Discussion ensued with attention drawn to the following:-

- Attached to the report was the Risk Register and a summary of each of the 12 schemes which made up the programme

- The new Care Bill was ranked as a “red” risk as the final detail was awaited. Once known, the detail would have to be evaluated to ensure no deviation from the intended funding outcomes

- Amendment to the wording to reflect “continuing engagement with all providers”

- Concern that there was little mention of how Healthwatch would engage in the process. Reassurances were given that the role of Healthwatch, its added value and independence, had not been deliberately omitted but acknowledgement that ideally discussions should have taken place with regard to their role. However, time constraints dictated by NHS England’s deadlines had prevented them from happening. Healthwatch would have a great part to play in consulting with patients and the general public with regard to the rolling out of the plan, how it was monitored and its evaluation. As

part of Healthwatch's funding arrangement, there would be specific pieces of work required to feed into the customer experiences

- There may be a solution with regard to data sharing that would allow the whole community to access patients' records. By the end of June there would be the ability to access EMS and Patient 1 records which would be a massive step forward with a view to a single care plan

Resolved:- (1) That the report be noted.

(2) That quarterly reports from the Better Care Fund Task Group be submitted.

S107. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Joyce Thacker, Strategic Director, Children and Young People's Services, and Donald Rae, SEND Strategic Lead, presented an update on the preparations to implement the Special Educational Needs and Disability Reforms in Rotherham.

The Children and Families Bill was enacted in March and a new version of the SEND Code of Practice published with the final version expected shortly.

This was the largest reform of how information and support was provided to children and young people with special educational needs and disabilities for over 20 years. It brought together the different systems in Early Years, Schools and Colleges and ensured better integration with health and care. It aimed to improve the support provided so that children and young people were able to live independent and fulfilling lives in adulthood. Placing the needs of parents and young people at its heart, the new system focussed on those aged 0-25 with new duties for local authorities, Clinical Commissioning Groups and Early Years Providers, Schools (of all types) and FE Colleges. Late amendments to the Bill had increased the role of the local authority in providing Mediation Services for education, care and health as well as bringing young people within Youth Offending institutions into the scope of the Act.

Organisations in Rotherham, including parents and young people, continued to work in partnership to implement the reforms. Key tasks which needed to be completed before September, 2014 included:-

- Putting children, parents and carers and young people at the heart of the new system
- Publish a Local SEND Offer
- Establish a new SEND Assessment Pathway for all of those aged 0-25 with Special Educational Needs or a disability, including plans to transfer those with a SEN Statement or Learning Difficulty Assessment (LDA) to the new Education Health and Care Plan

- Set up a new structure with the CCG to jointly commission education, care and health services for those with special educational needs or a disability
- Ensure parents and young people can receive support through a personalised budget if they request one
- Consultation on Rotherham's SEND Aspiration and Mission

Whilst the SEND Reforms were part of national legislation, it was important to be clear about what this meant for the children and young people in Rotherham. To help this process, consideration was being given to developing a consensus about the purpose of the SEND Reforms. Building on the Government's stated aims, the following have been proposed and discussion already started with may groups with the aim of reaching a final version in July, 2014:-

Rotherham's SEND Aspiration
"Rotherham children and young people with Special Educational Needs will achieve well in their early years, at school and in college; lead happy and fulfilled lives and have choice and control"

Rotherham's Special Educational Needs and Disability Mission
"Rotherham education, health and care services will create an integrated system from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and aspirations"

This was a huge piece of work for all partners. Feedback from a visit from the DfE to establish Rotherham's preparations for the reforms had stated that all the correct structures, systems and personnel were in place to take them forward and impressed by the working relationship with the CCG.

Discussion ensued on the report with the following issues raised/clarified:-

- The DfE had recently visited to ascertain the Authority's readiness to implement the reforms. The visit had confirmed that the key structures were in place and that relationships with parents, Health and post-16 links were strong

- The SEND Commissioning Group had been established in January to provide the direction for the SEND reforms in Rotherham

- An event was to be held in Rotherham on 4th July entitled "In It together", co-hosted and planned by Rotherham's Parents Forum, the Local Authority and Health

- Consideration was being given to extending the Rotherham Charter to services and settings supporting children and young people from birth to 25

- The reforms were a long term programme which the Authority had to have started in September

- Caution must be exercised as to how it was presented to the community to ensure expectations were not raised unrealistically

- The Commissioning Group had met recently and formal plans would be submitted to the Board. The issues to be considered further:-

  Do we understand the demographics of children and young people and SEN in Rotherham?
  Have we sufficient places whether in schools, education or health to meet their needs?

- Essential that all data was collated due to the impact it would have throughout the system

- There was a sub-regional group that met to bring issues together primarily from an education point of view

Resolved:- (1) That the report be noted.

(2) That the Risk Register be submitted to a future Board meeting.

S108. SECTOR LED IMPROVEMENT

Dr. John Radford, Director of Public Health, gave the following powerpoint presentation:-

Sector Led Improvement Pilot
- Organisations are responsible for their own performance
- Across organisation influence on performance
- Recognise collective responsibility for performance
- Board role overview of performance across sectors
- Properly functioning, it will support management of external inspections

Public Accountability
- Public bodies are accountable to local communities
- Health and Wellbeing Board oversight
- Recognise the role of Scrutiny – accountability of all public bodies organisations to scrutiny
- Healthwatch

3 Outcome Frameworks
- Identification of performance issues
  - By organisation
  - By Scrutiny Select Commission

- Long term intractable

– Deciding when the performance would benefit from a multi-sectoral approach
– Supportive peer challenge process
– Actions
– Review

3 Levels
– Single organisation
– Across Rotherham
– Challenge – Cabinet Member/Scrutiny/Peer Cabinet Member

Multi-Organisational Pilot
– Delayed Discharges
– Breastfeeding

An example was then given of the Public Health performance clinics held on Obesity and Drug Treatment where the key actions agreed were:-

Obesity
– Better management of information needed to track improvement
– Development of wider Council policies to prevent obesity
– Better information to all Services
– Developing Single Point of access to Weight Management Services
– Targeting children in Reception years
– Increase in prevention/lower level interventions
– CAF for children identified as needing support
– Active partnership with Green Spaces

Drug Treatment
– Work with GPs to increase support
– Deliver the new recovery hub
– Targeted action at GPs with high volumes of users and new entrances – top 5 priority areas
– Improve housing advice
– Need only 20 more successful treatments to be national average

Discussion ensued with the following issues raised/clarified:-

- Performance clinics were led by a Director not directly responsible for the Service and could be widened to other organisations within Rotherham. They acted as a “critical friend”

- Performance management arrangements for BCF were clearly set out, however, the overall activity within the 6 Board priorities was not. A focus on outcomes was essential

- The 2 pilot performance clinics had involved partners

- Whilst the proposed pilot of Delayed Discharges was connected to the BCF was Breastfeeding a priority? In terms of giving every child the best start in life, breastfeeding fit with the Board's priorities as well as the Borough having lower than average breastfeeding rates. It was also an important priority in the Children and Young People's Plan

Resolved:- That the report be noted.

S109. FUTURE BOARD AGENDAS

The Chairman reported that, due to a reshuffling of Cabinet Member portfolios, he would now by the Chairman of the Board.

He outlined his proposals for future Board agendas which he proposed should consist of:-

Decision
Direction
Discussion

Issues that were for raising awareness/information/interest would be sent to Board members and would not be discussed unless there was an issue a member wished to raise.

Members of the Board were asked as to what they would like to see on future agendas:-

- Discuss 1 of the 6 priorities a month to gain a full understanding of the issues and subject it to a "so what" test

- Health inequalities/specific work with the more deprived areas of the Borough

- Standing agenda items so as to aid measurement of improvement

- SMART actions

Resolved:- That the above comments be taken into consideration when agenda setting for future meetings of the Board.

S110. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 2nd July, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.

HEALTH AND WELLBEING BOARD
Wednesday, 2nd July, 2014

Present:-

Members

Councillor John Doyle	Cabinet Member for Adult Social Care **(in the Chair)**
Chris Edwards	Chief Operating Officer, Rotherham CCG
Naveen Judah	Rotherham Healthwatch
Dr. Julie Kitlowski	
Councillor Paul Lakin	Deputy Leader
Chief Supt Paul McCurry	South Yorkshire Police
Shona McFarlane	Director of Health and Wellbeing, RMBC
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director of

????

Tracy Clark	RDaSH
Dr. David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Sharon Schofield	CAMHS
Carol Stubley	Director of Finance, NHS England
Janet Wheatley	Rotherham Voluntary Action Rotherham

Apologies for absence were submitted by Tom Cray, Councillor Amy Rushforth, Chris Bain, Louise Barnett, Kate Green, Jason Harwin and Martin Kimber.

S1. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the press and public,

S2. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 4th June, 2014, be approved as a correct record.

S3. COMMUNICATIONS

(a) Carers Review

Janet Wheatley asked if the voluntary sector and multi-agency working group had been set up and, if so, who was the contact.

Shona McFarlane reported that the Service Manager would be Janine Moorcroft. The Steering Group for Carers at present had no 3rd sector representative but it was being refreshed. There would be an invitation extended to VAR and others to take part in that process.

Councillor Jenny Andrews was the Champion for Carers.

(b) Dalton and Treeton Health Centres

Prior to the PCT reorganisation last year, 2 capital projects had been agreed in Rotherham (replacement of 2 ageing health centres in Dalton and Treeton). However, no progress had been made.

In the reorganisation it had been passed to Propgo and it was believed there was still the intention to proceed with the development.

Resolved:- That Carol Stubley, NHS England, submit a progress report to the next Board meeting.

S4. PERFORMANCE MANAGEMENT OUTCOMES FRAMEWORK

Dr. John Radford, Director of Public Health, gave the following powerpoint presentation on Performance Management:-

Performance Management

- Clear accountability for each performance measure – 1 accountable lead
- Targets, action plans and milestones track progress and direction of travel
- Performance monitoring – current performance, RAG status and direction of travel
- Governance arrangements play a fundamental role managing performance/risk
- Concerns and outliers are identified to prompt necessary action including clinics
- Trigger points for a performance clinic:
  - If performance is below target/is predicted to not meet the year end target
  - On target but due to a known event/issue is predicted to n ot meet the year end target
- The clinic will develop and agree a remedial action plan with the accountable lead
- Service improvement work takes place immediately upon agreement of the plan
- Progress monitored and reported to provide assurances that issue is under control necessary improvements in performance are delivered
- Latest available Public Health data used as a ‘can opener’ to prompt where performance clinics could take place

Public Health Outcome Framework Scorecard Summary – 110 National Public Health Outcome Framework Measures

- National Benchmark RAG Status
  - 32 Indicates rated Red
  - 27 Indicators rated Amber
  - 35 Indicators rated Green
- Regional Benchmark RAG Status
  - 23 Indicators rated Red
  - 46 Indicators rated Amber

- 24 Indicators rated Green

Green Measures

- Wider determinants of health
  1.02i/ii School Readiness
  1.06i LD Settle Accommodation
  1.06II MH Settled Accommodation
  1.06ii LD/MH Employment (Gap)
  1.10 Killed and Seriously injured casualties on England's roads
  1.15i/ii Statutory Homelessness – Acceptances/Households in temporary accommodation
  1.17 Fuel Poverty
  1.18i Social Isolation

- Health improvement
  2.07ii Rate of Emergency Admissions caused by unintentional and deliberate injuries in young people aged 15-24 years
  2.20i/ii Cancer Screening Coverage (Breast/Cervical)
  2.22i/ii NHS Health Checks – Take up/Offered
  2.24i/ii/iii Injuries due to falls in people aged 65 and over

- Health protection
  3.02i/ii chlamydia Diagnoses (15-24 year olds)
  3.03iii/iv/v/vivii/x/xii/xiii/xiv/xv Vaccination Coverage
  3.05ii Incidence of TB

- Healthcare and premature mortality
  4.1 Suicide Rate

Amber Measures

- Wider determinants of health
  1.09i Sickness Absence – the % of employees who had at least 1 day off in the previous week
  1.18ii Loneliness and Isolation Carers

- Health improvement
  2.04 Teenage Conceptions
  2.06i Excess Weight in 45 year olds
  2.07i Rate of Emergency Admissions caused by unintentional and deliberate injuries in children aged 0-14 years
  2.12 Excess Weight in Adults
  2.13i % of physical active and inactive adults – active adults
  2.15ii Successful completion of Drug Treatment – non-opiate users
  2.18 Alcohol-related Hospital Admissions
  2.23i/ii/iii/iv Wellbeing response from Integrated Household Survey

- Health protection
  3.03viii/ix MMR Vaccination Coverage
  3.04 People presenting with HIV at a late stage of infection

- Healthcare and premature mortality
  4.01 Infant Mortality
  4.06i/ii U-75 Mortality Rate from Liver Disease/considered preventable
  4.07ii U-75 Mortality Rate from Respiratory Diseased considered preventable
  4.14i/ii/iii Hip Fractures in People aged 65 and over
  4.15i/ii/iii/iv Excess Winter Deaths Index

Red Measures

- Overarching Indicators
  0.1i/ii Health Life Expectancy at Birth
  0.2i/ii Life Expectancy at Birth
  0.2 vi Gap in Live Expectancy at Birth between each Local Authority and England as a whole

- Wider Determinants of Health
  1.01ii % of all dependent children under 20 in relative poverty
  1.02ii School Readiness (Y1 pupils)
  1.09ii Sickness absence - % of working days lost to sickness absence
  1.12i Violent crime (including sexual violence) – hospital admissions for violence
  1.14 % of the population affected by noise
  1.16 Utilisation of outdoor space for exercise/health reasons

- Health Improvement
  2.01 % of all live births at term with low birth weight
  2.02i/ii Breastfeeding initiation/prevalence
  2.03 Rate of smoking at time of delivery per 100 maternities
  2.06ii Excess weight in 10-11 year olds
  2.13ii % of physically active and inactive adults – inactive adults
  2.14 Smoking prevalence (adults) over 18
  2.15i Successful completion of drug treatment – opiate users
  2.17 Recorded diabetes
  2.21 vii Access to non-cancer screening programmes – diabetic retinopathy

- Healthcare and Premature Mortality
- 4.02 Tooth decay in children aged 5
- 4.03 Mortality rate from causes considered preventable
- 4.04i/ii U-75 mortality rate from all cardiovascular disease/considered preventable
- 4.05i/ii U-75 mortality rate from cancer/considered preventable
- 4.07i U-75 mortality rate from respiratory disease
- 4.08 mortality from communicable diseases
- 4.11 Emergency readmissions within 30 days of discharge

Health and Wellbeing Board Priorities – Red Measures
Smoking

- % smoking at delivery

2012-13 outturn (19.2%)
Last update Q3 2013/14 (21.1%) against a target of 18.2%

Alcohol

- Number of FPN waivers which result in attendance at binge drinking course
  2012-13 outturn (86)
  Last update Q3 2013/14 (17)
  Lower than last year

Fuel Poverty

- The number of properties receiving energy efficiency measures through Community Energy Saving Programme (CESP)
  A3 2014-14 (16) against a target of 236
- The number of properties receiving energy efficiency measures through Department of Energy and Climate Change (DECC)
  Q2 2013-14 (68) against a target of 320

Obesity

- Percentage of overweight and obese children in Reception
  2011-12 outturn (16.1%)
  Last update 2012-13 (22.2%)
  2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13
- Percentage of overweight and obese children in Year 6
  2011-12 outturn (33.0%)
  Last update 2012-13 (35.2%)
  2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13
- Healthy eating prevalence (Integrated Household Survey/Active People Survey)
  2011-12 outturn 21.3% against a target of 28.7%

Future Performance Clinics

- The following Indicators have been identified as requiring focus/action – either Red or Amber with deterioration and/or in the bottom quartile regionally:-
  Obesity
  Low birth weight babies
  Breastfeeding
  Drug treatment
  School readiness
  Emergency readmissions
  Sickness absence
  Smoking
  Mortality
  Access to non-cancer screening programmes
  Children in poverty
  Violent crime
  Noise

Tooth decay
Alcohol (binge drinking course)
Energy Efficiency

- 3 areas identified as priority areas for first performance clinics – Obesity, Drug Treatment and Breast Feeding
- Obesity and Drug Treatment had taken place during May, 2014 and Breastfeeding to be held shortly

Discussion ensued on the presentation with the following issues raised/clarified:-

- Importance of joint working to develop strategies
- Need to work with the voluntary sector to ascertain what was available in the community in order to maximise resources
- Possible use of local businesses/supermarkets
- The need to think differently/interventions that would hopefully reduce the need for urgent health care
- Engagement with Parish Councils and inclusion in Parish Plans
- Need for performance clinics to be radical – "what would the effect be if stop doing what we are doing?"
- Hold current structures to account – there were a whole host of disparate processes across the Local Authority and partners. Engaging Scrutiny would be extremely positive as they gave a fresh view on issues
- Performance clinic to be held on Maternity Health

Chris Edwards reported that NHS England had requested the CCG to set up a System Resilience Group on which all partners were represented. The membership was clearly defined.

Resolved:- (1) That the report be noted.

(2) That the results of performance clinics, the procedures followed and the work undertaken be reported to future Board meetings.

(3) That a report be submitted to the next Board meeting on the System Resilience Group.

(4) That NHS England submit a report to the next Board meeting on Diabetic Retinopathy screening.

S5. BETTER CARE FUND

Chris Edwards reported that the final submission had been due to be made to NHS England. However, NHS England had requested that the 10 exemplar areas test out the system which would then be rolled out to the remaining 200.

Rotherham had been selected as of the exemplar areas as its plan was judged to be 1 of the most developed plans and fit for purpose.

The new submission date for the return was now 9th July, 2014.

Discussions had taken place and it was felt the deadline would be achievable with the return being submitted to the August Board meeting.

A telephone conference call to the 10 areas was taking place that morning.

Rotherham had no option to conform to this request.

Naveen Judah reported that from a national point of view, it seemed that a number of plans submitted were not considered realistic or achievable.

It was noted that the requirement for further work would place a burden on the resources of Adult Social Care who were currently working on the significant changes brought about by the Care Act and the Local Authority's budget process.

Chris Edwards stated that no additional work was required and the return would have to have been made but was now to a different timescale and on a different template.

The Chairman stated that no decision would be made until the results of the telephone conference was reported to the next Board meeting.

S6. CAMHS

Naveen Judah, Chair of Healthwatch Rotherham, presented the report produced in partnership with a group of local parents into the work of the Children and Adolescent Mental Health Services

Nationally, health and social care provision was being evaluated in light of the Francis report as well as a national review of CAMHS as part of the Children's Plan.

In Rotherham stakeholders had come together to produce and deliver the Rotherham Emotional Wellbeing and Mental Health Strategy for children and young people. The Strategy would inform service planning and commissioning for the next 5 years. The aims of the investigation were to:-

- Seek views on how local people believed the culture of CAMHS was affecting Service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham knew about the activity

To enable Healthwatch to achieve the above, 3 methodologies were used:-

- A purpose designed survey
- A public 2 day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

From all the statements made it could be concluded:-

- that there was a high level of dissatisfaction with the Service provided
- parents/carers did not feel listened to
- felt blamed for the problems they and their child were experiencing
- did not feel included or able to participate
- no clarity on what to expect from CAMHS and what services they provided
- difficult to make a complaint
- complaints were not handled consistently or in a timely manner
- waiting times to be seen were too long leaving families feeling unsupported
- when children were discharged from the service it did not always include families and they were unaware they had been discharged
- no crisis planning leaving families feeling unsupported and not sure what to do

When the concerns had first been raised, Healthwatch had looked at the work being done so as to avoid any duplication and to tackle the area of how Services users were feeling/being treat as opposed to diagnosis and pathways.

It was very important that CAMHS communicate and set out the correct expectations from the community. Services users often thought that CAMHS would be there throughout the process when in actual fact they may only be involved at the referral stage and then someone else took over resulting in CAMHS being wrongfully blamed for everything that subsequently went wrong.

Sharon Schofield, CAMHS, apologised that the carers and children had not received the service they felt they should have received from the Service. It was a small number given the numbers that used the Service nevertheless it was important that the best possible care was given to everybody.

A lot of work had taken place, supported by CCG commissioners, to improve both the processes in terms of looking at how appointments were made in a timely way and working within the issues of capacity and demands. In some cases the professionals that would have been there to support CAMHS in the past had unfortunately due to budget cuts etc. were no longer there. Sharon had also stated the Service's intention to

meet with all the parents who were unhappy on an individual basis to understand what their issues were in an attempt to resolve them.

Julie Kitlowski reported that the GPs had been extremely concerned and had carried out a lot of work together with RDaSH. A survey monkey had been sent to GPs to ascertain what their concerns were. CAMHS had developed an action log which they monitored which would hopefully include additional input in terms of the consultants they had and also to reduce the confusion as to who prioritised what as some of the Services expected of them were not actually delivered by them. A second survey to GPs had reported significant improvement. The situation would be monitored but satisfied they had a robust action log which would significantly improve the Service.

Chrissy Wright stated that RDaSH had been served with a Default Notice with regard to issues relating to the CAMHS Service. There had been a review by Attain commissioned by the CCG which had been helpful and the agreed Strategy was to be considered by the Health Select Commission on 11th July. There was now a partnership agreement with the CCG on behalf of the Council on how to work in localities.

Healthwatch Rotherham had agreed to revisit CAMHS in a year's time.

Resolved:- That the report be noted.

S7. RFT PATIENT RECORD SYSTEM

Chris Edwards reported that from the commissioner's point of view, they were receiving reports from GPs that the Patient Record system was working in an acceptable manner and had no current concerns.

David Hicks stated that the Trust had requested Monitor to lift the Enforcement in this area. The response had been quite encouraging when they had last visited and expected to hear formally very shortly as to whether the request had been acceded to.

Resolved:- That the report be noted.

S8. VACCINATIONS AND IMMUNISATIONS

Fiona Jordan, Consultant in Public Health and Vaccinations and Immunisations, presented a report on Rotherham's performance against the Public Health Outcomes Framework in terms of vaccinations and immunisations.

She drew attention to the following areas:-

- Men C – the red Indicator was due to a problem with data and not performance. The schedule had changed from 2 does to 1 does but the IT system still counted dose 2 as a missed appointment. This was

expected to be rectified for Quarter 1

- Neonal Hep B – the new local service specification from April, 2014, included data collection. Intensive work was taking place to ensure that every baby involved received the correct dosage etc. and on time
- Pertussis vaccination in pregnant women – there was currently a 50% standard against this indicator due to it being relatively new. Locally this was being pushed with GPs, however, there was a problem in that the IT systems between Maternity and GPs did not always link up in specific time for the practice to pick up that a vaccination was required. Work was taking place with Maternity Services and GP practices to try and ensure a more rigorous call and recall programme. Discussions had taken place with the Foundation Trust that the Midwives would be best placed to administer the injection

Resolved:- That the report be noted.

S9. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th August, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Cabinet Member for Adult Social Care**
2	**Date:**	**Monday 21 July 2014**
3	**Title:**	**Adult Services Revenue Budget Monitoring Report 2013/14**
4	**Directorate :**	**Neighbourhoods and Adult Social Services**

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2015 based on actual income and expenditure for the period ending May 2014.

The latest forecast for the financial year 2014/15 shows an overall overspend of £1.412m, against an approved net revenue budget of £69.638m. The main budget pressure relates to budget savings from previous years not fully achieved in respect of additional continuing health care (CHC) funding plus recurrent pressures on demand for Direct Payments.

Management actions are being developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for 2014/15.

7 Proposals and Details

7.1 The Current Position

The approved net revenue budget for Adult Services for 2014/15 is £69.638m. The approved budget includes budget savings of (£4.472m) identified through the 2014/15 budget setting process with no investments for demographic pressures.

7.1.1 The table below summarises the latest forecast outturn against approved budgets:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	1,703	1,703	0	0
Older People	28,418	29,446	+1,028	+3.62
Learning Disabilities	22,135	22,396	+261	+1.18
Mental Health	5,002	4,710	-292	-5.84
Physical & Sensory Disabilities	5,238	5,663	+425	+8.11
Safeguarding	476	476	0	0
Supporting People	6,666	6,656	-10	-0.15
Total Adult Services	**69,638**	**71,050**	**+1,412**	**+2.03**

7.1.2 The first financial forecast shows there remains a number of underlying budget pressures mainly in respect of continued increase in demand for Direct Payments, pressure on external transport provision within Learning Disability services and unachieved budget savings within Older People's independent sector residential and nursing care together with delayed implementation on the de-commissioning of employment and leisure services for clients with Learning Disability services. These pressures are being reduced by a number of forecast non recurrent under spends including additional one off grant funding.

The main variations against approved budget for each service area can be summarised as follows:

Adults General (Balanced)

This area includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting a balanced budget at this stage.

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Older People (+£1.028m)

- Recurrent budget pressure on Direct Payments over budget (+£540k). Client numbers have increased (+4) since April together with an increase in the amount of a number of care packages.
- Forecast under spend on Enabling Care and sitting service (-£504k) based on current level of service is offsetting an over spend within Independent sector home care (+£386k), which has experienced a slight increase in demand since April (+4 clients).
- An over spend on independent residential and nursing care (+£1.019m) due to delays in achieving the savings target for additional Continuing healthcare income. Additional income from property charges is reducing the overall overspend.
- Planned delay's on recruitment to vacant posts within Assessment & Care Management plus additional income from Health is resulting in an overall underspend (-£329k).
- Overall under spend on Rothercare (-£47k) due to savings on maintenance contracts on the new community alarm units.
- Other under spends in respect of vacancies with Community Support, and Carers (-£37k).

Learning Disabilities (+£261k)

- Independent sector residential care budgets is forecasting an underspend (-£128k) due to additional health funding. Work continues on reviewing all CHC applications and high cost placements as part of budget savings target.
- Forecast overspend within Day Care Services (+£143k) due to a recurrent budget pressure on external transport plus 3 transitional placements from Children's Services. This is being reduced slightly due to staff turnover higher than forecast.
- Overspend in independent sector home care (+£20k) due to increase in demand over and above approved budget.
- New transitional placements from Children's Services into Supported Living, reduced by one off grant income plus additional demand for Shared Lives is resulting in an overall forecast overspend (+£81k).
- Delays in meeting approved budget saving on contracted services for employment and leisure services (+£111k) due to extended consultation.
- Staff turnover lower than forecast within In House Residential Care (+£34k).

Mental Health (-£292k)

- A projected under spend on residential care budget (-£65k) due to a reduction of 3 placements since April.
- An under spend in community support budget (-£241k) due to delays in clients moving from clients from residential care.

- Pressures on employee budgets due to lower than expected staff turnover plus review of night cover arrangements (+£54k) reduced by underspend on Direct Payments (-£40k) due to a review of a number of care packages.

Physical & Sensory Disabilities (+£425k)

- Further increase in demand for Direct Payments (+ 6 clients since April) in addition to a recurrent budget pressure is forecasting a overspend (+£730k).
- Additional CHC contributions and a reduction in average spend on Domiciliary Care is resulting in a forecast underspend (-£288k).
- Minor underspend on residential and nursing care due to a net reduction in placements since April (-£14k) plus minor saving on independent day care contract (-£3k)

Safeguarding (Balanced)

- Includes Safeguarding Assessment and Social work teams together with Domestic Violence and Court of Protection is forecasting a balanced budget at this early stage.

Supporting People (-£10k)

- Efficiency savings on supplies and services budget.

7.1.3 Agency and Consultancy

Actual spend on agency costs to end May 2014 was £5,544 (no off contract), this is a significant reduction compared with actual expenditure of £106,930 (no off contract) for the same period last financial year. The main area of spend is within Assessment & Care Management Social work Teams.

There has been no expenditure on consultancy to-date.

7.1.4 Non contractual Overtime

Actual expenditure in respect of non contractual overtime to the end of May 2014 was £14,480 compared with £59,115 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

7.2 Current Action

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant

variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

8. Finance

Finance details including main reasons for variance from budget are included in section 7 above.

9. Risks and Uncertainties

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market.
One potential risk is the future number and cost of transitional placements from children's services into Learning Disability services which has not been funded for transitions in 2014/15.
In addition, any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care. Regional Benchmarking within the Yorkshire and Humberside region for the third quarter of 2013/14 shows that Rotherham remains below average in terms of activity in respect of continuing health care (16th out of the total 23 CCG's).

10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 26th February 2014 –Proposed Revenue Budget and Council Tax for 2014/15.
- The Council's Medium Term Financial Strategy (MTFS).

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services, the Director of Health and Well Being and the Director of Financial Services.

Contact Name: Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services)*, Financial Services x 22007, email Mark.Scarrott@rotherham.gov.uk.*

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Cabinet Member for Adult Social Care**
2.	**Date:**	**16 June 2014**
3.	**Title:**	**Domestic Abuse Performance Management Framework and Action Plan – Annual Report and performance out turn**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

The Performance Management Framework and Action Plan for Domestic Abuse and the underpinning strategy has now been in place for twelve months, the framework monitors actions against Rotherham's Strategy and is being used to track performance in relation to domestic abuse activity across partner organisations in Rotherham

6. Recommendations

- **That Cabinet Member accepts this annual report and note the actions taken, improvements made and the performance monitoring which is taking place against the key measures around Prevent, Protect and Pursue and the underpinning Violence against Women and Girls Strategy.**

- **Cabinet Member is asked to note the excellent work carried out around the perpetrator programme, by trialing work on Domestic Abuse repeat offenders through a range of partnership interventions which are pre court which has led to a reduction of re-offending of over 90%.**

7. Proposals and Details

The Domestic Abuse Performance Management Framework has been in place since April 2013. It comprises the action plan against the strategy: Violence Against Women and Girls, other key developments from the recent scrutiny review, a HMIC review of domestic abuse and also actions from domestic homicide reviews.

It specifically includes the performance framework around Prevent, Pursue and Protect with a series of measures and performance indicators to track and monitor improvements in services that are provided across the partnership.

Some highlights in progress during the year have included:

- Awareness raising has been very successful particularly around the changes following the change in definition of Domestic Abuse to include 16 and 17 year olds.

- A champion has been identified following the scrutiny review and the subsequent merger of the Domestic Abuse Forum and Domestic Priority Group.

- Domestic Abuse will be a feature of the Multi- Agency Safeguarding Hub through the IDVAs being located in the MASH, which is currently planned for early August 2014.

- There has been an increase in the number of reported DA incidents that are classified as a crime.

- The number of Domestic Abuse incidents reported to SYP has exceeded its target of 60000 increasing from 5555 to 6401.

- Increase in the number of referrals to IDVA from 420 to 565

  The DAPG have been trialling the management of Domestic Abuse repeat offenders through a range of partnership interventions which are pre court, this has been achieved by a problem solving approach, working with offenders and victims to establish the most appropriate partnership services to assist in reducing reoffending and to protect the victims.

  The partnership services used have included mental health, drugs, alcohol, voluntary work, support in job applications etc. The Police have worked closely with Troubled Families and Health to facilitate 'fast time' pathways into these services for the offenders.

  After some great successes with high risk offenders in December last year when we managed 17 offenders and NONE reoffended, the group moved their focus to medium risk offenders. These offenders place the greatest

demand upon all partners. During March and April we worked with the top 10 medium risk offenders across Rotherham and the results of that work are:

- Two months prior to perpetrator interventions there were a total of **44 domestic Incidents involving the 10 offenders**

- Two month period following partnership interventions there were just **6 domestic incidents involving the 10 offenders**

- **A reduction in reoffending of over 90%.**

The work is continuing and the number of offenders being managed has increased to 25. SYP are conducting a full evaluation of the work to identify learning for sharing.

It has been recognised that the framework has fulfilled its original intention to look at activity and key priorities for the first 12 months. However, a full review of both the action plan and the performance framework is currently underway to ensure that all actions and measures are outcome focussed and fit for purpose to underpin our strategy moving forward.

It is worth noting that the Rotherham Safeguarding Children Board has also recognised Domestic Abuse as a priority and its Performance Management Framework also includes a series of Domestic Abuse measures from the framework, the revised Safeguarding Adults Board's framework will include the same.

8. Finance

There are no financial implications associated with this report.

9. Risks and Uncertainties

Domestic abuse is a key priority across the partnership and one of the four identified priorities of SRP. By not tracking and monitoring the improvements of services across the partnership SRP will find it difficult to:

- Evidence that Domestic Abuse features in strategic frameworks
- Evidence that partner agencies are proactively undertaking a risk focused approach to Domestic Abuse, in line with emerging best practice
- Increase confidence of the Public in reporting Domestic Abuse and accessing support
- Evidence its compliance with the Home Office's national agenda to Eliminate Violence Against Women and Girls
- Withstand scrutiny in a Domestic Homicide Review which is submitted to the Home Office

- Respond to victims and their families effectively

10. Policy and Performance Agenda Implications

The Performance Management Framework is in place to ensure that progress is made around key actions from the Domestic Abuse Scrutiny Review, the HMIC review and the Domestic Homicide Reviews in addition to actions against the Rotherham strategy

The new OFSTED framework for the inspection of childrens' services will include the review of cases where domestic abuse as a feature.

11. Background Papers and Consultation

National Call to End Violence Against Women and Girls
Safer Rotherham Partnership Domestic Abuse and Sexual Violence Strategy 2013 - 2016 (draft)
Appendix 1 – Action Plan
Appendix 2 – Performance Management Framework

Contact Names :

Sue Wilson, Performance and Quality Manager, ext 22511 sue-cyps.wilson@rotherham.gov.uk

Sam Newton, Service Manager, Safeguarding Adults, ext 34062, sam.newton@rotherham.gov.uk

DOMESTIC ABUSE ACTION PLAN

Key (Action Ref)	
Recommendation included in the **Scrutiny Review**	**S**
Recommendation included in the **Essex HMIC Review**	**H**
Recommendation included in the **Adult Z DHR**	**Z**
Recommendation included in the **NDHR**	**N**

ACTION REF	HOW WE WILL DO IT (THE PLAN)	LEAD AGENCY	LEAD OFFICER	TARGET DATE	MILESTONES	PROGRESS MADE	RAG	DATE OF UPDATE
1. PREVENT - We will make it more difficult for domestic abuse to happen								
1.1 (S,H&N)	We will ensure that the SRP has an effective strategy in relation to Violence Against Women and Girls, governance arrangements, protocols, policies and procedures in place to ensure a coordinated multi agency response to domestic abuse and other VAWG issues and that communications are reviewed to ensure that all forms of domestic violence and abuse are covered.	SRP / DAPG	C.Henry-Leach / Joyce Thacker / Steve Parry	Apr-14	**1.** Develop a response to the national call to end violence against women and girls. **2.** Launch the strategy on behalf of SRP. **3.** Ensure the strategy is embedded into every day use. **4.** Reaffirming the roles and responsibilities between: DAPG, RDAF & SRP Executive, JAG and DAPG.	SRP requested the March Executive Board meeting focused on performance and so this has been deferred to the June SRP Executive.	**A**	May-14
1.2 (S & H)	We will work with partners and communities including local businesses to ensure that they have an increased awareness of Domestic Abuse and healthy relationships so that they can respond appropriately regardless of the level of risk, domestic or non domestic setting and any form of abuse e.g. "honour" based abuse, forced marriage, harassment, stalking , sexual violence etc.	SRP / DAPG	C.Henry-Leach / Mel Simmonds	Mar-14	**1.** Ensure VCS DA Service raise awareness of all forms of DA within the Community. **2.** Undertake awareness raising campaigns on behalf of the SRP at key periods throughout the year. **3.** Ensure awareness raising campaigns covers diversity themes. **4.** South Yorkshire Rape Steering Group are to look at developing a South Yorkshire wide strategy. **5.** Identify which Council lead will hold the lead for sexual violence - Public Health or the Community Safety Partnership.	**1.** All DA services have advised they are now working to the new defintiion and all their awareness literature references the changed definition **2.** This is to be requested of the SRP when it meets in June **3.** All awareness and training materials include the diversity themes	**G**	May-14
1.3 (S &H)	We will build victim and perpetrator profiles throughout the partnership to ensure that we can develop innovative and timely responses to support child and adult victims of domestic abuse and proactively manage offenders. A perpetrator programme should be established in Rotherham as part of the work on prevention and early intervention and to ensure compliance with the SDVC components.	VCS, SYP, CYPS, health, RMBC, Probation, IDVA	CI Womersley	TBA	**1.** Identifying standard risk but persistent offenders and in conjunction with the partners consider serving ABC's on these individuals. **2.** Providing domestic abuse safety information at source to all victims **3.** Identifying Top Ten medium risk offenders creating a role profile for each based against offender, victim, location and with partners agreeing an offender management action plan for each. **4.** Exploring opportunities for diversionary work for siblings.	Complete Pathways now in place through Troubled Families and Health and working effectively. Including support on alcohol, drugs, mental health, housing, diversionary work plus use of Orders		Completed
1.4	We will monitor the number of repeat cases reviewed by MARAC so that we can improve intelligence and develop a partnership briefing on key offenders	SYP	DI Monteiro	TBA		Further discussion taken place between PS Wheatcroft and Cheryl henry leach. As above all are reviewed by staff within the DV team and appropriate action is taken both within MARAC and locally in the DV team. Work ongoing.	**G**	May-14
1.5	We will review and develop our approach to predictive analysis based on an individuals behaviour and crime calendar	SYP	CI Womersley / DI Monteiro	TBA	Develop a predictive analysis approach to identifying when offenders likely to occur to assault partner and put interventions in place.	Completed Crime calendar now developed for DV incidents and crime.		Completed
1.6	We will review and develop our prevention approach in order to work proactively to reduced incidents of domestic abuse taking account the crime calendar	SRP, SYP	CI Womersley / DI Monteiro	TBA		Completed Crime calendar now developed for DV incidents and crime.		Completed
1.7 (S&N)	We will work with young people through Early Intervention opportunities to raise awareness of how to recognise coercive relationships and to recognise and report domestic abuse aswell as support the national 'This is Abuse', campaign, aimed at tackling domestic and sexual abuse in teenage relationships in your local area. We will consider using survivors' experiences to support our training and communications.	LSCB, RMBC, Schools, VCS	K White / Helen Wood / Kay Denton-Tarn / Sherran Finney		Review the training strategy, including who is best placed to deliver the training, in order to ensure the best use of staff resources. Email VAWGCampaign@homeoffice.gsi.gov.uk for further information on the 'This is Abuse' campaign and how to access support materials. (This recommendation will be achieved through completion of 1.10 and 4.1.)	See 1.10 and 4.1.	**A**	May-14
1.8 (S)	A full audit of need for domestic abuse support and services is recommended with a view to moving towards joint commissioning of services.	RMBC	Chrissy Wright	Mar-14	A full needs audit is to be undertaken.	Domestic Abuse now features in the Joint Strategic Needs Assessment.		
1.9 (S)	Drugs and alcohol play a significant part in domestic abuse cases, especially for standard/medium risk; therefore work-streams should take account of domestic abuse.		Anne Charlesworth	Mar-14	The Drugs and Alcohol Team (DAAT) within Rotherham Public Health are to arrange a workshop and invite all relevant partners to attend.	Changes to the lifeline contract regarding reporting of incidents, as learning from a recent case review are currently underway.	**A**	May-14

ACTION REF	HOW WE WILL DO IT (THE PLAN)	LEAD AGENCY	LEAD OFFICER	TARGET DATE	MILESTONES	PROGRESS MADE	RAG	DATE OF UPDATE
1.10 (S)	Links with schools/colleges and other local organisations who work with 16-17 year old young people need to be strengthened to ensure age appropriate services and support.		Kay Denton-Tarn / Sherran Finney	Mar-14	The PHSE Curriculum in schools does not feature Domestic Abuse as routine. However, PHSE leads are, at PHSE Leads meetings, updated as to how sensitive issues such as Domestic Abuse can be addressed with the PHSE curriculum.	Discussions are underway to adapt current Domestic Abuse training materials to ensure they are relevant for delivery within schools. Discussion is also underway with local colleges to ensure they are familiar with contemporary Domestic Abuse processes and referral pathways (e.g. referral to MARAC) in addition to their statutory safeguarding obligations. PSHE Leads are updated on current developments, and 'consent' will be looked at in the May 2014 PSHE Leads meeting.	**A**	May-14
1.11 (Z&N)	The public awareness programme should be delivered regularly throughout the year and be accessible to all. It should be examined to ensure it identifies all aspects of abuse and that it can deliver appropriate outcomes.	SRP/JAG	CI Ian Wormesly / Steve Parry	Jun-14	Awareness raising activity regarding all forms of DA to be rolled out thorughout the year Publicise that help and support is available even if the abuse has not been physical.	CI Womersley & J Thacker will be meeting College Heads during June 14 to launch.	**A**	May-14
1.12 (Z)	DAPG should continue to pursue the development of a performance management framework	SRP DAPG	Joyce Thacker/Sue Wilson/Cherryl Henry-Leach	Mar-14	Key Performance measures and targets to be set and actions to be identified in overarching monitoring plan	This is to be presented to the May DAPG	**A**	May-14
1.13 (Z)	The Improving Lives Select Commission will undertake a scrutiny review of domestic abuse support provision and identify an elected member to champion Domestic Abuse and other Violence Against Women and Girls issues	RMBC	Caroline Webb	Mar-14	1. Undertake a Scrutiny Review of Domestic Abuse 2. Identify a DA chapion	The Scrutiny Revweiw has been undertaken and DAPG have responded to the findings via Cabiner on 5th February 2014. Cabinet have announced the Doemstic Abuse will now sit with the portfolio for the elected member of Safeguarding Adults, Cllr John Doyle.	**G**	May-14
1.14 (Z)	South Yorkshire Police should review their assessment process and provide further training and/or awareness for staff.	SYP	Pete Horner	Mar-14	1. Review DA risk assessement process 2. Provide training to SYP staff	DASH risk assessment model now in use, all front-line staff have received the appropriate training. In addition central DA Risk assessment unit commenced April 2014 to standardise all DA risk assessments.	**A**	May-14
2. PROTECT - We will identify and safeguard those at risk								
2.1 (S&N)	We will ensure that domestic abuse risk assessments are aligned with the partnerships core business and that victims of abuse are identified early and supported accordingly. Midwives to undertake routine enquiry by asking all pregnant women whether they are at risk of, or are suffering/suffered from domestic violence.	VCS, SYP, CYPS, health, RMBC, Probation IDVA, RFT	Pete Horner / Cherryl Henry-Leach	Mar-14	**1.** Provide 10 Multi-agency DA training sessions throughout the year. **2.** Ensure all agencies use ACPO DASH tool. **3.** Ensure all new MARAC representatives have attended DASH Risk Assessment training as part of their induction. **4.** Contact your local MARAC Development Officer and discuss how they can help you improve your assessment of risk of domestic violence in your work.	**1.** 11 DA training sessions were delviered during 2013/14 **2.** SYP have now adopted the ACPO DASH tool and Vicitm Support advise they have now adopted this tool - all Rotherham agencies arenow using ACPO DASH tool to risk assess and refer to MARAC **3.** MARAC Induction packs have now been developed and once DAPG have agreed the content (in May) the current representatives will be asked to complete Module 3 and be provided dates, this will be fed back to DAPG during 2014/15. The Multi Agency DA training dates have been set for 2014/15. The YPVA roll out has now been agreed and 10 training sessions throughout 2014 - 2016 and service/team managers are aware of the need to ensure that particpants attend the MARAC and RA workshop in addition to this days training. Dates fo rthis training are to be set by the end of May and training for the YPVA programme will commence in July 2014 DASH tool to be adopted by SYP in March 2014, training dates for q4 have now been set up to q4 end.	**A**	May-14

ACTION REF	HOW WE WILL DO IT (THE PLAN)	LEAD AGENCY	LEAD OFFICER	TARGET DATE	MILESTONES	PROGRESS MADE	RAG	DATE OF UPDATE
2.2 (S)	We will ensure that children are supported appropriately and consistently where domestic abuse is a feature in their lives either as part of safeguarding procedures or early help	VCS, SYP, LSCB, CYPS, health, RMBC, Probation, IDVA	P.Morris / A.Barr / Clair Pyper / Warren Carratt / Michelle Hill	Jun-14	A review should be carried out on resource allocation in order to focus more on standard/medium risk cases as part of the early intervention and prevention agenda and to prevent escalation to high risk and MARAC which is very resource intensive.	- DA has been built into the remit for Early Help Support Panel, to ensure that multi-agency support is coordinated and tracked pre-MARAC. - The Early Help Assessment Team now respond to all standard level CSM11's, and coordinate responses where needed. - There is a link team manager in CART / Borough wide duty to attend MARAC - Education Welfare now attend MARAC - Provide the DA Module 2 in the RLSCB Safeguarding training programme – This is a 2 day workshop which runs 3 to 4 times a year. It covers numerous issues inc. stalking, harassment, assessing risk, referral to MARAC, MARAC process, legal processes, forced marriage and honour based violence. We offer this workshop on a multi-agency basis **From an LSCB perspective:** - DA is on the LSCB audit plan for 2013-14. - There was a recent audit on cases that went to MARAC – this is to be finalised and written up. A review that covers this area of work, has established the need to train our Early Help workforce in the use of a Domestic Abuse Matrix. This training will be completed by June 2014. In addition, we have also established the Early Help Panel.	**A**	May-14
2.3 (N)	We will have a robust MARAC process which helps reduce the risk to the victims and to ensure they are supported appropriately. Aswell as promote the CAADA guidance on attendance of mental health and substance use services at MARAC and ensure where relevant that bail conditions are shared with agencies at your MARAC meeting.	SRP	T. Stanniforth	TBA	**1.** Ensure the MARAC runs consistently with the rest of South Yorkshire. **2.** Ensure referrals to MARAC and IDVA are made simultaneously. **3.** Support the funding of the IDVA service. **4.** Ensure the findings of the CAADA self assessment review and annual MARAC reveiw are adopted **5.** Ensure that the appropriate agencies are attending MARAC.	The future funding of the iDVA service has now been resolved and Public Health will now provide funding for this service on an annual basis. **4.** Agreed by DAPG in March and will be moved forward by SYP MARAC and SRP DA Coordinators during 2014/15.	**A**	May-14
2.4	We will develop non-criminal justice based perpetrator programme to reduce repeat victimisation	SRP/DAPG	Cherryl Henry-Leach	TBA	**1.** Apply for funding for the programme. **2.** Ensure the programme includes robust monitoring of victim safety. **3.** Evaluate outcomes of the programme and disseminate to DAPG/SRP.	We are awaiting the outcome of the Daphne funding bid	**A**	May-14
2.5	We will increase the number of perpetrators taking part in the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Abuse Programme (CDAP)	Probation and HMCTS (SDVC)	Sue Ludlam	TBA	We have ceased to run the IDAP Programme. This has been replaced with building better relationships. Referrals are increasing			
2.6	We will increase the number of restraining orders where criminal processes are taking place	SYP, CPS, HMCTS	S.Dorran / DI Monteiro	TBA		As part of MARAC process DVO check and apply for restaining order upon conviction in all relevant cases.	**A**	May-14
2.7	We will increase the numbers of victims of honour based violence and forced marriage who are appropriately supported including those who have no recourse to public funding)	VCS, SYP, IDVA, RMBC	Z.Ahmed	TBA	**1.** Raise awareness of HBV/FM within BMER sector. **2.** Ensure awareness raising campaigns include these forms of abuse.	VCS agencies have undertaken awareness raising within BMER sectors, including historically hard to reach communities. Apna haq have now made inroads into the Thai and Chinese community, and have also appointed a Polish speaking worker to engage with DA victims in our Eastern European/Roma community.	**A**	Sep-13
2.8	We will work with partners to ensure that there is a sufficiency of high quality services in operation to be able to support victims	SRP/PCC	Cherryl Henry-Leach	TBA	**1.** Work with Supporting People to ensure that contracted services are providing tendered services. **2.** Ensure any concerns are raised and addressed appropriately.	DA contracts have been reveiwed and areas for development communicated to service provider, and porcesses are now in place to ensure concerns can be raised with Supporting People reponsively	**A**	May-14
2.9	We will work with partners to ensure that victims of all sexual violence are able to access support when they need it	SARC	Melanie Simmonds		**1.** Partners/Services to increase their knowledge of sexual abuse services, the effects of sexual abuse (domestic and non-domestic related), how to deal with disclosures and the criminal justice system **2.** Increase timely access to specialist therapeutic care for victims of sexual abuse, particularly children and young people. (need more specialist sexual violence counselling, child therapies such as play, creative etc. – there are none for children in Rotherham- we could source if funding was allocated) **3.** Multi agency meetings are convened when required to develop joint care/action plans for victims with multiple vulnerabilities which do not meet Safeguarding thresholds and are non – domestic sexual abuse (non MARAC). Maybe not worth including as this happens anyway. **4.** Deliver a partnership awareness campaign/strategy	**1.** SARC Communications and Awareness strategy in development with targeted media campaigns each quarter. Also inclusive of targeted awareness raising sessions with professionals and public. **2.** Issue of gap in specialist therapeutic services raised with Strategic Rape Group and local commissioners. **3.** Awaiting evaluation of Sexual Violence MARAC pilot from another area. **4.** Seek support from DAPG to develop awareness campaign	**A**	May-14

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2.10	Gain a greater understanding of the under reporting of DA by the mutli-cultural communities across the Borough'	SYP	CI Womersley / DI Monteiro / Cherryl Henry-Leach	TBA		Event delivered on 27th March and 'learning' is to be collated into an action plan.	**A**	May-14
2.11 (S)	A standard multi-agency protocol and process should be developed for standard and medium risk assessment to ensure consistency in approach and common pathways communicated and understood by all partners, to include risk assessment in children's health and social care such as pre-birth assessments		Phil Morris / Cherryl Henry-Leach / Michelle Hill	Apr-14	The RLSCB has a Domestic Abuse protocol (from 2008). This is to be reviewed to ensure consistency and common pathways that are clearly understood by partners in cases non-high risk cases of Domestic Abuse.	Pre Birth Assessments where Domestic Abuse has been identified as an issue during pregnancy are now being undertaken.	**G**	May-14
2.12 (S &H)	A standard multi-agency protocol and process should be developed for contacting victims at all risk levels to avoid duplicating referrals or initial contact.		Cherryl Henry-Leach	Apr-14	Explore how the duplication of contacting victims of Domestic Abuse can be reduced.	Sheffield Hallam University are researching this and will present their research proposal to DAPG in May for agreement that Rotherham will contribute to this research	**A**	May-14
2.13 (S&N)	Subject to agreement with CAADA Members recommend that NHS South Yorkshire and Bassetlaw be approached with a view to rolling out the GP flowchart setting out how to respond to domestic abuse to dentists and pharmacists.		Ruth Fletcher-Brown / Cherryl Henry-Leach	Mar-14	Look at rolling out the GP flowchart setting out how to respond to domestic abuse to dentists and pharmacists. Make sure GPs are aware of the guidance published by the RCPG, IRIS and CAADA on responding to domestic violence.	CAADA have now clarified what ammendments they require toe nsure we do infringe their copy right and it is anticipated that the amended flowchart will be disseminated in September 2014	**A**	May-14
2.14 (S)	Funding allocation for low cost but effective target hardening measures should be considered in the review.		Cherryl Henry-Leach			This is available for victims of Domestic Abuse who reside in Local Authority Housing. Victim Support Rotherham has received temporary funding from the Police and Crime Commissioner for this and funding opportunities are being sourced to ensure that increased security measures can be offered to victims of Domestic Abuse living in private tenure properties where the risk posed to the victims are standard or medium.	**G**	May-14
2.15 (Z&N)	There should be a standardisation within the Safer Rotherham Partnership of risk assessment processes including risk assessment tools. The Identification and Referral to Improve Safety (IRIS) project should be considered as an approach. Service providers to consider reviewing their risk assessment and management approach to ensure it is robust – consider using dip-sampling of forms to test effectiveness. Drug and alcohol services should review, amend and make robust use of their risk assessment frameworks, which involve assessment of risk in relation to violence and abuse.	SYP	Pete Horner	Mar-14	**1.** Adopt ACPO DASH risk assessment tool **2.** Use the materials available on the CAADA website regarding risk assessment which are tailored for a wide range of agencies and available in many languages. **3.** Ensure that staff in your agency or service have the appropriate training in risk assessment and management.	DASH model taken into force-wide use April 2014.	**A**	May-14
2.16 (N)	Section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 provides that the Police and Crime Commissioner (PCC) must, in particular, hold the chief constable to account for the exercise of duties in relation to the safeguarding of children and the promotion of child welfare.	SYP	CI Womersley					New
3. PURSUE - We will identify perpetrators, disrupt and prosecute where possible								
3.1 (H)	We will ensure that rigorous processes are in place to prosecute offenders whilst working with the Crown Prosecution Service to ensure that domestic abuse cases are prosecuted appropriately	SYP and CPS	L.Mayhew / CI Womersley		Engage at a strategic level with the CPS and Courts and Tribunals Service to develop and implement a clearer, stronger and more victim-focused policy on how and when to progress cases where the victim is unwilling to support the proceedings. Ensure that cases where perpetrators are taken directly from police custody to court are properly monitored.	Completed		Completed
3.2	We will increase the percentage of reported domestic abuse incidents "crimes"	SYP	CI Womersley / DI Monteiro	TBA		The Sgt in the DV unit reviews and dip samples all records to ensure these are recorded properly. Regular activity is undertaken with police departments to ensure appropriate crime records are created. Part of daily business suggest discharge the action as Sgt reviews each day whether a crime is committed. this role will move to the newly created central referral unit. The new CRU now in place.	**G**	May-14

ACTION REF	HOW WE WILL DO IT (THE PLAN)	LEAD AGENCY	LEAD OFFICER	TARGET DATE	MILESTONES	PROGRESS MADE	RAG	DATE OF UPDATE
3.3	We will work with partners to ensure that victims of domestic and sexual violence are confident and encouraged to access the criminal and civil justice system	VCS, SYP, CYPS, Health, RMBC, Probation, IDVA, VCS	Melanie Simmonds		**1.** Deliver a partnership awareness campaign/strategy. **2.** Provide effective support for victims to help them remain engaged with the Criminal Justice system through the continuation of funding for ISVAs and IDVAs **3.** Partners/Services to increase their knowledge of sexual abuse services, the effects of sexual abuse (domestic and non-domestic related), how to deal with disclosures and how the criminal justice system works regarding sexual violence/domestic cases.	SYP campaign went out Autumn/Winter 2013. SARC staff continue to deliver awareness sessions to both professionals and key vulnerable groups throughout South Yorkshire. A new SARC Communications and Awareness Strategy is in development with a basic media awareness campaign planned for Q1 2014/15 alongside targeted awareness work. This will be flagged with the Strategic South Yorkshire Rape Group to see if they would like to have a wider involvement. The new Rotherham ISVA came into post December 2013. It is envisaged that ISVAs will be an integral role within the SARC commissioning process that is due to take place over the next year. Feedback data capture mechanisms in place for ISVA services. Access to Health group will be reviewing its priorities for 2014 in the February meeting.	**A**	May-14
3.4	Increase the numbers of victims subjected to honour based violence and forced marriage who are supported by the VCS, and ensure they are supported to pursue prosecution where this is appropriate	SRP, VCS, IDVA	Cherryl Henry-Leach	TBA	**1**. Raise awareness of HBV/FM within BMER sector. **2.** Ensure awareness raising campaigns include these forms of abuse. **3.** Support and encourage victims of these forms of abuse to report the abuse and throughout any prosecution or civil justice processes	VCS agencies continue awareness raising within BMER sectors, including historically hard to reach communities. DAPG have undertaken a DA scoping exercise within the Roma community and are moving forward the findings of this. The mapping of the prevalence of HBV within Rotherham has been undertaken by a student and the findings will be presented to DAPG in June for agreement on the reccomendations to be reached.	**A**	May-14
3.5	We will work with partners to explore opportunities to link offenders in to alcohol and drug services to ensure that those that cause harm face the consequences including – Drink banning Orders, Attendance Centre, Breach of Peace legislation, etc.	SYP, RDASH, Public Health, ASB Officers	Cherryl Henry-Leach	TBA	**1.** Ensure alcohol service providers and substance misuse services are represented at MARAC. **2.** Support the representation of these service providers in work to address standard medium risk cases of DA	DA Forum has requested that RDaSH set up networking event with DA sector. RDaSH DA policy under review.	**A**	May-14
3.6 (H)	Manage serial domestic abuse perpetrators using the principals of the IOM framework'	SYP	CI Womersley / DI Monteiro		Serial Domestic Abuse perpetrators managed by partners	Completed		Complete
3.7 (N)	Ensure police and prison staff are aware of the marker on OFFLOC to identify prisoners who are assessed as presenting a risk of domestic violence and abuse.	SYP	CI Womersley					New
4. PREVENT, PROTECT & PURSUE - We will make it more difficult for domestic abuse to happen, identify and safeguard those at risk & identify perpetrators, disrupt and prosecute where possible								
4.1 (S&N)	Agencies need to ensure a balance of appropriate workshop based training and e-learning is available for all relevant staff, workers and professionals, considering joint commissioning and joint funding to make the best use of time and resources. Also review training needs to ensure that key messages are highlighted.	RMBC	Helen Wood	Mar-14	Prepare a proposal to review and refresh the domestic abuse training provision	A proposal to review and refresh the domestic abuse training provision is being prepared for discussion and approval at DAPG.	**A**	May-14
4.2 (S)	Members recommend that the statutory agencies i.e. the Council, Police and Health explore and report back on the feasibility of a pooled budget for domestic abuse services.	RMBC	Steve Parry / Cherryl Henry-Leach	Mar-14	Report on the feasibility of a pooled budget for domestic abuse services.	The transformation of Domestic Abuse service provision in Rotherham has been commenced, with the DA hub expected to be operational in August 2015. Once this is functioning, the feasibility study of a pooled budget will be moved forward in line with emerging ebst practice at that time.	**A**	May-14
4.3 (S&N)	Members recommend that agencies explore and report back on the feasibility of an integrated joint working approach across all risk levels, such as a "one stop shop" or a "golden number" for domestic abuse referrals. We will review information sharing protocols locally and consider options for multi-agency information sharing aswell as contacting our local MARAC Development Officer to discuss how they can help with advice and best practice on information sharing, referral criteria, transferring MARAC cases between areas and risk assessment.	SYP, RMBC	CI Ian Womersley / Michelle Hill	Sep-14	Explore the co-location of Domestic Abuse service providers. Investigate the feasibility of linking in with help line provision in other areas of South Yorkshire and move this forward subject to available funding.	Exploring the co-location of Domestic Abuse service providers in order to improve the multi-agency working in cases of Domestic Abuse. If this is achieved it is anticipated there will be a central number for victims to telephone for support and advice.	**A**	May-14
4.4 (N)	Promote the AVA Complicated Matters toolkit and training with local practitioners							New

Domestic Abuse - Performance Management Framework

High level aspiration - we will reduce the number of people affected by Domestic Abuse?

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

Key Measures

Indicator	Lead Agency	Lead Officer	Report Freq.	Target	Target Date	Baseline (Apr 12-Mar 13)	Q1 Outturn (Apr 13-Jun 13)	Q2 Outturn (Jul 13-Sept 13)	Q3 Outturn (Oct 13-Dec 13)	Q4 Outturn (Jan 14-Mar 14)	Year to Date	DOT	RAG
Number of all domestic abuse incidents reported to SYP	SRP/SYP	Cherryl Henry-Leach	Q	**6000**	2014	5555	1538	1752	1594	1517	6401	↑	G
Number of training / awareness sessions attendance rates	Safeguarding Adults	Sam Newton / Cherryl Henry-Leach	Q	**10**	2014	10	3	3	3	2	11	↑	G
Numbers of repeat cases reviewed by MARAC	SRP/SYP	Cherryl Henry-Leach	Q	**25%**	2014	74 (21%)	18 (16%)	25 (25.25%)	30 (26.09%)	34 (26%)	107 (24%)	↑	A
Numbers of incidents non crimed	SRP/SYP	Cherryl Henry-Leach	Q		2014	4594 (83%)	1311 (85.24%)	1499 (85.56%)	1326 (83.19%)	1120 (73.83%)	5205 (81.13%)	↓	-
Number of incidents crimed	SRP/SYP	Cherryl Henry-Leach	Q		2014	961 (17%)	228 (14.82%)	303 (17.29%)	268 (16.81%)	266 (24.98%)	1065 (16.63%)	↑	-

Protect - We will identify and safeguard those at risk

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Number of 16/17 year old referrals to MARAC		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**8**	2014	2	1	1	4	7	13	↑	G
Number of cases reviewed by MARAC		SRP/SYP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	Q	**420**	2014	348	108	134	115	133	490	↑	G
Number of MARAC cases with children involved		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**280**	2014	228	73	61	71	123	328	↑	G
MARAC Number of children referred via abused carer		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**500**	2014		139	109	147	123	518	↑	G
Number of repeat referrals to MARAC with children involved		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**28%**	2014	50	18 (16.67%)	31 (25.37%)	20 (32.17%)	22 (16.54)	69 (19.33)	↑	A
Number of repeat referrals to MARAC		SRP/SYP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	Q	**28%**	2014	74 (21%)	18 (17%)	25 (14%)	73 (23%)	34 (26%)	107 (24%)	↑	A
MARAC number of children referred as repeats via abused carer		SRP/IDVA	Cherryl Henry-Leach	Q	**150**	2014		139	17	37	37	230	↑	A
MARAC referrals from police (Jan - Dec)		SRP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	A	**37%**	2014	37%	Annual Measure (Jan - Dec)						-
MARAC referrals from partner agencies (Jan - Dec)		SRPCAADA	Cherryl Henry-Leach / Tim Stanniforth	A	**63%**	2014	63%	Annual Measure (Jan - Dec)						-
Number of referals to IDVA		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**420**	2014		141	130	147	147	565	↑	G
Source	Police	SRP/IDVA	Cherryl Henry-Leach/Sam Newton						91	92	92	275		
	Adult Social Care	SRP/IDVA	Cherryl Henry-Leach/Sam Newton						2	3	0	5		
	Health - Inc all health referrals inc mental health	SRP/IDVA	Cherryl Henry-Leach/Sam Newton						7	7	7	21		
	Other DV or SV service	SRP/IDVA	Cherryl Henry-Leach/Sam Newton						20	14	14	48		
	Housing	SRP/IDVA	Cherryl Henry-Leach/Sam Newton						3	1	0	4		
	CYPS	SRP/IDVA	Cherryl Henry-Leach						4	3	0	7		
	Other - Including Children'S Centre, Independent Agency Providers, Voluntary Organisations and Substance Misuse	SRP/IDVA	Cherryl Henry-Leach						3	26	6	35		
Rate of engagement with IDVA		SRP/IDVA	Cherryl Henry-Leach /Sam Newton	Q	**75%**	2014	72%		76%	72%	76%	-	↑	G
The rate of repeat victimisation of domestic abuse across the Borough (SYP)		SRP/SYP	Cl Womersley / Cherryl Henry-Leach	Q		2014	1961 (53%)	557	610	571	551	2289	↓	A

Number of convicted perpetrators taking part in the Building Better Relationships Programme (South Yorkshire)		NPS	Sue Ludlam	Q		2014	87		35	54		89		-
Number of Offenders wating to commence a programme (South Yorkshire)		NPS	Sue Ludlam	Q		2014			80	100		180		-
Number of Offenders on a programme (South Yorkshire)		NPS	Sue Ludlam	Q		2014			70	35		105		-
Number of Condensed DA Perpetrator programmes (South Yorkshire)		NPS	Sue Ludlam	Q		2014			26	6		32		-
Number of offenders completed Building Better relationships programme (Rotherham only)		NPS	Sue Ludlam	Q		2014			6	0		6		-
Number of refferals (Rotherham)		NPS	Sue Ludlam	Q		2014			16	11		27		-
Number of Family CAFS undertaken where DA is a feature		CYPS	Ailsa Barr	Q	**40**	2014	11	11	11			22	↑	A
Number of referrals and source:		CYPS	Ailsa Barr	Q	**800**	2014	**834**	**182**	**171**	**148**	**121**	622	↓	R
Number of referrals and source: Breakdown	Rotherham Local Authority						100	24	12	19	5	60		
	Health						99	15	11	19	13	58		
	Police						428	89	101	72	79	341		
	Housing						22	4	1	1	1	7		
	Schools/Education						58	5	8	6	14	33		
	Self						0	3	2	2	0	7		
	Other LA						15	5	0	0	0	5		
	Individual						22	3	7	2	0	12		
	Housing						22	4	1	1	0	6		
	Legal						3	0	7	12	3	22		
	Probation						23	2	0	0	0	2		
	Refuge						9	1	0	0	0	1		
	VCS						12	0	0	0	0	0		
	Anonymous						14	1		1	0	2		
	Other						0	7	6	6	5	24		
	Not Recorded						7	19	15	7	1	42		
Monitor victim profiles by age referred to IDVA (16 - 18)		SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	**8**	2014		1	1	4	7	13	↑	A
Monitor victim profiles by gender referred to IDVA	Male	SRP/IDVA	Cherryl Henry-Leach/Sam Newton	Q	-	-		6	6	15	6	33	-	-
	Female							135	124	130	141	530	-	-
Monitor victim profiles by ethnicity referred to MARAC (BMER) - Jan - Dec		SRP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	A	**7%**	2014	11%	Annual Measure				8.80%	-	-
Monitor victim profiles by sexual orientation referred to MARAC (LGBT)		SRP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	A	**5%**	2014	1%	Annual Measure				1.10%	-	-
Monitor victim profiles by disability referred to MARAC		SRP/CAADA	Cherryl Henry-Leach / Tim Stanniforth	A	**5%**	2014	0%	Annual Measure				0.50%	-	-
Numbers of restraining orders (South Yorkshire)		CPS	Siobahn Doran	Q		2014	234	101	132	Not available	Not available	233		-

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

Indicator	Lead Agency	Lead Officer	Freq.	Target	Target Date	Baseline (Apr 12-Mar 13)	Q1 Outturn (Apr 13-Jun 13)	Q2 Outturn (Jul 13-Sept 13)	Q3 Outturn (Oct 13-Dec 13)	Q4 Outturn (Jan 14-Mar 14)	Year to Date	DOT	RAG
Percentage of reported domestic abuse incidents “crimed”	SRP/SYP	CI Womersley / Cherryl Henry-Leach	Q		2014	17% (961)	15% (228)	17% (303)	17% (268)	25% (266)	1065 (16.63%)		-
Total number of arrests made as a proportion of incidents crimed	SRP/SYP	CI Womersley / Cherryl Henry-Leach	Q		2014	73% (702)	69% (159)	66% (203)	64.18% (172)	57% (183)	66% (738)		-
Number of reported domestic abuse incidents where a caution was issued	SYP	CI Womersley	Q		2014								-
Numbers of restraining orders (South Yorkshire)	CPS	Siobahn Doran	Q		2014	234							-

Key Measure														
	Numbers of restraining orders (Rotherham)	CPS	Siobahn Doran	Q		2014		14	24	Not available	Not available			-
	Conviction rates of domestic abuse cases progressed to court and outcomes (South Yorkshire Data)	LCJB	Linda Mayhew / Cherryl Henry-Leach	Q		2014	75%	81% (297)	75% (303)	75% (351)			➔	-
	Conviction rates of domestic abuse cases progressed to court and outcomes (Rotherham Data)	LCJB	Linda Mayhew / Cherryl Henry-Leach	Q		2014	78.90%	70.70%	71.80%	85.20%		76.80%		-
	Monitor the number of local domestic homicides considered	SRP	Cherryl Henry-Leach	Q	**0**	2014	0	0	3	1			➔	R
	Monitor the number of local domestic homicides reviewed	SRP	Cherryl Henry-Leach	Q	**0**	2014	0	0	2	0			➔	R
	Conviction rates of offenders (South Yorkshire) entering guilty plea before trial	CPS	Siobahn Doran	Q		2014	69%	77% (281)	70% (282)	71% (334)				-
	Conviction rates of re-offenders by gender, ethnicity, age CPS - data not collected	CPS	Siobahn Doran	Q		2014								-
	Conviction rates of offenders (South Yorkshire) found guilty after trial	CPS	Siobahn Doran	Q		2014	4.10%	4% (13)	4% (16)	3% (16)				-