

ORANGE BOOK FOR INFORMATION

**Venue: Town Hall, Moorgate
Street, Rotherham.**

Date: Wednesday, 3rd June, 2015

Time: 2.00 p.m.

A G E N D A

1. Health Select Commission (Pages 1 - 16)
2. Self Regulation Select Commission (Pages 17 - 20)
3. Overview and Scrutiny Management Board
4. Reports for Information (Pages 21 - 32)
5. Police and Crime Panel (Pages 33 - 40)

**HEALTH SELECT COMMISSION
16th April, 2015**

Present:- Councillor Sansome (in the Chair); Councillors Dalton, Jepson, Kaye, Swift, M. Vines, Whysall, Vicky Farnsworth and Robert Parker (Speak-Up).

An apology for absence was received from Councillor Wootton.

82. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

83. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

84. COMMUNICATIONS

Information Pack

Two queries were raised regarding the Health and Wellbeing Board minutes which were checked during a break in the meeting:

Minute No. S59 (Health and Wellbeing Strategy Refresh Workshop) – it was clarified that the point made about delivery mechanisms for the Health and Wellbeing Strategy was in reference to the Casey Report and that the Strategy was currently being refreshed, together with the board structure and governance arrangements.

Minute No. S60 (Health and Wellbeing Performance Update) – it was confirmed that the transition of the Stop Smoking Service to Midwifery referred to specialist support for pregnant women only not the generic Stop Smoking Service.

No comments were received on the Commissioners Working Together update and it was agreed to receive further updates as the programme progressed.

Work Programme

An ongoing scrutiny work programme had been agreed with the Commissioners. For this Select Commission there would be a focus on Health and Social Care integration and, in particular, the Better Care Fund. At the present time it was not envisaged that there would be big changes to the Commission's plans and standard work. A more detailed report on the work programme would be considered by the Overview and Scrutiny Management Board at its meeting on 24th April.

Yorkshire Ambulance Service - Performance Information

Due to the number of items on the agenda, the Service's draft Quality Accounts had been circulated for comments by 22nd April in order that they may be collated and submitted in accordance with the 27th April deadline.

Chantry Bridge GP Practice

Some information had been received with further detail requested to inform any response the Select Commission wished to make.

Quarterly meeting with Rotherham Clinical Commissioning Group

A meeting had taken place the previous week. The notes would be circulated when available.

Rotherham Mental Health Hospital Liaison Service

A 2 year pilot had been launched on 1st April to provide assessment, treatment and management of mental health problems to adults aged over 18, who were admitted to Rotherham Hospital. This was a positive example of partnership working between RDaSH and the Foundation Trust and an approach that recognised the links between physical and mental health and how ill health in one often impacted upon the other.

Rotherham Foundation Trust

The Monitor enforcement for governance had been lifted.

NHSE Property Services

A response had been received to the letter sent by the Select Commission regarding the issues being experienced at the Treeton GP practice. It seemed likely that all interested parties would be invited to the June Select Commission meeting as planned.

85. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meetings of the Health Select Commission held on 15th and 22nd January, 2014.

It was confirmed that a progress report on the recommendations of the Continence review would be scheduled for a future meeting.

Resolved:- That the minutes of the meetings held on 15th and 22nd January, 2015, be agreed as a correct record for signature by the Chairman.

86. HEALTHWATCH ISSUES

No issues had been raised although Healthwatch continue to work with RDaSH on service improvements.

87. ROTHERHAM FOUNDATION TRUST QUALITY ACCOUNTS

Tracey McErlain-Burns, Chief Nurse, and Hilary Fawcett, Quality Governance Lead, gave the following powerpoint presentation:-

Quality Account

- The focus of the Quality Account is on how we take assurance that the services we provide are safe, effective and enabling our patients, their families and carers to have a positive experience of care

Care Quality Commission Registration

- The Trust was required to register with the Care Quality Commission (CQC) – its current registration status was ‘fully compliant’ with no conditions on registration
- The Trust was subject to a routine, announced inspection between 23rd-27th February, 2015 – draft report awaited
- The Trust was currently on Band 4 of CQC Intelligent Monitoring Report (scale of 1-6 where Band 1 represents the highest level of risk, 6 the lowest)

Looking Back – our quality improvement for 2014/15

- Priority 1 – Mortality – to achieve a 4 point reduction in HSMR
Confirmation of figures awaited
- Priority 2 – SAFE – Harm Free Care (HFC)
Achieve minimum 96% HFC
Avoidable pressure ulcers grade 2-4
Zero avoidable falls with harm
- Priority 3 – Achieve all national waiting times targets
Cancer 2 week waits
31 days
62 days
A&E
18 weeks
52 weeks target
- Priority 4 – Achieve improvement in all Friends and Family Test scores

Looking Forward – TRFT Quality Objectives 2015/16

- Clinical Effectiveness
 - Ensure maximum learning from unexpected deaths and reduction in mortality rates through review of all unexpected deaths in line with Trust Mortality Review process
 - Reduction in delayed discharge of patients – Safer patient care bundle

- Patient Safety
 - SAFE – Harm Free Care- continue to aim for minimum 96% HFC
 - Sign up to Safety Campaign
 - Improve responsiveness to diagnostic test results to ensure avoidable harm caused by missed/delayed diagnosis
 - Improve processes designed to recognise and respond to signs of deterioration in condition of adult patients
- Patient Experience
 - Achieve improvement in the outcome of the national in-patient survey specifically having a focus on reduction of noise at night
 - Achieve and maintain improvement relating to Friends and Family Test results both in terms of positive score rates and responsiveness
 - Improve care of patients with Dementia – ensure Trust colleagues undertake awareness training
 - Improve Trust responsiveness to complaints – 90% of responses with complainant by date agreed
 - Improve patient satisfaction with quality of complaints management process

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

- This was the first draft of the document and, due to the timeframe, had not allowed year-end information to be included
- SAFE Harm Free Care was a national programme involving monthly audits. It looked at 4 very specific elements of care but focussed particularly on pressure ulcers and avoidable falls
- The 96% target for Harm Free Care which, although not met, considerable progress had been made. Nationally the figure was for acute trusts whilst Rotherham's was for both the Trust and Community Services. Rotherham had started to split the figure into "patients in hospital" (had achieved the 96% on 5 occasions over the year and a trend of improvement could be seen) and "patients in their own home"
- There was no intention to separate Community and Acute Services. The rationale was to enable comparison with the national picture. Discussions with colleagues had revealed that they wanted to know what their level of performance was which separation of the figures allowed and demonstrated improvements in both. At the start of the year Community was performing at 91% HFC but was now consistently reporting 93.9%; Acute was 92.31% and now 95.33%. Separation of the figures allowed focus of the improvement implementation programme

- There was now an experienced Head of Nursing working with the Community Nurses. Tracey met regularly with School Nursing and the Health Visiting Service. There was a Project Management Office which was working hard on the Integrated Service with a view to delivering a 7 day service
- As previously reported, the 52 weeks waiting time target had not been achieved. This was made up of 10 patients all of whom the Trust had been in contact with and 6 had now completed their treatment pathway
- It was quite an ambitious Friends and Family Test and, whilst the national target had been achieved, the stretched target had not. This would be carried forward to next year
- 2 measures of infection control, MSRA and Clostridium Difficile, were measured. There had been no cases of MSRA and had not been for 3 consecutive years. The target for Clostridium Difficile was no more than 24 cases throughout the course of the year; there had been 32 cases within the Trust. All of the cases were reviewed by Public Health England and the Clinical Commissioning Group. Only 1 of the cases was as a result of a lapse of care
- Informal complaints typically were those made via contact with the Patient Experience Team regarding cancelled appointments asking when they would be rescheduled. This information was previously not captured
- Formal complaints would often arise from someone presenting themselves to the Patient Experience Team via telephone, email etc. with a list of concerns about the care received which required a thorough investigation and a formal written response. The Trust had committed to personal contact and establishing more meetings and was partly why the timescale had not been met due to the inability to hold the number of meetings with families and clinicians within the 25 days' target set
- Claims for financial compensation were not managed through the complaint process. There was the ability for small ex gratia payments but everything else was taken through the Legal Services route
- The Trust was very clear that it would commit to what every level of commitment was required to the Multi-Agency Safeguarding Hub (MASH) based in Riverside House. An experienced Health Visitor Team Leader had been seconded who would help share the Trust's views on the level of input from the Trust
- The Trust would be attending all meetings of the Improvement Board, the Local Safeguarding Children Board and Health and Wellbeing Board and support the Commissioners in their objectives for

Rotherham. It was suggested that the Quality Account include more on the specific detail of the Trust's involvement in CSE partnership working

- It was noted that further scrutiny of the response to CSE was planned in the work programme following the work by Overview and Scrutiny Management Board in December
- Members asked if due to patient confidentiality whether information such as a patient presenting at a hospital who was a CSE victim was shared with GPs? *It was verified after the meeting that this information was not shared with GPs unless it was the victim's wish (this happened in all sexual related services)*
- The draft report from the CQC inspection of LAAC and Safeguarding had not been received yet but would reference Health's contribution to the work.
- Representatives of South Yorkshire Police had participated in the Trust's education and training. Discussions were also taking place regarding the level of enhanced training that may be required for School Nurses
- The Trust was actively recruiting for a Medical Director
- Throughout all the training that was now provided in the Trust "professional curiosity" obligations were built in. Recruitment within the organisation was taking place for colleagues within each division to act as Speak Up Champions so people could have professional curiosity and start to enquire and would know how to raise concerns through the Champions
- There would be future challenges including new services that would impact elsewhere and it was a case of capacity to deliver and still meet the standards. There was no doubt that the next year would be very challenging and the Quality Assurance Committee had set stretched targets in relation to quality and improvement. Working with partners would remain important as was the help of RDaSH and continued working with GPs and PCT in relation to the front door service
- Delayed discharges was still an area for improvement looking internally first at areas such as timely Section 2 and Section 5 referrals and continuing to work with social care partners

It was noted that the Clinical Commissioning Group was in the process of renewing their 3 year strategic plan and had recognised the need to focus on children and child sexual exploitation. The Health and Wellbeing Board was also reviewing its Strategy which would have a sharper focus on those issues.

Tracey and Hilary were thanked for their presentation.

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

(2) That any comments on the draft Quality Account be forwarded to the Chairman or Janet Spurling before 27th April, 2015, for collation into the response to the Foundation Trust.

88. NURSES IN SPECIAL SCHOOLS

Tracey McErlain-Burns, Chief Nurse, presented an overview of the Special Schools Nursing Service in Rotherham which provided holistic nursing care for children and young people with additional health needs enabling them to access education.

The report highlighted:-

- Composition of the Team – 3.5 staff - mixture of children’s trained and learning disability trained nurses (Bands 6 and 5)
- Schools currently serviced by the Team – Abbey, Hilltop, Kelford, Milton, Newman and Willows as well as schools where there were children who had additional health needs requiring care plans (50 active cases)
- Role of the School Nurse – assess the student’s health status, identify health problems that may create a barrier to educational progress and develop a health care plan for management of the problems in the school setting. The School Nurse would also ensure that the child’s individual health care plan was developed and implemented with the participation of School and the main carers to ensure the child’s needs were met
- The Team also provided services that mainstream School Nursing carried out including immunisations, drop-in clinics, health assessments and assessment of growth
- Training delivered – monthly Epipen training for new staff as well as annual updates, Gastrostomy, Suction, Tracheostomy care, Adrenal insufficiency and Medication training
- Safeguarding – Team members must ensure they maintained their skills in managing Safeguarding cases and required to ensure their training was up-to-date. Individual supervision was given by a Specialist Nurse from the Safeguarding Team to support practitioners. If a child was identified as being sexually exploited, the Rotherham Foundation Trust’s Safeguarding procedures would be followed as well as making contact with the children’s advocate and appropriate agencies.

- Future – with the advent of Education and Health Care Plans the Team would be well placed to contribute and become involved with the formation of Rotherham's plans

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

- Discussions would take place with the Team Leaders to gain an understanding of their workloads particularly how the Teams were structured so there was confidence that the School Nurse caseloads were never disproportionate without good reason
- Work was currently taking place with the MASH. School Nurses were often needed to attend a large number of strategy meetings and sufficient flexibility had to be built into their day to enable them to respond quickly. Their input was important because of the information and intelligence they held about the welfare of the children
- The Service was currently commissioned by Public Health. Work was taking place on a refresh of the School Nurse specification including the needs analysis and discussions with CYPS in the longer term to develop a service for 0-19/24 year olds dependent upon the particular needs of the child/young person and reflecting either health needs or learning difficulties to the age of 24 years. Improvements were needed on performance information for the new specification.
- The Health Visiting Service, currently commissioned by NHS England, would transfer to the Council on 1st October with the Health Visiting and Family Health Programme
- Work was taking place with the Foundation Years' Service (0-5 years) - School Nursing provided a service from 5-19 years – regarding an Integrated Early Years Best Start Programme and with the Trust on the pathways that would support the joint assessment of children from 0-5 years. Children's Centres would be at the heart of the programme being the first point of call for families but also where Services could go to contact the families
- School Nursing and Health Visiting Services had their own recruitment difficulties. The refreshed specification needed to be clear what service was being commissioned and what the requirements were of Community Nurses
- Integration of School Nurses into mainstream services to address CSE, bullying and self-harm.
- Recognition that there was insufficient acknowledgement of the views of young people with respect to their care plans

- In partnership with the Learning Disabilities Partnership across Rotherham the Trust had successfully recruited a Learning Disabilities Lead Nurse and a new Dementia Lead Nurse who also had a Learning Disabilities background

Tracey undertook to provide information regarding ongoing support for young people when they leave education.

Tracey and Joanna were thanked for covering this agenda item.

Resolved:- That the report and the Services provided for children and young people with specific health needs be noted.

89. RDASH QUALITY ACCOUNTS

Karen Cvijetic, Head of Quality Improvement, gave the following powerpoint presentation:-

What is a Quality report?

- Nationally mandated
- 2014/15 was the 7th Quality report

2014/15 Quality Performance

- Care Quality Commission (CQC) – registered with no conditions
- CQC Inspections – 1 inspection of Trust services – Rotherham Learning Disability: Cranworth Close
- Complaint with all essential standards of quality and safety reviewed
- CQC Mental Health Act monitoring visits – 12 monitoring visits of Trust Mental Health Inpatient Services – 6 in Rotherham
- Compliant with some minor improvement actions
- Commissioner-led quality visits
 - 2 visits to Mental Health and Community Services in Doncaster – Woodlands (Older Peoples' Mental Health), Swallownest Court (Adult Mental Health)
 - Positive feedback
 - Positive patient interaction
 - Staff demonstrated competence and confidence in care planning, commitment and compassion in care delivery
 - Environment was clean with staff doing activities with patients
 - Patient feedback forms available on the Ward and the patients knew how to complain
 - Areas for improvement
 - Develop training plan to help increase staff awareness on how to recognise and help patients with a learning difficulty
 - Easy read should be used whenever possible for patient information
 - Look at how the Ward areas help prevent the spread of infections
 - Support staff to help them understand the use of Deprivation of Liberty Safeguards

Quality Improvement Strategy 2014-16

Patient Safety

- Sign up to Safety
 - A national Campaign led by NHS England
 - Aims to deliver harm free care for every patient, every time, everywhere
 - Champions openness and honesty and supports everyone to improve the safety of patients
 - Sign up to Safety's 3 year objective is to reduce avoidable harm by 50% and save 6,000 lives
- Five key areas
 - Pressure ulcers
 - Medication errors
 - Suicides
 - Falls
 - Restrictive interventions
- Clinical Effectiveness
 - Care Pathways and Packages
 - Commissioning for Quality Indicators (CQUIN)
 - NICE
- Patient Experience
 - Commissioning for Quality Indicators (CQUIN)
 - Listen to Learn
 - National Mental Health Service User Survey
 - NHS Friends and Family Test
- Our Staff
 - Safer staffing
 - Leadership
 - Professional Strategy
 - Leading the way with quality
 - NHS Staff Survey

Francis Declaration

- Trust Francis Declaration jointly signed off by Board of Directors and Council of Governors in December, 2014
- 4 Francis priorities for 2014
 - Culture
 - Engagement
 - Non-professionally qualified staff
 - Whistleblowing

Local Commissioning Priorities 2014/15

- Consideration of investment in priority areas
- A review of Mental Health and Learning Disability Services
- A review of the Learning Disabilities Assessment and Treatment Unit and Community Services
- Development of a comprehensive CAMHS Strategy
- Development of care pathways and packages (Mental Health Payment and Pricing Systems)

Next Steps

- Receive Select Commission comments for including in the Quality report – May, 2015
- Report to Board of Directors – 30th April, 2015
- Report to Council of Governors – 15th May, 2015
- Report to Monitor – 29th May, 2015
- Review by Audit Commission – April/May, 2015

Discussion ensued with the following issues raised/clarified:-

- Ensuring quality of care for people with a dual diagnosis of learning disability and mental health, adults and older people.
- RDaSH was a full partner in CSE work and had held a number of events across the local health community during the month of February
- Undertaken CSE training over a 3 day period which 800 people had attended
- Attended the Health and Wellbeing Board, the Local Safeguarding Board and a representative situated in the Multi-Agency Safeguarding Hub
- Currently undergoing a Governance Review which was a Monitor requirement. A final report would be available in a month's time
- Given the challenging financial situation and the demands on Services, staff were engaged in the processes
- A 6 monthly review of each of the business divisions had been completed where a variety of staff had discussed the wider priorities and what the organisation had tried to do. There were a number of options open to staff to submit their suggestions
- Sign up to Safety campaign had been launched this week. The five key areas for patient safety were a high priority for the aim of a zero culture of harm and were ones that all staff be part of, including administrative staff
- The Annual National Mental Health Community Service User Survey results were published on the CQC website and RDASH had no scores that were worse than elsewhere, some that were average but many above average

Karen undertook to provide information regarding the representation in the MASH and the Quality Improvement Strategy.

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

(2) That, once received, the Quality Account be circulated to Select Commission Members and any comments thereon forwarded to the Chairman or Janet Spurling for collation into the response to RDaSH.

90. SCRUTINY REVIEW - RDASH CAMHS

Consideration was given to a report presented by Councillor Sansome, Chair of the Review Group, which set out the findings and recommendations of the above Scrutiny Review.

The 7 main aims of the Review had been:-

- Understand the prevalence and impact of mental health problems and illness amongst children and young people in Rotherham
- Understand the costs, value for money and quality of current services
- Clarify how partners work together to support children and young people across all the tiers, especially the role of the RDaSH Duty Team
- Establish how RDaSH engages with Service users and their families/carers in order to deliver appropriate and effective services
- Ascertain how identifying and responding to child sexual exploitation is integrated within RDaSH Child and Adolescent Mental Health Services provision
- Determine how effective support for the mental health and emotional wellbeing of Looked After and Adopted Children is provided
- Identify any areas for improvement in current Service provision and support

A full scrutiny review was carried out by the Health and Improving Lives Select Commissions with evidence gathering beginning in September, 2014, and concluding in February, 2014. It had been comprised of round table discussions and written evidence from health partners, RMBC officers, the Youth Cabinet and desktop research.

Although the principal focus of the review had been RDaSH CAMHS, the Services were not provided in isolation and were part of a complex system of Service commissioning and provision. The new Emotional Health and Wellbeing Strategy and recent changes to RDaSH CAMHS were positive with a more flexible service across a range of community settings and greater links to Youth Services and school a priority to be progressed further. The volume of referrals to RDaSH was high and, although waiting times had been reduced for routine assessment, the target was still being exceeded with the Service likely to continue to face high demand.

Improved communication between agencies and with families, clear access criteria, referral and care pathways and renewed attention on health promotion, self-help and early support would help to reduce the

number of young people with deteriorating mental health and emotional wellbeing. Data quality remained an issue and greater attention should be paid to improving and measuring outcomes. Prevention and early intervention should remain a focus to try and reduce the number of young people needing support at higher levels or continuing into adulthood given the emergence of many lifelong conditions during adolescence.

The review had made 12 recommendations:-

1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and the Rotherham Clinical Commissioning Group should review the local Analysis of Need: Emotional Wellbeing and Mental Health for Children and Young People and the Mental Health Services commissioned and provided in Rotherham across Tiers 1-3.
2. Through the CAMHS Strategy and Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on the Service users and patients:
 - a. to help maintain a detailed local profile of C&YP's mental health over time
 - b. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.
3. RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.
4. CAMHS Strategy and Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.
5. Following the work to build links between RDaSH CAMHS and GPs locality work should now be rolled out by RDaSH into schools, youth centres and other community settings as a priority.
6. "Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers"

Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy and Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.

7. The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service and the delivery of the Emotional Wellbeing and Mental health Strategy for Children and Young People.
8. RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.
9. CAMHS Strategy and Partnership Group should ensure the new Mental Health and Wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.
10. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.
11. RDaSH should continue to work in partnership with Rotherham Youth Cabinet on Service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September, 2015.
12. RDaSH and Rotherham Clinical Commissioning Group should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.

The Review Group and Scrutiny Officer were thanked for their work on this issue.

It was suggested that:-

- recommendation 2a include reference to the Joint Strategic Needs Assessment and to be amended to "local data profile"
- recommendations 3 and 10 follow on consecutively

Resolved:- (1) That the findings and recommendations of the report be endorsed.

(2) That the report, as amended above, be forwarded to the Overview and Scrutiny Management Board for consideration.

(3) That the Youth Cabinet be thanked for their contributions to the Scrutiny Review.

91. SCRUTINY REVIEW - ACCESS TO GPs - UPDATED RESPONSE

Janet Spurling, Scrutiny Officer, submitted an updated response to the above Scrutiny Review following the referral back to the Select Commission by Cabinet (Minute No. 86 refers) for further consideration.

A special meeting of the Select Commission had been held on 15th January to which NHS England South Yorkshire and Bassetlaw Area Team and the Clinical Commissioning Group had attended to provide further information. The Care Quality Commission had also been invited due to their forthcoming inspections of Rotherham GP practices.

Also, since the Review had been carried out, there had been changes in the NHS that had impacted upon the original Review recommendations.

The updated version of the responses were attached at appendix 1 of the report submitted for consideration.

Attention was drawn to the following issues:-

- Each GP practice was an individual business and NHS England could not dictate how they operated/organised themselves as long as they met their contractual requirements
- A new Primary Care Strategy was being developed with engagement with the public, patients and GPs due to commence in June
- NHS England had visited the GP practice that had been in the news recently regarding waiting time for an appointment. It had been clarified that that was not the case for those in need of urgent/immediate care but was for routine appointments
- Recently published LGA report on Planning and Public Health would be considered by the Health and Wellbeing Board which stated that Planning should take into account Public Health in all its functions including exercise
- A Limited Trust was to be set up for 35/36 GP practices in Rotherham to allow them to bid for funding under a Limited Trust
- Confusion/concern as to the governance arrangements of such a Trust and GPs' ability to commission when the CCG had devolved the responsibility for decision making to GPs

Resolved:- (1) That the updated response be noted.

(2) That the Health and Wellbeing Board be requested to ensure responsible agencies report progress to the Board and the Select Commission.

(3) That the Health and Wellbeing Board be requested to discuss the relevant elements of recommendation No. 7 with regard to Borough-wide publicity and awareness raising.

(4) To note that further liaison with NHS England and Rotherham CCG has been undertaken to finalise certain timescales and actions.

(5) That the report be forwarded to the Overview and Scrutiny Management Board.

The following is an extract from the Rotherham Clinical Commissioning Group's Commissioning Plan regarding the concern expressed above:-

“Governance

It is recognised that CCGs taking on delegated responsibility of the commissioning of GP services creates a conflict of interest. Our Governance section 6.5 outlines our approach to dealing with these conflicts.

Primary Care Sub-Committee

To ensure the effective commissioning of high quality, safe and sustainable primary medical services for the population of Rotherham

- *To oversee the development of an operational plan for safe and sustainable Primary Care Commissioning*
- *To oversee the development and agreement of primary care contracts for 2015/16*
- *To consider and act on the ‘conflict of interest’ of General Practitioners with reference to Primary Care Commissioning”.*

Information on the CCG website shows that the Primary Care Commissioning Committee comprises 3 Lay Members (1 vacancy at present), Chief Officer, Chief Nurse, Head of Co-Commissioning and a representative from NHS England. Three GPs are non-voting members of the Committee.”

92. RETIRING MEMBERS

As this was the last meeting before the end of the 2014/15 Municipal Year, the Chairman thanked all the Select Commission members for their work on Health Scrutiny during the past year and in particular those Members who were retiring from the Council.

93. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 11th June, 2015, commencing at 9.30 a.m.

SELF REGULATION SELECT COMMISSION
19th February, 2015

Present:- Councillor Wyatt (in the Chair); Councillors Cutts, Ellis, McNeely, Reeder, Rushforth, Wallis and Whelbourn.

Apologies for absence were received from Councillor Currie.

47. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

48. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press present at the meeting.

49. COMMUNICATIONS

Caroline Webb, Senior Adviser (Scrutiny and Member Development) reported that at the meeting of the Overview and Scrutiny Management Board on 13th February, 2015, the subject of the Select Commissions' work programmes had been discussed in light of the appointment of the Executive Commissioners.

The Board had agreed, pending any instruction of statement of intent by the Commissioners, that future meetings of the Select Commissions should be considered on a case by case basis. The work commenced by the Commissions as part of the 2014/14 work programme should be completed, resources allowing, however the remaining areas of the programme not started be suspended for the present time.

In light of the above, the Management Board had taken the view that the budget review group and further work on consultation by the Self Regulation Select Commission should be suspended pending further details.

Councillor Ellis stated that were 2 areas of the Select Commission's work in particular that should not be lost sight of both of which had been alluded to in the Corporate Governance report. Firstly delegated decision making between officers and Members and those delegated powers to officers that were not reported and secondly the work of the review group on Standing Orders and looking at the different models of governance.

The Chairman agreed and suggested that they be passed to the Management Board.

Councillor Ellis felt that Scrutiny's role needed to be clearly set out in relation to the multi-agency response to address Child Sexual Exploitation.

Caroline Webb reported that one of the recommendations from the recent two day review work of the Management Board was to have a dedicated sub-group to look at the plans for the improvement activity that was being undertaken. The comments made with regard to ensuring information was communicated to Members and a clear direction of the activity taking place would be fed to the sub-group.

50. MINUTES OF THE PREVIOUS MEETING HELD ON 8TH JANUARY, 2015

Consideration was given to the minutes of the previous meeting held on 8th January, 2015.

Arising from Minute No. 42(6)(6) (Capital Programme Monitoring 2014/15 and Capital Programme Budget 2015/16 to 2016/27), it was noted that a briefing note had not been provided as yet on the new integrated Housing Management IT system.

51. REVENUE BUDGET MONITORING FOR THE PERIOD ENDING 31ST DECEMBER 2014

Further to Minute No. 131 of the meeting of the Cabinet held on 4th February, 2015, consideration was given to a report presented by Anne Ellis, Finance Manager, which provided details of progress on the delivery of the Revenue Budget for 2014/15 based on performance for the first nine months of this financial year. It was currently forecast that the Council would overspend against its Budget by £2.103m (+1.0%); an improvement of £873k since the last report to Cabinet in December (October monitoring report).

The current forecast outturn included the costs of implementing recommendations from the Jay report and the Ofsted Inspection to the extent known. It was an evolving picture with the proposed restructure of Children's Services currently out to consultation. If recruitment to the final structure commenced during February or March, there were likely to be additional costs incurred which were not currently reflected within the report. Costs which would be borne by the Council in respect of the Corporate Governance Inspection were still unknown; the Chief Executive had written to the Government asking for an estimation of the Inspection costs and a response awaited.

The main reasons for the forecast overspend were:-

- The continuing Service demand and cost pressures for safeguarding vulnerable children across the Borough
- Cost pressures arising from some schools converting to academies
- Continuing Health Care income pressures and demand pressures for Direct Payments within Older People and Physical and Sensory Disability clients

- Additional costs of responding to the Jay report and Ofsted recommendations

The forecast outturn figure included in the report reflected staff cost savings for the staff who had left the Council during 2014/15 through Voluntary Early Retirement or Voluntary Severance together with the savings accrued through the moratorium on non-essential spend implemented on 2nd September, 2014, which would continue until the end of March, 2015.

Continued close management of spend remained essential if the Council was to deliver a balanced outturn and preserve its successful track record in managing both its in year financial performance and its overall financial resilience.

It was hoped that the Council could deliver a balanced budget with the overspends being aligned. The Council's revenue reserves would have to fund any additional costs.

Resolved:- That the current forecast outturn and the continuing financial challenge for the Council to deliver a balanced revenue budget for 2014/15 be noted.

52. RMBC "FACING THE CUTS, DELIVERING ROTHERHAM'S PRIORITIES" 2015/16/2016/17 - PUBLIC/EMPLOYEE CONSULTATION FINDINGS

Asim Munir, Community Engagement Officer, presented the key headlines from the recent 'Facing the cuts, delivering Rotherham's priorities' consultation that had taken place to help inform the Council's budget for 2015/15 and 2016/17 which had been active since 1st November to 31st December, 2014.

The consultation had been undertaken through input from a number of teams across the Council including Corporate Finance, Housing and Neighbourhood Area Partnerships and Engagement Service and Communications and Marketing. Rotherham residents and partner organisations had been asked to give their views on how the Council's budget should be spent and where reductions should be made on the following three priority areas:-

- Protecting our most vulnerable children and adults
- Getting people into work and making work pay
- Making our streets cleaner and better

The consultation had also asked whether people would support an increase in Council Tax.

The report set out the methods of consultation utilised and a summary of the findings for the consultation with the public, partners, voluntary and community sector and employees.

The impact of the findings would be mitigated through robust research methodology and analysis of findings, balancing qualitative and quantitative research methodologies distinguishing between respondents (such as Council employees, businesses, voluntary sector and the public) and a communication strategy that supported the consultation exercise.

All services would be encouraged to use the online forum as an integral part of their public consultation to ensure the momentum from the last two years was maintained. This would ensure that the response rate rose and improved as some momentum was lost between the last two budget consultation exercises when the online form was closed down.

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

- Work had commenced on linking the suggestions into budget saving proposals
- Feedback to participants would be provided once the budget had been agreed
- There had been a reduced response as to that previously but it was thought the timing may have had an effect – it had been scheduled for August, 2014

Resolved:- (1) That the headline messages arising from the analysis of the budget consultation be noted.

(2) That the development of a communications plan to ensure that the Council is proactive in communicating both the results and the impact on decision making to the public and employees be supported.

53. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Self Regulation Select Commission take place on Thursday, 26th March, 2015 at 3.30 p.m.

**COUNCIL SEMINAR
3rd March, 2015**

Present:- Councillor Godfrey (in the Chair); Councillors The Mayor (Councillor John Foden), Ahmed, Atkin, Buckley, Burton, Clark, Dalton, Ellis, Gosling, Kaye, McNeely, Pitchley, Sansome, Sims, Smith, C. Vines, Watson, Whelbourn and Wyatt.

Apologies for absence were received from Councillor Cutts .

**ANTI-SOCIAL BEHAVIOUR (CRIME AND POLICING ACT, 2014) AND
DESIGNATED PUBLIC PLACE ORDERS.**

Councillor M. Godfrey, The Former Cabinet Member for Safe and Attractive Neighbourhoods, welcomed the Elected Members in attendance to the seminar, she also introduced Steve Parry, Neighbourhood Crime and ASB Manager. Steve had prepared a presentation for the Seminar that would cover two different areas in two separate sections. The first section would cover the Anti-Social Behaviour, Crime and Policing Act (2014), and the second section would cover the Rotherham Designated Public Place Order.

1. Anti-Social Behaviour, Crime and Policing Act (2014): -

- Reducing ASB is a priority: -
 - Coalition commitment;
 - 3 million incidents reported each year;
 - 1 in 7 people thought that they had high levels of ASB in their area.
- White Paper: -
 - The then current set of tools did not provide the flexibility that practitioners required to deal with ASB quickly and effectively;
 - A focus on the impact ASB had on victims was required;
 - Victims were best supported when responses were quick and accurate;
 - Multi-agency approach to manage high-risk cases.
- Streamlining toolkit: -
 - Existing powers were combined into: -
 - **Injunction to Prevent Nuisance and Annoyance (IPNA);**
 - **Criminal Behaviour Order (CBO);**
 - **Community Protection Notice (CPN);**
 - **Public Spaces Protection Order (PSPO);**
 - **Closure Notice and Order;**
 - **Dispersal Powers.**

- These powers were used against: -
 - Tackling problem individuals;
 - Tackling environmental ASB;
 - Police Powers to Disperse.

- Local involvement and accountability: -
 - Community Trigger – victims and communications had the right to request a review of their case and bring agencies together for a problem-solving approach. Agencies included local councils, the Police, Clinical Commissioning Groups in England and Local Health Boards in Wales. Registered providers of social housing could be co-opted onto the group;
 - Threshold – three complaints in the previous six-month period;
 - Persistence of ASB, harm and potential harm caused by ASB and the adequacy of response to the anti-social behaviour;
 - Community remedy – victims of low-level crime and ASB will have a say in the punishment of offenders out of court;
 - Police and Crime Commissioners had a duty to consult with members of the public and community representatives on what punitive, restorative or rehabilitative actions they would consider appropriate;
 - Punishments could include offenders signing an acceptable behaviour contract, paying compensation to the victim, doing un-paid work in the local community or for the victim;
 - If the offender did not accept the action offered to them, the alternative would be to face formal action. Breaches of the agreed action could also lead to the offender facing formal action.

- Mandatory possession - Four triggers: -
 - Criminal conviction;
 - Breach of an injunction to Prevent Nuisance and Annoyance or a Criminal Behaviour Order;
 - Closure of premises;
 - Breach of a Noise Abatement Notice.

Discussion and questions followed Steve's presentation and the following matters were raised: -

- Q - Councillor Wyatt – The Community Protection Order can only be issued on convictions by Council Officers. What were the tools and toolkits available to ask someone to stop doing something? – A – The process of issuing warnings before an Order was made was outlined. The Service was currently delivering training to frontline staff on how to issue. There could be some duplications across agencies – a central database would be used to ensure that letters were not issued repeatedly.
- Q - Councillor Dalton – Could these powers be used in relation to Travellers camped illegally? - A – There was a county-wide protocol for this, which should be used first.
- Q - Councillor Kaye – Burden of proof is very complex. What is the public understanding of the powers? Would some of the instruments not be used? – A - Joint training with South Yorkshire police and this was being cascaded down to Housing Officers. Powers only good if used proportionately and effectively. It was not a criminal burden of proof, but a civil burden of proof with lower threshold that was required.
- Q - Councillor Whelbourn – Were Area Assemblies and Parish Councils aware? A leaflet signposting Elected Members to the mechanisms would be useful, including contact numbers and email addresses. – A – Yes, this is a useful suggestion.
- Q - Councillor McNeely – Are the powers Borough-wide or restricted to specific areas? Issues relating to photographing without consent. If a Community Trigger was enacted would you inform Ward councillors? – A - The DPPO is Borough-wide. It should be aimed more specifically at problem areas as the spirit of the original Act was not aimed at Borough-wide. Issues relating to photographs still had to be tested, although the Police do this already. The Service had not formally notified local Members yet but would ensure they were communicated with when a Community Trigger was enacted.
- Q - Councillor Ellis – I would normally see this as very useful however, it does concern me; there is a potential for this to be very punitive at a very early stage. CSE Victims first came to notice through drinking, hanging around in gangs etc. Could these powers make victims more vulnerable and criminalised? Children and young people should not be criminalised. – A – Every time an ASB contract is issued a referral is made to the Contact and Referral Team in Children’s Social Care. I am aware that there are a high number of referrals at the moment.

- Q - Councillor Godfrey referred to a reference in the Casey Report where enforcement tools were not being used appropriately. Was this being addressed? – A – That was a reference to a Civil Injunction under the new Act. These powers can and should be used to disrupt perpetrators.
- Q - Councillor Atkin asked about dispersal notices being used in Wath town centre for anti-social behaviour including kicking footballs against shutters and disrupting people in the flats above. For an Anti-Social Behaviour Contract to be agreed, a parent must sign it and a PC must witness the issue. Can a PCSO witness the issue too? – A – A PCSO could witness, yes. There was consultation underway in the Wath area.

2. Rotherham Designated Public Place Order: -

- Background: -
 - The Rotherham DPPO was approved by the Licensing Board on 21st March, 2012. This was enforceable across the full Borough area;
 - The decision was made following the regulatory process and full consultation undertaken with the public and premises affected;
 - The DPPO replaced three Alcohol Exclusion Zones that were in force in the Borough at the time.
- Legislation: -
 - The Criminal Justice and Police Act (2001), Sections 12-16;
 - Replaced by Community Protection Notice and Public Space Protection Order – ASB, Crime and Policing Act (2014);
 - Existing DPPO can be retained for up to three years from the commencement of the new Act.
- Displacement: -
 - DPPOs could lead to anti-social drinking or nuisance being displaced into areas not designated for this purpose.
- Powers and penalties: -
 - It is not an offence to drink alcohol within a designated area;
 - DPPO is not a 'ban' on drinking in public places;
 - Failure to comply with an Officer's request to stop drinking and surrender alcohol without reasonable excuse is;
 - Penalties included not to consume alcohol in a public place, surrender any alcohol or container for alcohol in his possession, Penalty Notice for Disorder (PND) of £50.00 or arrest and prosecution for a Level 2 fine, maximum of £500.

In Rotherham Police Officers and Police Community Support Workers enforced the DPPO. Under new shared/accreditation powers, RMBC Wardens, but they would not be able to issue a Penalty Notice for Disorder.

The Police had not kept records on the amount of time spent using DPPO powers. Quarterly reports were to be issued.

Councillor Godfrey thanked Steve for his informative presentation and contribution to the discussion.

Resolved: - That the information shared be noted.

**EARLY ACCESS TO PRESERVED PENSION BENEFITS
31st March, 2015**

Present:- Councillor Commissioner Manzie (in the Chair); Councillors Read, Sims, C. Vines and Watson.

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 Paragraph 1 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to an individual).

EARLY ACCESS TO PRESERVED PENSION BENEFITS

The Panel considered an application for early access to preserved pension benefits in respect of V1/3.

Resolved:- That the application be refused.

**COUNCIL SEMINAR
21st April, 2015**

Present:- Councillor Sims (in the Chair); Councillors Ahmed, Andrews, Atkin, Beaumont, Buckley, Ellis, Godfrey, Gosling, J. Hamilton, N. Hamilton, Reeder, Wallis, Whelbourn, Whysall and Wyatt.

Apologies for absence were received from Councillors The Mayor (Councillor M.Clark), Currie, Hoddinott and Jepson.

LOCAL LETTINGS POLICY CHANGES.

Councillor K. Sims, Advisory Cabinet Member, welcomed all present and thanked them for attending the seminar. Dave Richmond, Director of Housing and Neighbourhoods, and Sandra Tolley, Housing Options Manager, had prepared a presentation for all Elected Members relating to changes that were required in the Council's Allocations Policy. The presentation covered why the why the Policy needed to change and how the Council would manage lettings in the future.

A background to Rotherham's Local Lettings Policy (2008) was provided.

South Yorkshire Police had communicated that they would no longer be performing blanket background checks following implications of Data Protection in 2015 prohibiting landlords from obtaining details. Data would only be shared for very good policing issues. The letting of properties was not considered an appropriate function.

This had led to Rotherham's voids increasing from its usual comparatively low level. Whilst Rotherham had not been above 200 voids at any one time over the past three years, the current level was 340. There were now voids that could not be let because of the stall in process.

Sandra Tolley explained how the lettings process relied on customers being truthful in their applications. They signed a declaration and the Council's Housing Officers were obliged to tell customers that it was a criminal offence to withhold information. There were local databases, local intelligence and police attendance at meetings, which could be used to determine whether applicants were a good fit for the properties and tenancies they had applied to.

Customers/applicants were referred to the requirement for truthful applications to be made a number of times throughout the process.

The Service was currently concerned about issues of affordable tenancies, particularly with regards to single, younger tenants. Credit checks on all applicants were undertaken to ensure they were affordable before being signed.

Work would continue with Areas Managers to agree sensitive areas where vulnerable individuals would not be moved to.

Discussion and questions on the areas presented followed: -

- Councillor N. Hamilton – reported incidents where local Champions' opinions were not taken account of when it came to letting properties. Dave Richmond explained how the joint process was conducted when assigning tenancies.
- Councillor Wyatt – supported the need to reduce voids as quickly as possible as it was not providing a value for money service;
- Councillor Atkin – asked what support was available for vulnerable clients who may not understand the application process and the requirement for full disclosure – Sandra Tolley explained the DVD that had been produced to explain expectations and requirements. Group sign-ups were held in an informal and relaxed atmosphere. The Service was working with 'Speak Up' to ensure that bespoke information was available in the best formats for more vulnerable clients;
- Councillor Ellis asked for more information about the policy relating to new builds and age-limits;
- Councillor J. Hamilton asked about legal processing delays that prolonged court cases from getting to a court hearing, often prolonging anguish for neighbours;
- Councillor Whelbourn spoke about the role that scrutiny should have in scrutinising performance relating to voids and the issues reported at the seminar;
- Councillor Andrews asked about support for customers who were in nursing homes. How did their entitlement to housing benefit change? - Sandra Tolley explained that they were entitled to housing benefit for six-months. Following this their tenancy would be kept open wherever it was intended they would return home. Their property would be classed as empty but not void;
- Councillor Wyatt asked about the process of introductory tenancies. - Dave Richmond explained that there were no changes. The Council did not provide references;
- Councillor Ellis spoke about the importance of there being deterrents against applicants not being truthful in their applications, and the enhanced role a specialist solicitor would bring to this process and Service;
- Councillor Ellis asked for clarification on what tenancy agreements specified in relation to visitors and lodgers? – Dave Richmond confirmed that tenancy agreements stated that written permission must be sought for lodgers;
- Councillor Wallis asked about the implications of the Data Protection requirements for the Council sharing information with the police in an effort to stop the pathway to more serious criminality. – Sandra Tolley explained that this was a different part of the Act and would not be impacted.

Councillor Sims thanked Dave Richmond and Sandra Tolley for their informative presentation and contribution to the discussion.

Resolved: - That the information shared be noted.

**COUNCIL SEMINAR
30th April, 2015**

Present:- Councillor Read (in the Chair); Councillors The Mayor (Councillor John Foden), Atkin, Beaumont, Beck, Buckley, The Mayor (Councillor M.Clark), Cowles, Currie, Cutts, Ellis, Godfrey, Gosling, Jepson, Kaye, Lelliott, McNeely, Reeder, Reynolds, Roche, Sansome, Sims, Wallis, Whelbourn, Whysall, Wootton and Wyatt.

Apologies for absence were received from Councillors Dalton, Hoddinott, C. Vines, M. Vines and Watson.

SHEFFIELD CITY REGION - LOCAL ENTERPRISE PARTNERSHIP - SHEFFIELD CITY REGION DEVOLUTION BRIEFING.

Councillor C. Read, Leader, welcomed Councillor Sir Stephen Houghton and Ben Still, of the Sheffield City Region, to the seminar. They had prepared a presentation informing Elected Members on the following updates: -

1. The Sheffield City Region's Strategic Economic Plan and Growth Deal;
2. The Sheffield City Region Devolution Deal;
3. Delivering our deals by strengthening City Region Governance;
4. The detail behind the Deals.

The slides were circulated to all Elected Members electronically.

Councillor Sir Stephen and Ben Still spoke through Sheffield City Region's priorities: -

- Comparison to the Leeds Devolution Deal;
- Funding was drawn down from Central Government. It was not taken from Local Authorities;
- The Sheffield City Region did not have regulatory powers in relation to transport;
- The Sheffield City Region needed to be accountable to Councils and the Public;
- The Elected Mayor function had been ruled out;
- The Sheffield City Region consisted of nine Members, one from each Local Authority, theme leads and the Chief Executive;
- A scheme of delegation was in operation;
- The Sheffield City Region employed 28 staff. The Manchester City Region employed 1,500 staff;
- The Sheffield City Region needed to be realistic about what it could achieve with the financial and physical resources it had available. It would commission individual councils to lead on work on its

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behalf and would also work similarly with private sector organisations;

- The Sheffield City Region's aspirations included: -
 - The creation of a single front door for business to start, grow, innovate and explore finance and funding;
 - Road transport infrastructure relating to the A630, M1, J36 and a link road to the Doncaster Airport;
 - Acceleration of housing growth within the Sheffield City Region.

Detailed discussion and questions and answers followed the presentation:-

- Need to retain strong local brands, such as RiDO in Rotherham. A move towards a central City Region resource via a telephone would not benefit Rotherham;
- However, businesses did not respect local boundaries and local council's should not limit themselves to these;
- The vision for the hubs already in the Dearne and the eco-Dearne site;
- The role of scrutiny for the City Region's governance arrangements: -

The Sheffield City Region would ensure that best practice was rained and built upon. It would be important to ensure that the post code lottery for some areas was ended. Credible local brands would operate concurrently with City Region arrangements. The central team would be outward looking, in addition to supporting existing businesses, and handover to local teams to set-up when businesses were confirmed. The City Region was aware of the current financial context for local authorities. Scrutiny was arranged through one member from each local authority plus others for political balance. It would be possible for local scrutiny to be undertaken, as well. Officers from the Sheffield City Region would attend meetings arranged.

- Unemployment and skills in deprived areas;
- Avoid duplication. How would skills banks work in conjunction with schools' programmes and Ofsted's expectations?;
- What was the total cost of the set-up of the Sheffield City Region?;
- What was the return for Rotherham?;
- Addressing low productivity through training: -

The Skills Bank would be employer-led and consist of development of apprenticeships, fundamental skills, 'Skills Made Easy' and shaping of the Further Education System. The total budget for the Sheffield City Region for 2015/2016 was just under £2.5million. In 2015/2016, Rotherham

contributed £40,000. The majority of spend was from a devolved government deal.

- Infrastructure, including a secure energy policy. The different ratio of domestic and industrial energy use;
- Cost of energy to major businesses;
- Lessons learned from Objective One;
- Availability of 'Executive Housing';
- Own Planning Authority for the Sheffield City Region

An Infrastructure Plan, including sustainable energy measures, for the next ten years was available. This aimed to provide stability for businesses. There was no immediate plan to create a Sheffield City Region Planning Authority, although this was an area of active debate, including defining whether issues were local or city region matters. One vote per authority; no one authority was running the Sheffield City Region. Local Authorities had a steer and influence on the Sheffield City Region.

Councillor Read thanked Councillor Sir Stephen and Ben Still for their informative presentation and contribution to the discussion.

Resolved: - That the information received be noted.

**POLICE AND CRIME PANEL
19th March, 2015**

Present:-

Barnsley Metropolitan Borough Council:-

Councillor R. Sixsmith M.B.E.

Doncaster Metropolitan Borough Council:-

Councillor J. Sheppard

Rotherham Metropolitan Borough Council:-

Councillor A. Sangster

Councillor C. Vines

Sheffield City Council:-

Councillor M. Iqbal

Councillor R. Davison

Councillor T. Hussain

Councillor R. Munn

Co-opted Member:-

Mr. A. Carter

Apologies for absence were received from:-

Councillor M. Dyson, Barnsley Metropolitan Borough Council

Mayor R. Jones, Doncaster Metropolitan Borough Council

J34. APPOINTMENT OF CHAIRMAN

Resolved:- That Councillor Mazher Iqbal be appointed Chairman for the remainder of the 2014/15 Municipal Year.

(Councillor Mazher Iqbal in the Chair)

J35. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public submitted.

Councillor Sixsmith, M.B.E. referred to an incident at the Dearne ALC last week where seven youths bought legal highs locally. Five of the youths were hospitalised due to smoking the substances and wished to ask the Panel if there were any guidelines around the sale of these substances.

The Police and Crime Commissioner suggested the best course of action would be to contact the District Commander who could provide an update on this matter.

Councillor Sheppard indicated that he was willing to share further information as similar incidents had occurred in Doncaster.

Councillor Hussain referred to the loss of £12 million funding and asked how many Police Officer posts would be lost in each Local Authority area?

The Police and Crime Commissioner confirmed this information had been shared at the last meeting which set out in detail the loss of posts across South Yorkshire.

The Chairman suggested that this information be recirculated for all Panel Members.

J36. MINUTES OF THE PREVIOUS MEETING HELD ON 30TH JANUARY, 2015

Consideration was given to the minutes of the previous meeting of the South Yorkshire Police and Crime Panel held on 30th January, 2015.

Reference was made to Minute No. J28 (Resignation of Independent Co-optee) and an update provided on the current position to seek a replacement for the vacancy. Following consultation with the Chairman and Vice-Chairman it was proposed to filling of the vacancy until after the May election to enable a clearer picture of the skill set for such a candidate to be identified. It was also suggested that Alan Carter, Independent Co-optee to the Panel, be included on the recruitment panel.

The Police and Crime Commissioner also referred to a slight misinterpretation of some text as part of Minute No. J31 (Precept Proposal for 2015/16) on Page 5 of the agenda pack and asked that the proposals lists be amended to now read:-

- ensure that uniformed officers continue to respond to emergency '999' calls;
- have neighbourhood teams and the teams of uniformed officers combined under the same management and, for example, receive the same briefings;
- introduce uniform/common shift patterns;
- increase the overall skills of police officers in the new single teams;
- introduce the use of new ICT technology, so that reports may be prepared by Officers, using laptops in Police vehicles, which would ensure that Officers spend more time in the neighbourhoods instead of returning to Police stations in order to file their reports;
- ensure that the training of all Police personnel be 'neighbourhood focused'.

Reference was also made Minute No. J31 (Precept Proposal for 2015/16) on Page 7 of the agenda pack and particularly Question No. 4 where Councillor Sheppard apologised for the content, but asked if this could be simplified to his direct question of "Had these changes to working practices been trialled elsewhere or implemented across the force without being trialled?"

Deborah Fellowes, Scrutiny Manager, also advised the Panel that, in relation to Minute No. J31 (Precept Proposal for 2015/16), the final report on the budget, to be published on the PCC's website, included some additional information. This information had been shared with the Chairman and Vice-Chairman of the Panel to ensure they were aware.

Resolved:- That the minutes of the previous meeting held on 30th January, 2015 be approved as a correct record, for signature by the Chairman, with the inclusion of the clerical corrections referred to above.

J37. PUTTING SAFETY FIRST - SOUTH YORKSHIRE POLICE AND CRIME PLAN 2013/17

Consideration was given to the report presented by the Police and Crime Commissioner which detailed the Police and Crime Commissioner's current Police and Crime Plan following the publication of the first five year plan in 2013.

In addition, the Police and Crime Commissioner thought it also important to report on his decision and rationale not to appoint a Deputy Police and Crime Commissioner.

Having listened to the views of community groups, leaders in business, the universities and local authorities, those working in the voluntary sector and many individuals, the Police and Commissioner identified that all shared a similar view around wishing to be safe and feeling safe.

In consultation with the Chief Constable, taking cognisance of the recently amended Strategic Policing Requirement, and after consideration of the evidence gathered as part of the strategic planning process, the Police and Crime Commissioner identified that 'Putting Safety First', ensuring services were responsive to the public and needs of victims, would determine the priorities of the police service for the period to 2017.

The aim of the Police and Crime Plan was for South Yorkshire to be and feel a safe place to live, learn and work and split into the strategic priorities of:-

- Protecting Vulnerable People.
- Tackling Crime and Anti-Social Behaviour.
- Enabling Fair Treatment.

The Police and Crime Commissioner made reference to each priority in detail and the reasons for the reduced number of targets.

This was based on the Police being asked to demonstrate their methods of measuring priorities and how targets were being met. The Police Force needed to be more thoughtful in its approach with a model of work around geographical areas, requiring a cultural change with time to embed and become established.

It was important for the Police to prevent people becoming victims of crime and anti-social behaviour and to do this they needed to focus on becoming more local policing teams and taking responsibility for a case rather than handing over to another officer. It also needed to be recognised that the responsibility for dealing with anti-social behaviour did not wholly lay with the Police, but some of the solutions may involve partner agencies.

The Police and Crime Commissioner explained about his establishment of an Independent Ethics Panel, chaired by an experienced Solicitor which would follow up on some ethical concerns and provide the Police and Crime Commissioner and the Police with independent and effective challenge to ensure they were acting with integrity and high professional standards.

It was noted that the budget for this financial year had balanced, but this was a different situation moving forward. For South Yorkshire, the finance settlement represented a reduction in funding of £9.6m (or 4.83%) compared to 2014/15. This was on top of a reduction of £9.5m in the previous financial year.

Further information was provided on how the Police and Crime Plan was to be delivered at a time of continuing austerity. The report set out details how this was broken down and how this would be taken forward. More could be done, including improvements in technology, greater collaboration and by design.

The Police and Crime Panel raised a number of issues, some of which would be considered further by the Police and Crime Commissioner around the elimination of some targets in the Plan.

In terms of complaints it was noted that a filtering mechanism was in operation within the Commissioner's Office to ensure they were directed to the most appropriate person. Complaints and the Whistleblowing Policy were areas that were to be scrutinised by the new Independent Ethics Panel especially in light of concerns about the most vulnerable not wishing to make complaints to the Police and the failures highlighted around the child sexual exploitation scandal.

The Police and Crime Commissioner indicated information about the systematic failures was concerning and did not necessarily stand out in the Plan, but assured the Panel that matters relating to concerns were subject to further investigation by the Independent Police Complaints Commission and the National Crime Agency.

Councillor Sheppard strongly pointed out that the public needed to be assured that the standards of South Yorkshire Police were going to be raised and that the Force did not become complacent. The Police and Crime Commissioner agreed that elements of the Plan needed to be bolder and further strengthened.

The Panel's concerns about the recorded decrease of activity such as anti-social behaviour published South Yorkshire wide were not broken down into districts. Individual areas such as Rotherham, who were seeing an increase in anti-social behaviour, were monitored by the District Commander.

The Commissioner admitted there would always be spikes and troughs in reporting, but the new Policing teams should help to manage the concern and hotspot areas which would trigger the appropriate action required by the Police.

The Chairman suggested that for the Panel to fully understand the detail of the Plan that specific information be broken down into the four South Yorkshire areas.

The Scrutiny Manager pointed out that the Rotherham Overview and Scrutiny Management Board had the Crime and Disorder function and was the vehicle for any Rotherham representations of concern.

Examples from other Local Authorities where partnerships with the Police were working, specifically around anti-social behaviour, were highlighted.

The Police and Crime Panel, however, shared a view about the local "101" number for reporting crimes and whether this was "fit for purpose" as some calls were abandoned due to a lack of response. This had been an ongoing issue for many years and reasons for the problems remained unresolved.

The Police and Crime Commissioner referred to the very high volume of calls to Atlas Court, the home of the "101" number and confirmed this was subject to review. However, he extended an invitation to Members of the Police and Crime Panel to visit Atlas Court and see for themselves the level of activity taking place and the triage system that was in operation.

Reference was made to the progress of a "culture change" within the Police Force and how difficult this was to change given the increasing demands. The big shift required was not underestimated, but it would take time to be integrated. The Force was taking every opportunity to be

visible within communities in areas such as supermarkets and schools rather than being isolated within an inaccessible Police Station. The new neighbourhood way of working would take time to embed.

The Panel welcomed the simpler and leaner version of the Police and Crime Plan as submitted, but suggested some of the strategic priorities should be re-established and broken down into the South Yorkshire districts for clarity. It was a little unclear how performance would be monitored and measured.

The report as submitted and its contents were noted, but it was suggested that feedback from the Independent Ethics Panel be referred to this Panel for information, along with the full membership and any examples of partnership working. The Police and Crime Commissioner advised he would speak to the Chairman to ascertain the best way of sharing this information.

The Panel also sought clarity on breakdown figures for missing persons as it was uncertain if some of the figures related to individuals or occasions of reported instances by third parties. This vulnerable group of people needed to be taken seriously and links with other agencies established to identify reasons for disappearance.

The Panel also referred to the make-up of South Yorkshire Police and its reference in the report with percentages within a pie chart.

The Police and Crime Commissioner agreed to set this out as real figures and forward onto Panel Members for information.

The Police and Crime Commissioner agreed with Councillor Davison that it was a balancing act of holding the Police to account. Legacy issues were an important factor and had to be borne in mind, especially for those Police Officers who had joined the force more recently and the successes and good work of the Police needed to be recognised more.

The Chairman summarised the points raised by the Panel as part of further work with the Police and Crime Commissioner and his Office. This included:-

- Concerns and abandonment figures for the public contacting “101” at Atlas Court.
- Details around membership and terms of reference for the Independent Ethics Panel appointed by the Commissioner.
- Further understanding on how performance would be monitored and measured.
- Vulnerable people, especially those missing from home, the reasons for their disappearance, hate crime and third party reporting.

Some of the work identified would be included as part of the work programme for the Police and Crime Panel and this would be shared in due course.

It was also noted that despite the austerity measures being enforced on Local Authorities and the Police that a great deal of good work was still taking place which the Police and Crime Panel were happy to support.

Resolved:- (1) That the Police and Crime Commissioner be thanked for his attendance and update on the Plan.

(2) That the renewed Police and Crime Plan 2013/17: Putting Safety First be received and approved, the contents noted and any comments provided to the Police and Crime Commissioner before 25th March, 2015.

(3) That information be broken down into four Local Authority areas for future consideration.

(4) That the areas referred to above be incorporated into the work programme moving forward.

J38. POLICE AND CRIME PANEL WEBSITE

Consideration was given to a report which set out in detail the progress on the South Yorkshire Police and Crime Panel website to date, which could be found at www.southyorkspcp.org.uk

A demonstration of the website was provided at the meeting for Panel to comment on and suggest any changes to be made to the site.

The purpose of the website was to make it more user friendly, with links to key tasks and reports and complaints. Full details on how to make a complaint would also be featured with clear parameters on how complaints were to be filtered. This would all be in line with the Complaints Procedure which had previously been approved by the Panel and which should be revisited and added to the work programme.

The Panel were happy for the website to be made live with some further road testing via involvement with the community in testing the prototype.

The URL site, which cost £20.00, would be effective within 72 hours and all other legal technicalities confirmed.

Resolved:- (1) That the current design of the website, as demonstrated at the meeting on 19th March, 2015, and any changes required be noted.

(2) That further consideration be given as to how best to involve members of the community in testing the website.

(3) That further consideration be given to methods of engaging/interacting with the community appropriate for the working and statutory role of the Police and Crime Panel.

(4) That the issue of complaints be added to the work programme for further consideration.

J39. WORK PROGRAMME

Deborah Fellowes, Scrutiny Manager, advised the Police and Crime Panel on the status of the current work programme.

It was, therefore, suggested that the work programme be submitted to the next meeting of the Police and Crime Panel and it was proposed that the new emerging performance framework for the Police and Crime Commissioner's Office be included, along with the review of the Annual report.

Resolved:- That the position be noted and the proposals put forward for consideration at the June meeting be approved.

J40. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Police and Crime Panel take place on Monday, 29th June, 2015 at 2.30 p.m. at Rotherham Town Hall.