

## **ORANGE BOOK FOR INFORMATION**

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

**Date: Wednesday, 19th October, 2016**

**Time: 2.00 p.m.**

## **A G E N D A**

1. Health Select Commission (Pages 1 - 60)
2. Improving Lives Select Commission (Pages 61 - 80)
3. Improving Places Select Commission (Pages 81 - 88)
4. Overview and Scrutiny Management Board (Pages 89 - 106)
5. Reports for Information (Pages 107 - 135)
6. Police and Crime Panel (Pages 136 - 145)
7. Barnsley, Doncaster and Rotherham Waste Board (Pages 146 - 153)

**HEALTH SELECT COMMISSION**  
**16th June, 2016**

Present:- Councillor Sansome (in the Chair); Councillors Andrews, Brookes, Cusworth, Elliott, Ellis, Fenwick-Green, Ireland, Marles, Marriott and Williams.

Councillor Jarvis attended the meeting as an observer.

Apologies for absence:- Apologies were received from Councillors Albiston, Elliot and John Turner.

**1. DECLARATIONS OF INTEREST**

The following Declarations of Interest were made at the meeting:-

Councillor Andrews (non-pecuniary) – Mental Health Nurse working in the private sector

Councillor Cusworth (non-pecuniary) – Volunteer Teaching Assistant at Swinton Brookfield School

Councillor R. Elliott (non-pecuniary) – Volunteer at Rockingham J. and I. School

Councillor Marles (non-pecuniary) – relative works in Adult Social Care

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public or the press in attendance.

**3. COMMUNICATIONS**

**Children's Surgery and Anaesthesia Services and Hyper-Acute Stroke Services**

The Chairman reported that at the Joint Health Overview and Health Scrutiny Committee (OSC) held in Sheffield on 23<sup>rd</sup> May, the Terms of Reference for the OSC were agreed. Members had received a presentation from NHS England on the outcomes of their pre-consultation work with the public and the communications and engagement plans for when the options were out for consultation from September.

There was a further meeting on 8<sup>th</sup> August when the OSC would receive detailed information on the possible options for both Services.

Resolved:- That the Commissioners Working Together Programme (CWTP) be included as a standard agenda item.

**Improving Lives Select Commission**

Due to the crossover in work between this Select Commission and Improving Lives, a standard agenda item of “updates” would be included on future agendas to enable feedback from the Members who sat on both Commissions (Councillors Albiston, Cusworth, J. Elliot and Marriott). The Improving Lives Select Commission had not met since the last meeting of this Commission.

**4. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the previous meeting held on 14<sup>th</sup> April, 2016.

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

(2). That with regard to the Access to GPs Review:-

(a) that the action taken, with the majority of the actions either now completed or incorporated within the Interim GP Strategy, be noted;

(b) that a further update be received from the Clinical Commissioning Group in 2017 on the outcomes measures once the GP Strategy had had time to embed.

(3) That with regard to the Urinary Incontinence Review:-

(a) the response to the Review and progress to date be noted;

(b) that information be submitted regarding the training roll out and when the website had been completed so that the Review could be signed off as complete.

(4) That with regard to the draft Carers Strategy:-

(a) the monitoring of the implementation of the action plan be included in the work programme of this Select Commission;

(b) that the Select Commission have the opportunity to comment on the final draft including the action plan prior to sign off.

(5) That with regard to the CAMHS Review:-

(a) that a further progress report be submitted in 6 months;

(b) that the outcomes of the Voice and Influence Review be submitted to this Select Commission and the Youth Cabinet.

Arising from Minute No.9 (CAMHS Review), it was reported that the staff recruitment was due to be completed by the end of June. There would then be further work and consultation on developing the care pathways which would involve consultation with stakeholders.

Within the Public Health Annual Report there were sections on CAMHS going forward and emphasis for the future which required the restructuring to take place and, therefore, implications if it slowed down. It was important that the Select Commission were kept up-to-date with progress.

## 5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, and Anna Clack, Public Health Specialist, gave the following powerpoint presentation:-

### Starting and Growing Well

#### Introduction/Background

- Independent annual report – statutory requirement
- Focus - pre-natal, childhood and young people's health
- Tackles key health issues
- Highlights areas to improve outcomes
- First report in a series planned to look at the life course

#### Aim

- To raise awareness and seek Directorate support to harness everyone's role in delivering a 'child centred Borough' by achieving the ambitions set out in the report

### Children's Health in Rotherham

- Life expectancy at birth for a baby born in the 10 least deprived areas was 9.5 years longer than for a baby born in the most deprived areas
- Children in the most deprived areas were twice as likely to be disabled and more than twice as likely to live in a home where someone smoked
- <http://fingertips.phe.org.uk/profile/child-health:profiles/data#pages/1/gid/1938132948/pat/6/E12000003/att/102/are/E08000018>

### Children's Voice

- We value the contribution of children and young people to our work and this report has been informed by a range of local consultations and surveys including:-  
The Rotherham Lifestyle Survey 2015  
Rotherham Post-16 Survey 2014  
Rotherham Youth Cabinet and Rotherham Youth Parliament Consultations

### Key Recommendations

- 8 key recommendations that focus on
  - Integrated services and care pathways to maximise health outcomes
  - Partners working together to maximise opportunities for training
  - Improving mental health and wellbeing including timely access to Mental Health Services

- Tackling overweight and obesity
- Integrating the Health and Wellbeing Board and Children and Young People's Board
- Review the need for a poverty strategy

### Our Ambition

- The report is a call to action for all stakeholders in Rotherham to share our knowledge, skills and expertise in a commitment to working in partnership to improve the health of our children and young people
- The report sets out ambitions to be achieved over the next year

### Chapter 1 – Pregnancy, Birth and the Early Years

- Healthy Pregnancy – reducing the number of low birth weight babies (less than 2.5kg) and babies born pre-term (before 37 weeks)
- Maternal Nutrition and Vitamin D – enhancing the Healthy Start Scheme vitamin distribution to eligible mothers and children
- Smoking in Pregnancy – working with the CCG to mandate carbon monoxide screening for all pregnant women and to ensure access to specialist Stop Smoking support
- Alcohol in Pregnancy – a single consistent message 'no alcohol equals no risk'
- Sudden Infant Death Syndrome – development of Rotherham Joint Safe Sleeping Guidelines to reduce the risk of SIDS
- Breastfeeding – the Rotherham Foundation Trust achieving Stage 3 Unicef Baby Friendly Initiative by 2017

### So What Factor?

- Smoking in pregnancy
- Working with the Rotherham CCG to mandate carbon monoxide testing for all pregnant women
  - The use of carbon monoxide testing at 36 weeks gestation provided a much more accurate picture of local rates of smoking during pregnancy
  - Having more accurate data would enable services to target interventions and tailor advice to reduce Venous Thromboembolism (VTE), still births and Sudden Unexpected Death in Infancy

### Chapter 2 – Support for more vulnerable families

- Perinatal Mental Health – specialist perinatal mental health clinician and health visiting identification following a robust care pathway
- Domestic Abuse – commissioned services to have robust training, raising the issue/asking the question to be mandated as part of anti-natal care contracts, creating environments so people can disclose
- Teenage Pregnancy – ensuring teenage parents are registered and accessing children's centres (Early Help Support)
- Unintentional and Deliberate Injury – in-depth review and analysis of data and trends to target preventative advice, support and equipment

- Early Years and School Readiness – Early Years and Child Care Services work together to ensure the assessment completed by Health Visiting Teams and the 2 year old progress check were integrated

So What Factor

- Unintentional and Deliberate Injury
  - Early investigations looking at local trend data in 2014/15 showed:-
    - A high number of accidental poisoning incidents among 0-4 year olds in Rotherham
    - A concerning number of incidents involving contact with heat and hot substance among 0-4 year olds
    - A significant proportion of children falling down stairs
- Rotherham Public Health are going to work with the Early Help Service and Health Visiting Teams to prioritise accident prevention and scope access to home safety equipment

Chapter 3 – Primary School Years

- Nutrition (food and drink) – reducing sugar
- Overweight and obesity – development of a Healthy Weight Action Plan
- Physical activity – increasing participation for young people aged over 5 through partnership initiatives and the Rotherham Get Active campaign
- Oral Health – Health practitioners and frontline staff promoting fluoride varnish and dental attendance
- Immunisation – to ensure the benefits of the HPV vaccine were communicated and to ensure a high uptake

So What Factor?

- Overweight and obesity
  - Development of a Healthy Weight Action Plan would ensure:-
    - A whole system approach making being a healthy weight 'everyone's' business
    - All services fully engaging with the healthy weight agenda
    - Cross cutting priority delivery interventions including more walking to school initiatives, accessible green space and reducing the number of takeaways around Rotherham schools

Chapter 4 – Secondary School Years

- Emotional Health and Wellbeing – development of a workforce development strategy and partners to support Rotherham Youth Cabinet to address mental and emotional health and wellbeing
- Self-Harm – Rotherham self-harm guidance to be distributed and in use in schools, colleges, health centres and youth centres and training to be provided to frontline staff
- Health related behaviours: Tobacco – Rotherham schools to review smokefree policies to ensure they were in line with current Legislation

- Health-related Behaviours: Drugs and alcohol – every school and college to provide consistent substance misuse education that promotes resilience. Improving intelligence from young people and frontline agencies on emerging drug trends
- Health-related Behaviours – Sexual Health – Head Teachers and School Governing Bodies to fully support a 'gold standard' delivery of sexual health initiatives and education in schools. Review Sexual Health Service provision across Rotherham

#### So What Factor?

- Sexual Health
- 'Gold standard' sexual health initiatives in Schools  
Create opportunities for young people to learn how to identify and be part of a 'healthy' relationship(s). They should also be more aware of what constitutes good sexual health and have increased knowledge about contraception and sexually transmitted infections (STI) testing
- Review of Sexual Health Services  
Better and more efficient access to services for our young people. Opening times to better fit when young people want to use the clinics and making sure they were easy to get to

#### Chapter 5 – Late Adolescence

- Employment and Training – partners to strengthen the universal offer to support children and young people at transitions. Information sharing with partners and Job Centre Plus must be more systematic
- Road Safety – continued rolling introduction of 20 mph zones across Rotherham and the Crucial Crew programme to be delivered to all Key Stage 2 children across Rotherham
- Suicide – implementation of the actions in the Rotherham Suicide Prevention and Self-Harm Action Plan. Suicide prevention training will form part of the emerging Workforce Development Strategy

#### So What Factor?

- Suicide  
Rotherham Suicide and Self-Harm Action Plan – The Rotherham Suicide and Self Harm Community Response Plan (2015) provided a co-ordinated approach to postvention support
- Suicide prevention training as part of Workforce Development Strategy  
Staff felt better equipped to support young people who may be in distress and/or expressing thoughts of suicide  
Children and young people received timely and appropriate support when bereaved by suicide or sudden death
- Social market campaign  
Comprehensive and reliable information on a variety of mental/emotional health topics including self-help guidance for young people, parents/carers and practitioners (My Mind Matters)

Chapter 6 – Cross cutting projects/transformation

- Child and Adolescent Mental Health Services - Schools taking part in a 'whole school' pilot approach to emotional health and wellbeing and mental health to share their learning with their school cluster group. Further CAMHS Transformation funding to have a strong focus on early intervention and prevention
- Special Educational Needs and Disabilities - The development of a joint SEND Education, Health and Social Care Assessment Hub

So What Factor?

- Public Health were supporting the Child and Adolescent Mental Health Services (CAMHS) Transformation and were leading the area of work relating to early intervention and prevention and workforce development
- The 'whole School' project to improve the emotional wellbeing and mental health of children  
Improve resilience, took a holistic approach to welfare and enabled children and young people to manage their emotional wellbeing and mental health in order to allow them to learn, develop and fulfil their potential

Update on the 2014 Director of Public Health Annual Report

- A full breakdown on the achievement following last year's Director of Public Health Annual Report were included at the back of the report including:-  
The published 2015 Health and Wellbeing Strategy  
The continued commissioning of NHS Health Checks

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

- How was Public Health engaging with schools? The Authority should be proactive with the schools that had indicated they were to transfer to academies and discussing with the Governing Bodies  
Engaging schools in a systematic way was extremely challenging. Meetings had taken place with Early Help and with CYPS Directorate Leadership Team as to how to engage further with schools. Work was taking place through the Healthy Schools Lead. Health issues could be explored at the CYP Partnership (which had Head Teachers' representatives) and at Head Teachers meetings. There were some great relationships and examples of good practice drawn from other areas and within the Borough but creating consistency was challenging

A discussion was also to take place with the Strategic Director about the 0-19's and how to move forward with a systematic approach between Public Health/CYPS/schools. It may be the Elected Members who were School Governors could influence their Governing Bodies to understand the schools' role in health improvement with the community they served.



- Was Public Health able to access the information contained within the schools?

Public Health attended meetings within schools for a range of issues some of which were discussed in the annual report. In the past the local level data has been provided to schools on the key health issues and interventions that schools could engage with or put in place to contribute to improved health outcomes. Specific data either came from local data that was submitted to Public Health or national data

The national Public Health Outcomes Framework (PHOF) provided health data relating to specific health targets/measures. This data could be used and analysed to provide schools with an overview of the health issues related to their communities. Local data also came from GPs/Health Visiting/Midwifery/School Nurse records and the Lifestyle Survey

#### Chapter 1

- Do we know the impact E-smoking has to babies in pregnancy?  
This was an area being researched and further evidence was emerging all the time. Many people were using e-cigarettes as a safer alternative to smoking yet little was known about how safe e-cigarettes were

- It states that the number of deaths from SIDS had increased from 2012/13. What had the figure gone up to?  
The number of deaths were small and prone to fluctuation (five or six cases p.a.) so an increase by one or two cases meant a large percentage change. What had been noticed was that when there had been safer sleep interventions and a training programme for frontline staff, the number of deaths reduced in the following year. However, over time those interventions and messages got lost and the death rates appeared to increase again. The plan was to provide a rolling programme of sleep safe training to Health, Social Care, Early Help Teams. It was hoped to also offer awareness sessions to other key frontline services including South Yorkshire Police and South Yorkshire Fire and Rescue to ensure a consistent message was given to families across the Borough.

The Child Death Overview Panel reviewed all child deaths in the Borough and part of the SIDs and safe sleep work was a key action plan to roll out and ensure the message remained on people's radar. It was not just a case of doing a paper assessment but for agencies to go into the homes and see where people put babies to sleep to ensure a full assessment. It was quite a simple but important and effective checklist. It was key to some of the work that would be carried out going forward

- There was a perception amongst health professionals of the increase of Vitamin D deficiency in Rotherham. How would the robust pathway be implemented when there was no data and why was there no data? Public Health used proxy measures from other areas such as Bradford who had received funding to carry out additional research and also from talking to health professionals. Additional blood tests could be carried out in order to obtain a baseline but the focus should be on increasing Vitamin D across the population rather than carrying out blood testing. Rotherham midwives would be proactive and talk about the importance of maternal vitamins, including Vitamin D. It was hoped to find ways of working more proactively with Children Centres particularly targeted work on maternal Vitamin D on and promoting that at every opportunity. Midwives would be discussing it face-to-face with Mums
- Rotherham was significantly adrift from the national breastfeeding average statistics. What was Rotherham's approach to improve the situation?  
Rotherham had historically struggled to increase breastfeeding rates in line with the national average as there was a prevalent bottle feeding culture. Areas that had improved their breastfeeding rates had adopted the Unicef Baby Friendly Initiative (BFI), a low level criteria, evidence based approach to make sure that everyone was skilled-up e.g. Health professionals to support women, and that women were aware and fully informed about the benefits of breastfeeding to make an informed choice. Rotherham had struggled adopting the initiative in the past. There was now a Community Breastfeeding Co-ordinator to deliver this agenda (available to all Community Health Nursing Teams and Children's Centres) as well as a Hospital Breastfeeding Co-ordinator. Rotherham did have a heavy bottle feeding culture and that had to be addressed by all partners. There was also Rotherham Breast Buddy Peer Support Service, a volunteer service that operated very effectively in Rotherham doing a significant amount of work in raising awareness of breastfeeding
- The Authority needed to be much more proactive and opportunistic of anything happening nationally with regard to breastfeeding  
There was a much more proactive approach between the Council and Health Communications Teams particularly when there were national campaigns
- Rotherham was to take the consistent approach of 'No Alcohol equals No Risk' message with regard to alcohol in pregnancy. Was there any evidence/arguments that you relied upon to make it the better advice you followed?  
It was felt that the safest message was to say 'no alcohol equals no risk' as some people were more susceptible to FASD than others and there was no way of testing or measuring the risk. From a foetal developmental point of view, it was much safer to advise no alcohol. Areas that had adopted this approach had found it much clearer for all

women to adopt this message rather than thinking they could have the odd drink. There were cases where just a small amount a week had resulted in harm.

- Was there any specific data in Rotherham on how the Authority compared with the national average with regard to Foetal Alcohol Syndrome Disorder (FASD)?  
FASD was very difficult to diagnose as like many syndromes and disorders there was a spectrum of severity from mild to more pronounced/severe and in some cases it was difficult to distinguish FASD from other conditions and disorders. FASD testing was a complex process
- What measures were required to make breastfeeding more acceptable in public places?  
Public Health had historically run some promotional campaigns about breastfeeding in public and there was a breastfeeding friendly award that a number of local businesses and cafes had signed up to. Women could find out via the Council's website all the public places that had signed up to the scheme. However, there was still work to be done, to be picked up through the Rotherham Breast Buddies Service
- Was there a clear definition of the situation with breastfeeding in areas of deprivation across the Borough and whether that coincided with health problems later in life?  
The PHOF could provide health profiles that identified the top key health issues that affected different areas in the Borough. Health profiles had been used in school catchment areas and Children's Centres. Equally the Public Health analyst could provide information based on the specific super output areas and areas of inequality across the Borough. These provided a guide to the main health concerns and could be shared with the Select Commission together with a number of websites that could provide very specific health data by area

*After the meeting further information was provided:*

*We have not tracked locally to see if low levels of breastfeeding have impacted on health. However national data on the benefits of breastfeeding in the long term has a very strong evidence base. Breast feeding has many benefits for mother and baby. It is known that breastfeeding reduces the risk of some breast cancers and ovarian cancer. For baby it protects against SIDS, gastroenteritis, Type I and Type II diabetes and obesity.*

## Chapter 2

- What work has been done in the local area with regard to pornography and its damaging impact on young people and on their views of a sexual relationship?  
There had been a number of national campaigns and TV advertising that had raised this issue and provided advice and helplines. There

had also been local school initiatives that had aimed to educate young people about healthy relationships as part of local school education provision around healthy relationships and sexual relationships. National data had been aggregated to the local population to give an idea of what the situation looked like locally. There were a number of organisations, including the NSPCC, that went into schools to educate on this issue as well as a local volunteer group

- With regard to domestic abuse within couples, did the prosecution have to be taken by the person who had been abused or could the Hospital/Police prosecute without their consent?

A prosecution would be based on the evidence to the Crown Prosecution Service but it was possible that if Services had their suspicions it could potentially contribute to a decision whether to prosecute. There were occasions when the Police had sufficient evidence despite the fact that a woman did not feel confident to proceed with prosecution

- How can you encourage primary schools to deliver sexual education to Y5 and Y6 aged children?

It was not mandated nationally that schools provide sexual and relationships education. It was a case of working with schools and the CYPS Service to persuade them of its importance. The influences that the Local Authority had over schools had changed. The desire would be for the Government to revisit the issue and make certain key areas mandatory that needed be covered. Currently some schools held a couple of awareness days a year which was probably not the most effective way of engaging with children young people

Primary schools were still very good at their offer; obviously there were still inconsistencies across the Borough but a lot of that was with regard to training need and confidence of staff in getting the message across. Recently the issue had been put back to the Education Department stating that they needed to mandate this issue. The Personal Social and Health Education Union had submitted to say that this subject area needed to be mandated but it had been refused again and similarly for Sexual Relation and Health Education

Video gaming was a huge problematic issue with regard to explicit content. Significant work had been undertaken by RMBC officers on working with parents and educating them on what was involved in the computer games as they were not aware of the sexual and violent content of the games. A fantastic video clip had been produced that really got the message over which was being promoted to parents/families and community groups and school were embracing it as well

- What was the future of the Family Nursing programme in Rotherham? It was understood it was being decommissioned in Doncaster, Barnsley and Sheffield

The 0-19 programme was out to tender at the moment. Rotherham had included the objectives of the Family Nurse Partnership within the tender but the tender did not tie in providers so that they had to buy the licence for the Family Nurse Partnership. The outcomes and learning were still included as requirements of the specification. This approach attempted to address the key advantages of the Partnership within the specification but to free the provider up, from the point of view of efficiencies, of not having to buy the licence. This was different to what other areas had done

- Do you think that would impact on the good results that it had been having?  
At this stage it was too early to say. It may provide an opportunity for bigger caseloads but may enable groups that perhaps did not meet the FNP threshold criteria. It could offer better support for a larger proportion of the population and it might mean freeing up Health staff from other Health teams to offer that level of support
- What work had been done to try and close the gaps between boys and girls in the development stages when leaving Foundation and going into Y1 and the children in receipt of free school meals and priorities to improve that?  
Feedback would be provided

### Chapter 3

- Given the levels of deprivation within the Borough it was disappointing that there was not 100% take up of Free School Meals in Primary schools  
In terms of the take up of Free School Meals, there was a stigma attached to accessing them. In secondary schools it was less of a problem as they tended to operate a card system
- Children were allowed to choose what they ate for their School meal. Did any monitoring take place of the children's choices?  
The School Meals Service would be able to provide the information. The children did have a choice and often would choose the same meal as their friends.
- Was it not time cooking from scratch was introduced to secondary aged children?  
It was again a case of whether it was a mandated part of the curriculum. There were also issues for the schools regarding resources and space in schools with some not having a kitchen and having the meals brought in. There had been a number of rolling skills interventions delivered across the Borough e.g. 'Let's Get Cooking' adopted by some schools. For the more vulnerable families, Family Support Workers had provided cooking skills support as part of their support interventions

- What was being done to improve uptake of Free School Meals especially at the universal level? Was there anything where people went into school and told the children about the nutritional value of food and to encourage them to make healthy choices?

There was nothing universal but there were trainers in the Dietetics Service that conducted training for teaching and support staff in schools; to go out to all schools would be quite a challenge for any professional group so this work was mainly targeted. The Healthy Schools Service did have a resource pack for schools on healthy eating that could be delivered as part of the curriculum and there were resources that schools could access and that were promoted. It was acknowledged that there could be closer working with the School Meals Service

- There were some excellent examples of good practice. A local school promoted healthy eating and had a cooking club. They invited parents to school dinners. All the menus were sent home every week so parents could be involved with influencing choice

Anston Greenlands had a “Let’s get Cooking” programme and had received funding through this national initiative to deliver it. The funding had ended but the School had maintained the legacy. A number of schools offered taster days as quite often parents remembered schools meals from their own school days and assumed that they were still the same

- Sugar labelling was incredibly important. People’s food habits had changed and people had less time. There was a national campaign to introduce really clear labelling. Could Rotherham get behind the national campaign?

Across the Yorkshire and Humber region this was something that was being looked at as a partnership and having local action plans to address this very specific issue

The Public Health Responsibility Deal – the Government had decided to make this voluntary rather than statutory and something that Directors of Public Health were still pushing i.e. did some need to be made mandatory. Debate was still taking place within Central Government and on the agenda when discussions were held with Ministers

- Was there any information as to whether Academies met the national school food standards?

The information included Academies as it related to who was providing the service for School Meals and generally many local Academies had continued to choose the services provided by the Local Authority

- If a pizza restaurant closed would it be able to re-open as a fast food takeaway?  
This was considered by the Licensing Section. It was hoped to prevent further approvals but it was difficult
- Who was the Primary School/PE Officer?  
This was a new post with the postholder newly recruited. Details would be forwarded
- It was very sad to see the statistic of Rotherham being 10 times worse than the national average for its 5 year olds with regard to tooth decay and missing fillings  
Recent figures showed an improved picture of a decrease from 44% to 28.9% for 2014/15 of children (aged under 5 years) with 1 or more decayed/missing teeth/filled teeth. This brought Rotherham more in line with the national average. The validity of the data was being investigated to ascertain why it was significantly different from previous years. It could be the fact that a lot of schools and Early Help providers (namely Children's Centres) had done significant work on sugars in food and drink with families. Also the Oral Health Team had done a significant amount of staff training and rolling out interventions such as tooth brushing clubs

Public Health had a new Oral Health Strategy and the Service Specification for the Oral Health Team been refreshed. Due to capacity, work had had to be targeted and this had meant that the Service was not universally promoted. Universal Health Services such as the Health Visiting Service had tooth brushing packs which were distributed as part of the early weaning contacts and parents were given a toothbrush and toothpaste suitable for their child's age

- Was there still a relationship with RUFC and the Rugby Club in terms of sport?  
There was a co-ordinated approach with the Rugby Club which had a range of interventions and initiatives. The Rugby and Football Clubs had some really fantastic facilities and alternative education programmes

Could the School Dentist be reintroduced?

It would be quite difficult to do that on a local level. Families were encouraged to visit dentists with the onus upon them to access the services on the high street

#### Chapter 4

- The report stated that Rotherham was making good progress on the delivery of CAMHS Transformation Plan. When was it expected to see the waiting list reduce?  
Part of the review was to look at the whole provision i.e. from the universal offer provided by Health Visiting and School Nurses Services. There was a lot of work to do across the pathway to make

sure children and young people are identified as early as possible to ensure support was put in place that was robust and effective. Waiting lists remained a concern and RDaSH CAMHS were working on this issue

- How many years of funding did the Theatre in Education initiative have?  
Potential funding pots would become available which the Service could access

58% of young people were obtaining alcohol from family with their knowledge. Did that include the legal amounts of ½ lager with a meal?

Feedback from families indicated that they would rather provide their children with alcohol (in some instances) to have influence over what and how much they were drinking. It would be a combination of whether children accessed it from family with consent and also inclusion of legal consumption at family meal times. The information was from the Lifestyle Survey so it was not unpicked to provide this level of detail. It was not thought the question of how much alcohol they obtained without parents' knowledge was asked within the Survey

#### Chapter 5

- There had been a number of suicides/attempted suicides in the Wickersley area. CAMHS had been found to be lacking and there was concern about the restructure and what it would deliver; when you had someone who was self-harming and suicidal a 3 week delay in accessing help was not acceptable. It was felt that the Select Commission should be kept updated/monitor progress

After trying to talk to Rotherham School Heads about their response to suicide for approximately two years, Rotherham Public Health and Educational Psychology had run one training session informing them of Rotherham Suicide and Self Harm Community Response Plan, the support which was available and their responsibilities. Only 1/3 of schools attended the session in April and another session had been scheduled for September 2016

The majority of people who died by suicide in Rotherham and nationally were middle aged men and a new programme was to commence shortly.

*After the meeting further information was provided:*

*During the period 2011 to 2014 there were two deaths of young people to suicide in the Wickersley area and a serious suicide attempt as highlighted in 'An Independent Review of Actions Taken Following a Group of Suicide Events in Rotherham' 2015. Partners who worked together on this at the time had to do so in the absence of any national guidance. Local guidance was written at this time. This guidance document was called the Rotherham Suicide and Self Harm Community Response Plan*



*RDaSH CAMHS were involved in providing support. Those people interviewed for the Independent report felt that the response given by CAMHS and Social Workers at the time was excellent. However, there have been concerns generally about the waiting times for young people to be seen by RDaSH CAMHS*

*RDaSH CAMHS were now at the end of their re-organisation process and had had a recruitment drive with most staff now in post. The new structure had Locality Workers who would be responsible for a number of secondary and primary schools. They would be a point of contact for schools providing support and consultation*

- Concerns were raised about self-harm. Did a Mental Health Nurse go into school regularly to support the School Nurse? What assessments did they use and what treatments did they receive when they progressed forward for treatment?

It would depend upon the individual case presented but it would be a combination of cognitive behavioural therapy and counselling. Young people, through the CAMHS Services, would have a designated Mental Health Worker who would provide key work and may support the School Nurse if a partnership approach was taken and agreed. School Nurses were generally there to support young people but to refer them on and support them whilst waiting for more specialised services

It was important that communities, the public and all partners learned about early warning signs. There was Mental Health first aid training and youth mental health first aid training to train community lay members, Health staff as well and other stakeholders

- Did they look at family history and higher risk of suicide and mental health problems?

Yes it was included in the assessment process. A pathway had been put in place, in the cases of someone who had been bereaved by suicide, there was a significant action partnership approach in place to ensure that person received ongoing monitoring

It was also noted that with many people there were no advance signs that they were at risk of dying by suicide. It was important that young people and children were encouraged to express their feelings

## Chapter 6

Written questions had been received from a Select Commission Member who had submitted their apologies. These would be forwarded to Terri Roche and Anna Clack and ensure that the answers be circulated.

Members made a number of suggestions, summarised below:

- Links with Area Assemblies, including on good practice
- Focus on outcome reporting not processes/actions
- Capitalise on national campaigns and TV advertisements to get key messages out locally, including in the Advertiser, and by tailoring materials to Rotherham e.g. breastfeeding, impact of pornography
- Being more proactive with schools when they were first talking about becoming academies, getting in early to influence their governing bodies and maintaining an ongoing relationship once they had left local authority control
- Checking what schools did to encourage students to make healthy choices for meals/challenge what they select
- Success stories from young people to share with their peers e.g. weight loss
- Share good practice from Anston Greenlands regarding school meals
- Food labelling for sugar and spoons of sugar – scope for a possible local initiative? (Members made the link to the oral health statistics)
- Focus on issues where Rotherham was significantly below national averages
- Raise awareness with targeted schools on available resources for oral health
- Try to achieve 100% take up of free school meals in primaries

Resolved:- (1) That the Select Commission note the report.

(2) That the Select Commission support the recommendations in the report and seek further feedback on the progress made in the detailed action plan.

(3) That a response be supplied to the outstanding issues raised at the meeting.

(4) That the Council lobby the Government regarding mandatory PHSE/sex and relationships education and seek to influence the South Yorkshire and Humber Directors of Public Health Forum to lobby the Government on these issues.

## **6. ADULT SOCIAL CARE - PROVISIONAL YEAR END PERFORMANCE REPORT FOR 2015/16**

Nathan Atkinson, Assistant Director Strategic Commissioning, and Scott Clayton, Interim Performance and Quality Team Manager, presented the Adult Social Care provisional year end performance report for 2015/16.

It was important to note that 2015/16 had been a transitional year where the Directorate had been seeking to change the existing customer journey and business processes in order to improve the customer experience and deliver better personalised outcomes. The results over the performance

areas included in the report to date had been positive showing improvements in many Indicator areas.

19 of the 22 ASCOF measures were showing improvement which included 100% (7 of 7) User Survey measure results. 50% (11 of 22) 2015/16 targets were being met including 71% (5 of 7) User Survey.

2015/16 was also the second year of the new national Short and Long Term (SALT) reporting annual return and the Council's initial draft year-end figures which provided a useful first insight to Adult Social Care performance. However, they were subject to change following national ratification of local partner data (RDASH Mental Health performance) and Health partner submissions.

Discussion ensued on the report and appendix. The following issues were raised/clarified:-

- There had been a lot of Senior Management change. What was your approach and how were you going to manage the basic performance during the change that was only half way through?  
It had been made clear that the programme of change had been set and any new appointment would have to follow that direction of travel. The strategic direction that had been set was very sound and a sensible approach. The development plan was an operational model so it was imperative that the 2 were brought together and ensure there was continued performance. The measures contained within the report were national measures and there was a mandatory requirement to provide that information which tended to focus on the basics of the business that could not be lost sight of

The report compared last year's performance with the previous year's and showed that 86% of the measures had showed some improvement. Although some of the improvement was very small it was reflective of what the programme acknowledged in terms of change and the need to be able to sustain performance. Whilst showing improvement, only 50% had managed to hit their target. This would be fed into this year's target setting

- What is your top priority?  
The top priorities were the safety and quality of services for Rotherham residents. In terms of performance measures, the priority would be permanent admissions to residential care for people aged 18-64. There was a much higher number of people in residential settings in Rotherham than other parts of the country where there was more focus on supported living community/based setting. It was a big challenge for the Service to maintain the direction of travel contained within the Strategy to move people away from the very traditional model of provision which was not always appropriate for everybody

- What had been the main services which had seen an increase in requests and how had the increased demand been met?  
There was no information but it would be forwarded.

However, it was indicative of what the Service area were saying. Historically there had been very high numbers of people contacting the Service and, once they went through into the assessment and referral process, had a support package and at that point became long term and stayed with the Service. It was the intention to change that and where possible signpost/direct clients to other ways of having their needs met so that less people were brought into long term services or alternatively, in terms of trying the short term maximisation of independence e.g. enabling, being more successful to turn support for those people around quickly and negate the Council having to put long term packages of support in to maintain their independence

- What were the issues around funding for Continuing Health Care (CHC) and was it not something that could be addressed through the Better Care Fund and pooled budgets for Adult Social Care and Health?

Whilst there had been a higher number of admissions than in recent years, it was still relatively low. The target had been 18 and there had been 29 but analysis had identified that when clients' funding streams were reviewed, the CHC was not being continued 100%; once that funding arrangement dropped below 100% the Council had to pick up some of the funding arrangement. From the Indicator point of view that person may well have been in that permanent admission for some time and not necessarily at the point that the funding ceased but had to be counted as a new admission

The Service was now trying to ensure attendance at the reviews and where possible, if the need was still there, trying to secure the continued funding and, therefore, averting the need for the Council to contribute to the support package

- The rankings gave relative positions but how wide was the gap percentage wise for some Indicators where Rotherham was lowly ranked and where it was ranked first? It would be helpful to see both ranking and percentage score for each local authority?

Some of the annual returns had only just been submitted so, whilst Rotherham's performance was known, the performance of the other South Yorkshire and Humber (or the national picture) was not known. The information would be published around October/November and at that time there would be the ability to compare if Rotherham's relatively improved performance was mirrored, keeping pace or falling behind. Once that data had been received a further report would be submitted

- How would the Services manage poor performance as they continued to undergo transformation and change? It was important to be able to identify where poor performance was and how quickly the Service was able to react to make sure the measures were put in place which improved performance as well as communicating to the people within that as to what it was doing?  
Key Performance Indicators should not be relied solely upon but around the more granular intelligence and the information that came out of discussions with the end users of the services/carers/families linking in with the staff. The voluntary sector had a role to play as well in raising issues and challenging the Service. In terms of the performance approach, there was a need to capture as much real time information as possible which gave a retrospective perspective
- On the scoreboard (1) Adult Social Care 18.8% ranked 13, (9) Mental Health Services and Employment 5.27% ranked 14, (12) Service users having enough social care as they would like 46% ranked 13, 26% of services who felt safe 66% ranked 15. Could a response be provided as to how they would improve and what measures would be put in place?  
A written response would be provided
- Concern regarding the method of collating the data and the consultation  
The ASCOF measures were set nationally. It was survey based that all 152 councils were mandated to undertake and technically stipulated how it would be undertaken. In terms of the Council's annual user surveys, they had shown an upswing in terms of satisfaction and overall improvement in those areas but the user perception was a snapshot of that moment in time and did suffer a swing of opinion from the time the survey was conducted
- The Commission would appreciate an overview of the performance measures and targets set for 2016/17  
The priority set for the year end report had been around the national measures but the Service also undertook the setting of 2016/17 targets. Once agreed by the Directorate Leadership Team they would form part of the regular reporting which would run alongside Q1 and national Indicators
- Do you concentrate on the level of complaints that came in or go to Stage 2 as an Indicator?  
Under the current structure, Complaints was a separate team and had its own annual report and regular reporting mechanisms so would not necessarily be included in the Adult Social Care performance report. These were reported to the Overview and Scrutiny Management Board.

Councillor Roche, Cabinet Member, reported that at the last Health and Wellbeing Board there had been a presentation of a national initiative “Sustainability and Transformation Plan”. In this area it included South Yorkshire and Bassetlaw. The key aim of the national funding was to reduce hospital admissions. The Select Commission may wish to receive a presentation on the Plan at some point. The Board was very conscious that the Plan did not sufficiently talk about intervention and prevention. The more transformational the Plan was, the more money that could be drawn down. Now was the time for the Council to become involved in persuading partners to put that stress on prevention and intervention to reduce hospital admissions.

Resolved:- (1) That the provisional year end performance results be noted.

(2) That a further report be submitted showing final submitted results and benchmark comparisons against regional and national data.

(3) That a report be submitted on the local measures for the Select Commission’s next meeting.

(4) That a response be supplied to the outstanding issues raised at the meeting.

## **7. MEMBERSHIP OF QUALITY ACCOUNT SUB-GROUPS**

Janet Spurling, Scrutiny Officer, reported that, as happened last year, Sub-Groups, to include all Health Select Commission Members, would be established to consider the Quality Accounts for the three NHS Trusts – The Rotherham Foundation Trust, RDaSH and Yorkshire Ambulance Service.

The Chair will lead on TRFT and RDaSH and the Vice-Chair on YAS.

Resolved:- That the Scrutiny Officer circulate an initial draft ensuring a balance of newly elected and longer standing Members, and political and gender balance, across all 3 sub-groups.

## **8. MEMBERSHIP OF THE HEALTH, WELFARE AND SAFETY PANEL 2016/17**

Resolved:- (1) That Councillor Sansome represent the Health Select Commission on the Health, Welfare and Safety Panel for the 2016/17 Municipal Year.

(2) That the appointment of a substitute representative be deferred.

**9. RDASH ADULT AND OLDER PEOPLE'S MENTAL HEALTH TRANSFORMATION UPDATE.**

The Select Commission noted a report setting out RDaSH's Rotherham Transformation update.

Janet Spurling, Scrutiny Officer, reported that the final decision would probably be made in July and discussions would take place with RDaSH to ascertain which model had been agreed.

**10. TIER 4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES COMMISSIONING.**

The Select Commission noted a letter received from NHS England dated 3<sup>rd</sup> June, 2016, regarding Child and Adolescent Mental Health (CAMHS) Tier 4 Services in Yorkshire and Humber.

**11. HEALTH AND WELLBEING BOARD MINUTES**

The minutes of the Health and Wellbeing Board held on 13<sup>th</sup> January and 24<sup>th</sup> February, 2016, were noted.

**12. HEALTHWATCH ROTHERHAM ISSUES**

No issues had been raised.

**13. DATE, TIME AND VENUE OF THE NEXT MEETING AND FUTURE DATES FOR AGREEMENT**

Resolved: - That future meeting dates take place on: -

- 28<sup>th</sup> July, 2016
- 22<sup>nd</sup> September
- 27<sup>th</sup> October
- 1<sup>st</sup> December

**HEALTH SELECT COMMISSION**  
**28th July, 2016**

Present:- Councillor Sansome (in the Chair); Councillors Andrews, Cusworth, Elliott, Ellis, Fenwick-Green, Marles, Marriott, Short, John Turner and Williams.

Apologies for absence:- Apologies were received from Brookes, Elliot, Ireland and Roddison.

**14. DECLARATIONS OF INTEREST**

The following Declaration of Interest was made at the meeting:-

Councillor Andrews (non-pecuniary) – Mental Health Nurse working in the private sector.

**15. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**16. COMMUNICATIONS**

Janet Spurling, Scrutiny Advisor, reported that 8 Elected Members had participated in the recent work programme prioritisation session to shortlist potential items. It was agreed that an underlying theme would be to ask questions addressing health inequalities.

Key issues were the big transformational projects some of which would follow on from last year's work:-

- Sustainability and Transformation Plan including Rotherham Place Plan
- Housing and Social Care integration
- Adult Social Care development programme
- Mental Health transformation

Within the above major projects, specific issues/services were identified including Learning Disability/Carers/Older People's Housing.

There would also be the Quality Accounts, the final monitoring of previous reviews and monitoring the Children's Commissioner's Takeover Challenge review plus the regional work on the Commissioners Working Together Programme.

A more detailed programme would be circulated in due course.



**17. MINUTES OF THE PREVIOUS MEETING HELD ON 16TH JUNE, 2016**

The minutes of the previous meeting of the Health Select Commission held on 16<sup>th</sup> June, 2016, were noted.

Arising from Minute No. 5 (Director of Public Health Annual Report), there was an outstanding question regarding Making Every Contact Count (MECC) which had been included in the first version of the Health and Wellbeing Strategy but had proved difficult to progress. The issues raised were:-

- How would we achieve the balance between the worker carrying out the core purpose of their visit or interaction with the customer (which might be a very short appointment time) and finding time to ask the wider questions?
- If someone does disclose something that needs to be acted upon, how would this be dealt with when there may be waiting lists already?

Terri Roche, Director of Public Health, reported that there had been a couple of unsuccessful attempts in Rotherham to get MECC off the ground but now seemed to be the right time due to the Health and Social Care integration and the Sustainability and Transformation Plan having a big focus on the need for prevention, self-care and early help. It was a challenge when people were incredibly busy but the important message about MECC was that you developed it with the front line staff.

It was about helping people to make healthier choices but starting where they were at and helping them to achieve small sustained long term health changes.

The organisation that was buying into it needed to consider the whole culture in which their staff worked. It was about getting senior management buy-in so they understood that their staff needed time, training and consideration to the environment in which they were working so there was more health information, posters around etc. to get the person to start thinking about healthier lifestyles before they saw a health or social care professional.

As well as the change in the individual it was important to get organisational change, including your own staff's health and wellbeing. It was easier to have these conversations with others if you were making these changes yourself.

It was not about being an expert but about having the basic information that was available to the public and being able to ask that question which checked if they were ready to change and if so to give them a small amount of information and/or signpost to specialists.

That way it was believed it would happen. There were already some positive responses from the Rotherham Foundation Trust who definitely wanted to take it forward. It was hoped that proceeding in this measured way would not overburden staff.

Arising from Minute No. 7 (Quality Account Sub-Groups), it was noted that the sub-groups had now been determined with Members having been circulated with all the relevant information for the sub-group they were involved with. Meetings would take place in November and December, dates to be notified.

**18. TRANSFORMING ROTHERHAM ADULT (18+) MENTAL HEALTH SERVICES**

Alison Lancaster and Kerri Booker, RDaSH, together with Kate Tuffnell, Rotherham Clinical Commissioning Group, presented the recommendations for the future RDaSH service based on the work that had been carried out in Phases 1 and 2.

The Clinical Commissioning Group and RDaSH were working closely with the Authority and health professionals to explore the potential for shared services such as a Rotherham Hub as an initial single point of contact and co-location of services.

A number of public engagement events had been held during 2015-16 to discuss the proposals as they had evolved and been informed by consultation and feedback. This had culminated in the recommendations for the future Service set out in the attached report.

At the Select Commission meeting on 17<sup>th</sup> December, 2015 (Minute No. 60), option 3, the needs-led community based approach, had been supported. However, since then the model had developed further (Minute No. 9 of 16<sup>th</sup> June, 2016 refers).

Positive progress from Phase 1 of the transformation was highlighted and then details of the new model were outlined, including recognising the differing needs of young adults aged 18 compared with for example adults aged 70+.

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

- How local would the services feel to the Service user? Would they be accessing the services at their GP or would there be 2 central buildings, north and south?  
The In-Patient Services would stay where they were i.e. Woodlands (for Older Persons Services) and Swallownest Court (for Adult Services). The organisation was looking at what resources building wise it had in the north as it was recognised that was a real area for requirement. A number of patients had home visits and they would

continue. Staff did have agile working but staff bases were required and whatever community assets there were would be used in order to link in with making the services as accessible as possible

- Have you considered whether whoever did the 'signposting' actually made the first contact on behalf of the client?  
Work was taking place with a couple of Council Officers who had done a huge amount of work looking at what agencies were out there, what was offered, what had changed etc. and were putting together a directory. The mapping of all the assets would also include the way the services were accessed some of which were by the client only. However, all staff were being encouraged to make the first point of contact dependent upon the patient's wishes. It was also about signposting more accurately to the appropriate service, what they were being signposted for and how it would happen
- Would there be time frameworks for the transformational change especially for CAMHS?  
There was an absolute commitment to complete the transformation with the Trust stating their intention of October for having all the management structure in place which was where most of the savings were coming from. Some of the Service users would not necessarily notice a difference to their service as they would have the same care coordinator; the difference would be for the newer patients who would go through a different progress and process. There was a lot of work taking place around the transition from CAMHS to Adult Services. It was monitored by the CCG and was with regard to identifying those people earlier than they were currently
- Preventing inpatient stays. Was there sufficient funding to employ additional community nurses and therapists if the service increased? If successful, the budget would move to the community. Was there enough trained staff to cover the needs of the staff in the community?  
The budget was what it was and, together with the resources, had to be managed accordingly. At the moment inpatient beds were full and that was not envisaged to change but it was the length of stay that had to be managed. There was a huge demand for services in the community, far more than currently could be managed and sometimes it was about helping people to access the right services and working with primary care and other organisations

The Service regularly met with the Police, the Vulnerable Persons Unit etc. The organisation was looking at the skill mix and what was required as it moved forward; it was not necessarily about qualified staff but support workers as well and linked into how Direct Payments were used and other community assets

- Are we working with GPs with regard to depression and those patients that required counselling? The GP was usually the first point of contact if a person had never had a mental health issue

As part of the programme the Service was working with Primary Care both in Dementia and the Improving access to Psychological therapies (IAPT) Service to support GPs. Additional funding had been invested in developing a Dementia Pathway so that GPs would start to lead more in the diagnosis and support of people within their practice. There was also a Dementia Care Resilience Service which supported carers of those with Dementia

There had been some challenges for IAPT in the past year relating to waiting times. There was a whole set of national targets that the Service had relating to decreasing people's wait for IAPT services. One was that 75% of people have to receive an appointment within 6 weeks. A lot of work had taken place with the IAPT Service and there was the possibility of additional investment. Work had taken place with the national team and seen some significant decreases in the waiting times. The IAPT service was based in GP practices so there was a strong link and the organisation was currently reviewing the service as to further improvements. There was a lot of work around depression and anxiety and that aspect of the Service

- With regard to the Service configuration and framework how would you monitor the anticipated benefits to make sure that you achieved the measures laid out  
There was a performance team that monitored measures such as referral rates, complaints and compliments, PALS etc. and were reported on a quarterly basis
- Had Learning Disabilities been included within Phase 1?  
The document submitted related to Adult Services (those 18+ years). A whole host of additional transformational processes were being undertaken at the moment and Learning Disabilities were undergoing transformation and was a separate programme of work. Over the past couple of years service changes had led to an enhanced Community Service which had reduced the need for inpatient and ATU beds. The Services was also, as part of a national requirement, working with colleagues from across Doncaster, Sheffield and North Lincs CCGs and local authorities as part of the Transforming Care Partnership which was a programme of work around improving services for people with learning disabilities and linked with the Winterbourne. It was acknowledged that the CAMHS, Learning Disability and Adult transformations needed to be aligned due to the crossover between the Learning Disability and Mental Health Services and about how to make sure those transitions were smooth

Some work had been taken place, the Green Light Agenda, where Adult Mental Health Services worked closely with Learning Disability Services. They met regularly in terms of strategic development and to identify service users that potentially would drop between the gap between Services. They also looked at what reasonable adjustments Adult Services could make and what support from Learning Disability

Services may be needed from a mental health point of view. There was a lot of support from the Learning Disability Services and they would support RDaSH in the community. Transitions between the 2 Services was much better than it had been

- How were the discussions progressing with regard to the Care Co-ordination Centre becoming the single point of access?  
Discussions were continuing including looking at the amount of work that came into the Services through their points of contact and what would be required in terms of staff training, costings and algootherims. It was not close to happening yet but the conversations were progressing
- How did you envisage a new Rotherham hub including Adult Social Care?  
From a Mental Health perspective it was about helping people navigate the services as easily as possible. There were conversations about accessing anything from anywhere via one point of contact. In terms of the actual staff on the ground there was a real will to work towards that. It was about making the journey as smooth as possible for the people that wanted it
- How did that link with the plans that were in place regarding organisational development strategy and ensuring skills because the whole package around the hub would be specialist skills and how they fitted along the pathway of care  
The representative could only really comment on the transformation that was being worked on; the other was an aspirational idea that needed a lot of work
- Page 36 of the document made reference to the challenges and risks for 2017/18 including staff reviews. To what degree had this been planned for now before the new model was implemented to try and avoid further major change?  
The plan was for several years of savings and the changes in the service regarding the client group was equally a plan for the future. It was a long term plan
- Did the plan include early diagnosis of various conditions or potential conditions such as Autism and would this decrease the waiting time? Were there any facilities planned for Rotherham?  
With regard to diagnosis of Autism in adults, there had been training within the Disability Teams so there was now the ability within Learning Disability to carry out a diagnosis. The amount of activity for adults had also been increased in Sheffield. This was the normal pathway as it was a specialist service and there was not the specialism within Rotherham. The waiting times were reducing but it was an area that required further work and discussions were taking place with the Local Authority. Discussions were also to commence

around an Autism Strategy which would really start to look at what issues there were and how we might start to work on those issues

- Do we buy diagnostic tools for Autism in the Rotherham area? Was it all in Sheffield?

It was still in Sheffield but 4 Rotherham members of staff had recently been trained in the ADOS techniques of diagnostic. Staff had now been asked to cost the purchase of the tool. It would feed into the Autism Strategy

- How would you build safeguards into the initial screening and prioritisation of staff at the point of contact to ensure patient safety and appropriate next steps?

As part of a generic assessment, there were questions around Safeguarding and all the staff undertook mandatory training. There was supervision around Safeguarding so staff could access Lead Nurses and linked into the Local Authority. On top of the full Needs Assessment, each patient had a risk assessment which included Safeguarding

- When doing the appraisals there would be a percentage of people that were misdiagnosed and they could be channelled into a certain channel which was the wrong place. Would you guess at a percentage of misdiagnosis?

The diagnostics were carried out by psychiatrists and not nurses. Unless done by a diagnostic person such as a psychologist, generally mental health diagnoses were delivered and determined by a psychiatrist. There were staff trained in Mental Health and Mental ill health and a recognition of the symptoms of that. In the last 10/15 years staff had been trained in more psychological approaches so it moved away from purely a medical model which was about treating symptoms with medication which did not always work because they were often based in social/historical/trauma issues. As the awareness of psychology and the psychological application to mental ill health was wider, more staff were aware and this informed treatment. Cognitive Behavioural therapists had a 2 year degree course to complete. The staff that were doing CBT informed therapy undertook a 5 day training course supervised by a CBT therapist to do anything more complex

There was a way of working with an individual called “developing a formulation”. This was about understanding all the components of a person and that was psychologically informed but also informed by everyone around them such as the patient themselves and the carer. Staff were being trained to use that more and about mapping out the whole story

Diagnostics came from psychiatrists and they did not always get it right because a person’s personality develops over time and how a person presented may not be the same when they were young as

when they were older. Some symptoms could be masked by other presentations e.g. quite depressed but in fact have Dementia

- Cognitive Psychology was a new approach to appraising people. Some staff were being trained in 5 days because of the shortage of psychiatrists/psychologists and the pressure on them  
The Service did train staff up to deliver Cognitive Behavioural Therapy (CBT) and had also trained psychologists in the Service. It was about developing the skill base of the staff and would look to develop the skill set because psychologists were very expensive and there were very few of them
- How was the ease of access to clinicians for advice for the administrative staff at the initial single point of access?  
This worked now and would carry on working in the CCG and would be the same for Older People Mental Health Services. The administrative staff tended to take the basic information and then passed it to a clinician to make a decision as to what happened next

The Chairman thanked the Alison, Kerri and Kate for their attendance.

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

(2) That any comments to inform the final model would be submitted to the RDaSH Trust Board for approval.

(3) That the phased implementation by April, 2017 be noted.

(4) That a report be submitted in September, 2017.

## 19. **ADULT SOCIAL CARE PROVISIONAL YEAR END PERFORMANCE REPORT 2015/16 - FOLLOW-UP RESPONSE**

In accordance with Minute No. 6 of 16<sup>th</sup> June, 2016, Nathan Atkinson, Assistant Director, Strategic Commissioning, submitted the additional information requested by the Select Commission.

Scott Clayton, Interim Performance and Quality Team Manager, and Stuart Purcell, Performance Officer, were in attendance to answer any issues raised.

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

- Reassurance was needed that the improvement in data was leading to changes/changes of approach  
There was a challenge with the benchmarking of Yorkshire and Humber data due to the availability of data to benchmark as it tended to be on an annual basis. There were other mechanisms available via the real time data from the Authority's Social Care records and day-to-day activity

The mechanisms by which the Mental Health Employment Indicator were calculated had changed very recently in terms of their platform for informing the Authority how they had calculated and therefore produced the current rate of performance. The performance for the year end as per their publication was close to 6% whereas it had dropped in the first cycle of the new published figure nearer to 2%. There was no current 2016/17 handbook of definitions but it would be unpicked when released later in the year and followed up with RDaSH regarding their performance if this had deteriorated once there was clarity on the measure. Supporting people into employment was a priority and required co-ordination with partners and a more corporate approach to employment and skills as at present there were a number of initiatives

- Given that it was about how the data trends actually improved the service, who do we ask about that to make sure they actually were doing something with the data that you collected?  
You can only run an effective organisation by using your data wisely to inform whether you were on the right track. The data was used and aligned to the budgetary position as well. It was the key to good performance

The data was fed into the Senior Management and Directorate Leadership Teams and into the Corporate reporting mechanisms. Issues would also be discussed with Service Managers to see if the performance data reflected how they felt about what was actually happening within their Services.

An update was submitted to Cabinet but there was no reason why progress reports could not be submitted to the Select Commission

- What was the decision making process for accepting an expression of dissatisfaction as an actual complaint  
Customers filled in a complaints form or contacted the Complaints Team through a number of channels. There was no decision making process as such - if a customer had filled in a complaint form it was a complaint. In the majority of cases if someone wanted to make a complaint there was no barrier
- There had been 75 complaints which were a slight increase to last year. Did that relate to those forms filled in or complaints accepted at Stage 1?  
These were formal complaints where someone had taken the time to write or contact the Complaints Team to say they wanted to make a formal complaint
- What was the decision making process on whether it was escalated through to Stage 2 and Stage 3 and who made those decisions?  
It was a customer driven process. If a customer made a request to go



to Stage 2 it would proceed to Stage 2. There may be individual circumstances based on the complaint where it may be suggested that it would be better to go straight to the Local Government Ombudsman. There were a certain amount of decision making processes within the Complaints Team through experience but if a request been made we escalate the complaint

- Complaints about the quality of service had increased by over 50%. What action would be taken in context of the wider service changes? Given the amount of changes that have taken place affecting customers and family members a greater increase in complaints would have been expected. However, it was credit to the staff/team managers on the ground who had been able to deal with customers' dissatisfaction/concerns before it turned into formal complaints.

The learning from complaints and management oversight of complaints had strengthened over the last 12-18 months. If a complaint was upheld or partially upheld Managers were requested to specifically identify what they had done about it, what their learning had been and reported to the Departmental Management Team. It was an opportunity to share good practice across the whole Directorate, therefore, giving the Management Team good oversight. Where learning was identified by a manager it was shared

- How large was the sample of people each year in the annual user survey? Was there other means of obtaining service user feedback? 1,400 surveys were issued which equated to a 40% response rate. It was very prescriptive in the way it had to be operated in terms of identifying who the cohort was and based on the sample of your Service users told you how many surveys you had to post out and put people into that sample

There were a number of different ways for specific teams and services who had their own satisfaction type customer surveys which were analysed to ascertain the satisfaction rate. They were submitted on a regular basis to the Directorate Management Teams

- Transformation – were there plans to extend Social Prescribing further and increase the budget? Social prescribing was funded by the Clinical Commissioning Group (CCG) and included in the Sustainability and Transformation Plan bid. There was an ask for further investment in Social Prescribing. There was an evaluation report which the CCG were compiling about how effective the Mental Health Social Prescribing had been. Certainly the intention from the Council was to invest and to look at how it could support organisations in the communities that could supplement and add value to the CCG funded Social Prescribing

- Across the range of indicators different local authorities head the rankings but it was noticeable that East Riding were first on 7 including 1b (with control over daily life) and 1f (Mental health users in employment). Have we looked at some of their practices and was there something we could learn to improve our performance?

This was something that routinely happened and tapped into the regionally Yorkshire and Humber sector-led Improvement Agenda where the 15 authorities regularly came together to look at what the data was saying across the piste and gave the opportunity to “buddy up” and learn from each other. Experience had shown that once the performance had been interrogated, authorities counted different things which influenced their performance rating

- When would see the benefits from applying the learning from where others were doing well?

The Authority was a lot more involved in ADASS where a lot of best practice was shared and also bodies such as the Local Government Association

In the setting of the targets on a yearly basis, management teams were made aware of where they were currently or at year end, where that pitched the Authority in accordance with benchmark data, the difference made and allowed the opportunity to say what the stretch target was going to be, if that was possible or the priority for that service. You should be seeing through the tracking what was being done differently whether those specific actions were having the impact they set out to achieve. Performance clinics were held to get underneath the data

- Appendix C - was there a link between decreasing ongoing low level support and increasing universal signposting to other services especially for people 65 and over?

The SALT table was a new way of recording this. There had been an increase and the particular areas where the biggest changes and volume in terms of numbers identified in the appendix. What was not known yet was if it was due to the change in the model of service delivery and signposting people to universal services designed to meet their needs without them coming into services long term. There was insufficient data to give an answer to that as yet

Resolved:- (1) That a further report be submitted to the meeting on 1st December, 2016, showing final 2015-16 submitted results and benchmark comparisons against regional and national data.

(2) That the responses to the outstanding issues raised at the June meeting be noted.

**20. ADULT SOCIAL CARE - LOCAL MEASURES PERFORMANCE**

Further to Minute No. 6(3) of the meeting held on 16<sup>th</sup> June, 2016, Nathan Atkinson, Assistant Director for Strategic Commissioning, presented a report on the local measures that had been priorities to ensure that they reflected areas of Adult Social Care Service activity. They also linked to the Council's overarching strategic policies and strategies.

The Directorate Management Teams received regular updates of the current performance of the Local measures alongside the National ASCOF measures reporting. Local measure in-year performance would be included in future Cabinet Member reporting arrangements. This would align and run parallel to the agreed Corporate Plan and Improvement Plan reporting schedules.

It should also be noted that, in addition to the Local measures, a range of other measures of activity were also performance managed and reported via alternative reporting streams. Service level management information measures were also regularly reported internally to Senior Management Teams.

The report set out the current performance challenges as at 31<sup>st</sup> May, 2016, which included:-

- LM01 – Reviews
- LM02 – Support plans % issued
- LM03 – Waiting times assessments
- LM04 – Waiting times care packages
- LM05-07 – commissioning KLOE's

Discussion ensued with the following issues raised/highlighted:-

- Was commissioning a problem for the Directorate or across the whole of the Authority? Who decided if it was across the board and so who should look at commissioning or whether it was just in this particular Directorate and the Select Commission would look at it?  
The Directorate had self-assessed itself as red in most of the category areas. The way that Rotherham approached commissioning was a little behind its peers especially in relation to Adult Services. In terms of the development plan commitments were around co-production for outcomes that we should be doing. There was evidence of recent activity starting to move in that direction and engagement and involvement of officers working with communities and members of the voluntary sector was helping that. The Directorate was very much at the start of the journey and a lot of work to do. The staffing structures had to be considered and the skills within the existing team which was doing very effective work but very much focussed on contract monitoring especially for care homes/statutory services, and the strategic side had been somewhat lacking. There was much work to

be done with Autism an absolute area that needed to be prioritised together with Mental Health and Learning Disabilities

Nathan had been asked by the Chief Executive to oversee the Corporate Commissioning Review which was part of the Improvement Plan and a fundamental part of the Authority's journey to regain powers and within that would be looking at Children and Young People's Services, Public Health and perhaps other areas where there was some commissioning. That work was in its infancy but had a deadline of January, 2017 to conclude the review and publish the outcome. Within that there were a number of gateways which were specified within the Improvement Plan

- Where was the appropriate place for the scrutiny of commissioning? Was it the Overview and Scrutiny Management Board or the Audit Committee?

This would be raised at the Board meeting the following day

- At what stage would a review by ADASS be triggered or would it?  
It was a Peer Review. As commissioning on a Corporate level had to be reviewed in the first instance, support may be sought from ADASS to look at the Adult element or the Local Government Association to look at commissioning across the board but that was to be determined. Peer challenge was to be welcomed as that was how you learnt and progressed. At some point within the next 6 months it was hoped to have a Peer Review after the internal work had been carried out. The real test would be when the Authority perceived itself to be on the improvement journey and the reviews would establish whether it truly was

- When the Corporate Review was complete it would be an appropriate time to have the Peer Review to give comfort that someone had looked at the plan going forward  
Absolutely agree

- Had the performance clinic for LM01 been held yet?  
The performance clinic was held on 20<sup>th</sup> July with the lead officers that were accountable for reviews. A number of actions had been identified that required further consideration including looking at a whole range of activity across the care management teams to capture activity rather than the traditional model. The Care Act allowed the Authority to open up how reviews and self-assessments were carried out so that avenue needed exploring. There were also a number of actions that were being looked at in terms of activity that the teams were doing working with the customers which fell short of a review but did not necessarily take into account the holistic approach of the current assessments. The review activity allowed the Service to know whether the current package was working/whether or not things were improving or on a steady decline that would require further intervention

- Were you confident that from the performance clinic and the suggestions that you have given that we can start to pull back on the figure and the measure of LM01?

It was a challenge and that had been recognised within the Senior Management Team by way of holding a performance clinic. That process had started and identification of what the actions were likely to impact upon it to get assurance as to how quickly it could be recovered through the remedial actions to get to the 75% and work toward towards 100% overall

The service was still going through the Phase 2 of the remodelling and that came on stream in September which only left 6 months to pick up those who would be identified and reviewed through the additional processes over and above what was captured in the current data

- When performance clinics had first started there had been the opportunity for a Member to sit and observe/comment. Given the number of new Councillors could that invitation be extended?  
Discussion would take place with the Cabinet Member

- If extending the assessment were you completely changing the assessment tool and have you time and motion studied how long staff will take to do it?

Part of the remodelling of the Service was looking at different ways of working where the actual input of staff time to get to the full assessment position could be reduced. It was currently a time intensive process but it was hoped to be able to strip out some of the Council staff time which in turn would improve the throughput to help the Service achieve the numbers. In terms of the detail, paperwork and methodology, that would be changing as the current recording system would move to Liquidlogic which would go live in December

- Where were/how positive results for individuals reported that resulted from their care package and support plans?

Through Liquidlogic and the associated recording there would be the opportunity to capture with the Service user what they actually wanted to achieve as an outcome and during that process whether they felt it had been actually delivered

- The Corporate Plan contained some additional local measures. Were these being added to this document for future reporting?

The Service reported on the Corporate Plan with the first quarter report due in September. The additional local measures had been included in the Key Performance Indicator suite which were submitted to the Strategic and Directorate Management Teams for tracking and informing decisions that were ultimately reported back into the Corporate Plan. If the Select Commission wished to extend the scorecard it was not a problem

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

(2) That the opportunity for a Peer Review be welcomed.

(3) That the outcome of the discussion with the Cabinet Member for Adult Social Care and Health be awaited with regard to an Elected Member attending performance clinics.

(4) That a report on Local Measures be submitted to the December meeting.

(5) That it be noted that once the further report had been submitted in December the Select Commission would be in a clearer position to make recommendations as to how it went forward.

## **21. CARING TOGETHER SUPPORTING CARERS IN ROTHERHAM**

Elizabeth Bent, Crossroads Care, and Jayne Price, Carers Forum, presented the updated draft Strategy which emphasised the need to identify and support all carers, including hidden carers and young carers.

The following powerpoint presentation set the context for the Carers Strategy:-

Why do we need a Carers Strategy

- Approximately 31,000 carers in Rotherham
- Last Rotherham Carers Strategy expired in 2011
- Introduction of the Care Act 2014 – new rights for Carers
- Funding cuts throughout Health and Social Care

Co-production

- Multi-agency Development Group comprising representatives from:-  
Carers Groups i.e. Forum  
RMBC Adult and Children  
Rotherham CCG  
RDaSH  
Voluntary Sector  
Rotherham Foundation Trust  
Job Centre Plus  
Carers Corner

Consultation/Community Engagement

- Crossroads AGM
- Magna Event
- Carers Forum
- Adult Services Consortium
- Carers Resilience Service
- Barnardos

#### Outcomes

- Carers in Rotherham are more resilient and empowers
- The caring role is manageable and sustainable
- Carers in Rotherham have their needs understood and their wellbeing promoted

#### Where are we today

- A step in the right direction for Carers
- Draft document
- Not complete
- Not perfect
- Open to suggestions

#### The Future

- Aiming to present to Health and Wellbeing Board September meeting
- Strategy shared widely
- Development group – Delivery Group
- Rollout of actions – monitored by delivery group
- Annual review and update

#### Discussion ensued with the following issues raised/highlighted:-

- Can you explain the Pledge? How you can influence the Pledge that carers in Rotherham were not financially disadvantaged as a result of their caring role?  
Part of that was to ensure that carers had access to benefits advice and support. The work taking place with the Carers Resilience Service was funding that support and had been successful in carers getting Carers Allowance and obtaining Attendance Allowance for the people they cared for. It was not all about money but a little bit of finance could make a big difference to carers
- There was felt to be a difference in the language used in the Pledge and in the Outcomes  
We can take that back and change it. The Pledge was picked up from the National Carers Strategy as it was at present. There were plans for a new National strategy for which the consultation finished on 31<sup>st</sup> July and was another reason why Rotherham's publication had been delayed until September to ensure it was not out of line
- There were a lot of carers in Rotherham. How do you think this will help reach more carers and support them?  
There were a lot of groups in Rotherham and the information would be cascaded as widely as possible. Once the Carers Strategy was approved it would be rolled out, promoted and shared out to as many people and in as many ways possible

- Were Directorates playing ball with the new initiative? How were they linking in with you at all?  
The development group was multi-agency and working along with the Directorates. Within the Forum, the Carers Forum was the independent voice for carers. A Carers Issue Log was to be introduced whereby anybody who felt that they were not getting the services or there was some sort of failing would enter it onto the Issue Log. It would then be taken back to the people that should be addressing it i.e. the Directorates and other agencies
- As Directorates were planning out new ways of working were you being involved?  
Over the last 18 months, there had a tremendous improvement. The very fact that there was a will to put a Carers Strategy in place in Rotherham was a great step forward. One of the things identified quite early on was the need for a strong carer's voice in Rotherham which benefitted everyone. Part of the Strategy was the development of the Carers Forum. The Officer who led the Group was very keen on commissioning some support for the Forum because it was run by carers for carers
- The delivery plan stated the intention to develop an online assessment form for carers. How accessible would that be for older people?  
One size never fitted all and was another way of ticking the box on carer's assessments. We need carers to come forward and assessments completed to ascertain their needs and support them
- Outcome 3 target for working to ensure Rotherham became carer friendly. What sort of tools were in place locally to ensure employers, public and private sector, catered to employees' needs?  
Crossroads Care (a voluntary sector organisation) had carer friendly policies in place i.e. flexible working etc. Realistically if it was not law there were some employers who would not do it. The Council did some work with their own employees to find out how many of them were carers. There were ways that carers could be supported such as flexible working but it was for us all to raise the issue and address them

Elizabeth and Jayne were thanked for their presentation.

Resolved:- (1) That the draft Strategy and delivery plan be noted.

(2) That an appropriate timescale be agreed with the Delivery Group to receive a progress update on implementation once the strategy was signed off.



**22. HEALTH AND WELLBEING BOARD**

The minutes of the Health and Wellbeing Board held on 20<sup>th</sup> April and 1<sup>st</sup> June, 2016, were noted.

**23. IMPROVING LIVES SELECT COMMISSION UPDATE**

Councillor Cusworth reported that it was still work in progress but the Improving Lives Select Commission work programme shortlist included:-

Domestic abuse  
Safeguarding  
CSE post-abuse support  
Early Help  
Special Educational Needs and Disability

The Select commission had been careful to ensure there was no duplication with the work of this Select Commission.

**24. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME**

It was noted that the next meeting would be held on 8<sup>th</sup> August, 2016.

Papers were published on the website at the link below.

<http://modgovapp/ieListDocuments.aspx?CId=1045&MId=13847&Ver=4>

**25. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**26. DATE OF FUTURE MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 22nd September, 2016, commencing at 9.30 a.m.

**HEALTH SELECT COMMISSION  
22nd September, 2016**

Present:- Councillor Sansome (in the Chair); Councillors Albiston, Andrews, Brookes, Cusworth, Elliott, Ellis, Fenwick-Green, Marriott, John Turner and Williams and Robert Parkin (Rotherham Speakup).

Councillor Roche, Cabinet Member for Adult Social Care and Health was in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Ireland and Roddison.

**27. DECLARATIONS OF INTEREST**

Councillor Sansome declared a non-pecuniary interest (relative works for the NHS at a local hospital)

**28. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**29. COMMUNICATIONS**

**Improving Places Select Commission**

The Chairman reported that a number of Select Commission Members had attended a recent meeting of the Improving Places Select Commission. An item for discussion was the Housing Strategy which related to those residents who had learning disabilities, disabilities or any other specialist needs. The Cabinet Member and respective officers had been challenged with a number of issues around the impact assessment, the number of houses which were being built for those with specialist needs against the ratio being built for those without needs etc.

**CQC**

There were to be follow-up inspections looking at the progress made on areas identified in previous inspections – the Yorkshire Ambulance Service inspection had started last week with the 111 Service in October. The Rotherham Foundation Trust inspection would commence on 27<sup>th</sup> September with the RDaSH inspection due to commence on 10<sup>th</sup> October, 2016.

**Commissioners Working Together Programme**

Last week six Select Commission Members had discussed the consultation materials for the proposed Service changes with feedback submitted to NHS England as requested by 15<sup>th</sup> September. Helen Stevens (NHS England) would like to thank Members for their considered and helpful feedback.

The comments fed back had included slight rewording, more precise information/greater clarity on some of the details particularly regarding impact for Rotherham patients, including twitter/facebook links on posters/postcards and suggestions for a couple of additional questions.

### **30. MINUTES OF THE PREVIOUS MEETING HELD ON 20TH JULY, 2016**

The minutes of the previous meeting of the Health Select Commission held on 17<sup>th</sup> March, 2016, were noted.

Arising from Minute No. 18 (Transforming Rotherham Adult (18+) Mental Health Services), it was noted that proposals for the Adult and Older Persons Mental Health model would be submitted to the RDaSH Board at the end of October.

Arising from Minute No. 20 (Adult Social Care – Performance Clinics), Councillor Roche reported that he had enquired about this issue and had been informed that the new system was different from that operated previously. It was not a decision and, therefore, officers decided who was invited to a performance clinic. The Democratic Services Manager sent out performance data on a quarterly basis, Cabinet Members received a briefing and it was then discussed by the Senior Leadership Team/Cabinet Members at their monthly meeting. If a Member from this Commission was invited it would have to be opened to all the Commissions.

Councillor Ellis expressed concern that it was a new regime which involved all officer meetings with no Members; you could not have a performance tool without Members having no knowledge of it. Previously a member of the respective Scrutiny Panel was always invited with the Cabinet Member chairing the clinic so it had changed considerably. How could Members have governance over poor performance if they did not know what the tool was?

*Additional information provided after the meeting:*

*The new system above was specifically with regard to meetings to discuss performance on the Corporate Plan, which had a varying number of Indicators for each Directorate. Officers have offered to brief Health Select Commission once a quarter Health Select on this data.*

*In the past there had been a system whereby a particular topic was examined in detail in a deep dive, with Members involved, but these were not currently in place.*

Arising from Minute No. 21 (Caring Together Supporting Carers in Rotherham), it was noted that the Carers Strategy was to be submitted to the Health and Welfare Board in November for information and discussion in relation to the key themes aligned to the Health and Wellbeing Strategy.

### 31. **ROTHERHAM'S INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN**

Keely Firth and Lydia George, Rotherham Clinical Commissioning Group, and Nathan Atkinson, RMBC, gave the following powerpoint presentation:-

#### National Strategic Context

- Five Year Forward View
- Delivering the Forward view: NHS Planning Guidance 2016/17-2020/21
- General Practice Forward View
- The Five Year Forward View for Mental Health

#### Rotherham CCG Plan takes account of 5 year Forward View

- Unscheduled Care
- Ambulance and Patient Transport Services
- Community Services
- Clinical Referrals
- Medicines Management
- Mental Health
- Learning Disabilities
- Maternity and Children's Services
- CHC and Funded Nursing Care
- End of Life Care
- Specialised Services
- Joint Working (including Better Care fund)
- Primary Care
- Child Sexual Exploitation
- Cancer Commissioning

#### Rotherham Integrated Health and Social Care Place Plan

- Rotherham's health and social partners have joined together to look at how we can make the most of our services with the public at the very centre of everything we do
- By changing the way we approach health and social care in Rotherham we can improve our lives
- Our vision is "supporting people and families to live independently in the community with prevention and self-management at the heart of our delivery"

#### Rotherham Context

- Health and Wellbeing
  - Life Expectancy in Rotherham is less than the England average by more than one year
  - Life expectancy varies by eight years between different parts of Rotherham
  - Increasing numbers of older people with long term conditions

- Care and Quality  
Hospital attendances, admissions and waiting times continue to rise  
There are opportunities to manage growth in emergency admissions to hospital
- Finance and Efficiency  
The NHS in Rotherham has a £75M efficiency challenge over the next five years  
RMBC has in the region of a £40M financial gap to close over the next three years

Our Five joint priorities within the Place Plan

- 1. Prevention, Self-Management, Education and Early Intervention
  - 2. Rolling out our integrated locality model – “the village” pilot
  - 3. Opening an integrated Urgent and Emergency Care Centre
  - 4. Further development of a 24/7 Care Co-ordination Centre
  - 5. Building a Specialist Re-ablement Centre
1. Prevention, Self-Management, Education and Early Intervention
- We will better meet the needs of local people by targeting individuals that can gain most benefit through:
    - Expanding our award winning Social Prescribing Service both for those at risk of hospitalisation and for mental health clients
    - Expanding systematic use of Healthy Conversations and advice by ensuring every statutory organisation signs up to Making Every Contact Count (MECC) and by training front line staff to talk about sensitive issues such as alcohol use, healthy eating habits, increasing physical activity and quitting smoking. We will also ensure quick and easy referral to evidence based lifestyle services (e.g. smoking cessation) to support those that are ready to change and in a way that is right for them
2. Roll out our integrated locality model “The Village” pilot
- Our pilot “the village” is in Rotherham’s town centre. It was established in July 2016 and covers 31,000 patients in one of our seven localities
  - It showcases joint commissioning arrangements that drive the integration of services and promote multi-disciplinary working between Primary Care, Social Care, Secondary Care, Social Care, Mental Health, Community Services and the voluntary sector reducing the reliance on the acute sector
  - We will be rolling out the model throughout our six other localities
  - The aim is to provide seamless care to the designated GP practice cluster population, ensuring the client receives co-ordinated care from a single case management plan and lead professional
  - Transformation of the Care Home Sector
    - Approximately 15%-18% of emergency admissions into hospital are from care homes. These patients also have longer lengths of stay than average admissions

- Partnership with the care home sector is therefore critical to reducing demand for acute services
- We will further develop our care home liaison service, introduce “trusted assessors” and upskill staff in care homes in assessments in practical skills to manage residents with higher medical problems
- Our aim is that this will result in fewer admissions from care homes into hospital, more proactive management of length of stay and less people automatically placed in care homes

### 3. Urgent and Emergency Care Centre

- The Urgent and Emergency Care Centre will be complete by Spring 2017 and open by July 2017
- It will be Rotherham’s 24/7 single point of access and triage for urgent cases
- It will use an innovative multi-disciplinary approach to reduce waiting times, support patient flow through the hospital and improve patient experience
- We will pioneer an innovative ‘next available clinician staffing model’ which integrates GPs, ED consultants and highly trained nurses
- It will also accommodate Social Workers, Mental Health Teams and Care Co-Ordination Teams
- It is expected to reduce emergency admissions savings over £30M over 10 years
- The aim is for patients to be assessed and possibly treated within 20 minutes if you are an adult or 15 minutes if you are a child
- Expanding our Adult Mental Health Liaison Service
  - In April 2015, as part of our wider Mental Health Services Transformation Plan, we launched the Rotherham Mental Health Liaison Service to provide round the clock mental health care to patients who attend Rotherham Hospital
  - We aim to expand access to this Service to improve the outcomes and experience of people experiencing a mental health crisis and to improve access, reduce waiting times, admissions, re-admissions and lengths of stay, reduce use of acute beds by patients with dementia and enhance the knowledge and skills of hospital

### 4. 24/7 Care Co-Ordination Centre

- The CCC has been in place for 18 months and currently takes 4,000 calls a month 24/7
- Its aim is to act as a central point of access for health professionals and patients into community and hospital based Urgent Care Services
- Our aim is to expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access for patients through a comprehensive directory of services, driving efficiency and cutting down waste
- The purpose is to manage system capacity, carry out initial assessment and deploy appropriate teams to provide support, avoid

potential hospital admissions and ensure people are in the most appropriate care setting

5. Specialist Re-ablement Centre

- We want to develop a more integrated approach to the provision of intermediate care services for those patients who cannot be treated at home but do not need to be treated in a hospital setting
- Our aspiration is to locate all rehabilitation services on a single, co-located, non-acute setting to create an environment that supports integrated working
- A fully integrated team of health and social care professionals will provide a mix of community rehabilitation services, residential intermediate care and the current discharge to assess beds for people living in the community and for people leaving a hospital setting
- This model will allow Rotherham people to remain in their community longer than would otherwise be possible
- We anticipate the Re-ablement Centre will be more cost efficient through better deployment of professionals and teams and supporting and integrated multi-disciplinary way of working

Enablers

- We will
  - Make good use of our public buildings and resources
  - Make better use of technology. We are planning a major upgrade to the way we all communicate with services, healthcare professionals and patients
  - Working together and sharing information will become the norm
  - Encourage everyone to use technology to care for themselves and manage their own wellbeing

Expected Benefits and required Investment

Priority 1

- ‘Making Every Contact Count’ could show a return of £10 per £1 spent - £1.8M per annum
- Expected savings for households and employers up to £28 per £1 spent - £1.1M per annum
- Social prescribing evaluation shows improved outcomes for patients and system benefits of £1.98 for each £1 invested - £45K for VAR website and £25K for VAR Health Champions

Priority 2

- Improved patient outcomes and proactive management of care – one-off funding of £1.5M
- Reduced utilisation of secondary services - £1.25 per annum to trial new staffing models in Primary Care and to fund transformational support
- Reduction in non-elective bed days by 10,000 (estimated £1.5M saving per annum)

- Management of high acuity patients in care home sector - £0.6M for appropriate equipment and training in the care home sector

Priority 3

- Investment to go further and faster in developing the model and to support the realisation of £30M system savings over 10 years - £0.45M for new capital build and transformation investment
- Investment in integrated liaison service for people with dementia could show a return of investment of £4 for every £1 invested

Priority 4

- Formal evaluation shows at least £0.86 additional system-wide efficiencies
- Further integration of Health and Social Care Services - £0.46M non-recurrent infrastructure costs

Priority 5

- Transition to new staffing and skill mix model of care and enhance clinical and caring environment
- Transition of long stay residents from existing provision into care home provision
- Evidence from Plymouth's review of re-ablement services achieving financial objective of £500K savings in the first year - £3M per annum

High Level Implementation Plan

Priority 1

- Evaluate Mental Health Social Prescribing – April 2016-March 2017
- Increase target from 5% to 10% of patients at risk of hospitalisation – April, 2017-March, 2018
- All key statutory organisations signed up to MECC and first cohort of front line staff trained – April, 2017-March, 2018

Priority 2

- Implement integrated locality pilot and final evaluation – April 2016-March, 2017
- Roll out integrated locality model across Rotherham – March, 2017-March 2018

Priority 3

- Scope and plan expansion to Health and Social Care Services
- Evaluate upscaled service

Priority 4

- Completion of the capital build for Urgent and Emergency Care Centre
- Full implementation of the model of working
- External evaluation of the Adult Mental Liaison Service



Priority 5

- Full implementation of the Rapid Response Service
- Full review of acute and community respiratory pathway
- Development of the re-ablement hub

Work still to do

- Overall governance structure
- Finance
- Agreement through partner governance arrangements
- Alignment to wider STP Plan and workstreams
- Finalisation of illustration and infographics

Timescales

- 21<sup>st</sup> September Health and Wellbeing Board
- 22<sup>nd</sup> September Health Select Commission
- 27<sup>th</sup> September – Final completion of illustration and interactive storyboard
- End September/Early October CCG GP Members Committee, RMBC Senior Leadership Team, TRFT Board RDaSH Board Development Session, CCG Governing Body, VAR Board
- Mid-October Rotherham Integrated Place Plan finalised and signed off by partners
- 21<sup>st</sup> October ST submission to NHS England

Discussion ensued with the following issues raised/highlighted:-

- The use of the term “efficiency challenges” in a public facing document may indicate that services were not being efficient and that it should be quite easy to take out a few things and would not mean cutting any services which could mislead the public. However, it was noted that from a Health perspective, nationally Health had had Growth money. The efficiency challenge in this context was about the growth of demand being higher than the growth in money. Health funding had increased but the pressures were increasing more and that was the efficiency challenge
- Why was the decision made to consult with GPs because it was felt they were best placed to know what patients needed and wanted? - Patients struggled to get a GP appointment and sometimes it was a telephone call - The principles of Clinical Commissioning Groups when they were originally formed by the Government was that they felt that GPs were well placed because they saw so many patients on a weekly basis. In Rotherham GPs had been visited in their localities with details of what the Plan may look like as well as engagement with Patient Participation Groups.
- The Plan had been discussed at the recent meeting of the Health and Wellbeing Board where there had been concern expressed about the lack of consultation with Elected Members, GPs and Healthwatch

Rotherham – Due the pace that the Sustainability and Transformation Plan (STP) had had to be developed and was still under development with a further submission to NHS England on 21<sup>st</sup> October, there had been concern nationally that there had been no opportunity to consult with citizens. Therefore, guidance was to be issued on the next steps. However, the focus today was on the Rotherham Place Plan which formed part of the overall STP

- Due to the national concern regarding the lack of consultation, Rotherham was very keen to ensure that members of the public were involved in shaping the Place Plan. It was important to note that it was still in draft so comments were very much appreciated
- How would the overstretched staff have time to talk about sensitive issues such as alcohol use, healthy eating habits etc.? - It would be a judgement call from the professionals as to whether it was the right time and opportunity to have those discussions. The training element, which would be dependent upon funding, would also ascertain whether and how that could be rolled out in a more consistent fashion
- Were we in danger of setting the public's expectations too high and therefore more complaints? - People were already complaining that things were rushed and did not have enough time to spend with a professional. The emphasis around this item was self-management and self-care and people taking a degree of responsibility for their own lifestyle and lifestyle choices. It was hoped that it would be light touch support where people could access and make informed decisions about what was the right thing for them
- Given that Rotherham had massive levels of inequalities in health increasing numbers of people having to access foodbanks, homelessness, increasing levels of poverty etc. how were we realistically going to support people having healthy lifestyles when they did not have the income to make healthy choices? - This was where the link with the wider priorities for the Borough would come into play. There was a lot of activity around Welfare Reform, food poverty, advice services etc. which were being looked at currently in the Council. Early Help Services was very much about trying to bring in support for families and individuals to address those issues. Some of the wider society issues were beyond Rotherham but we had to try and support people where possible to access things such as foodbanks if that was what they needed but also to work with foodbanks to look at what food they were distributing
- It seems that it was relying too much on the public making the right decisions. A lot of people would think that they paid enough taxes when they bought alcohol and cigarettes so why should they not do what they wanted and have a takeaway every night? – It was about people making informed choices and not professionals mandating what people should do

- At the moment the Plan was not saying new staff but it was about bringing together the existing staff in the localities. There were bigger concerns in terms of the national cuts in Public Health and the serious impact on Rotherham services
- When would the outcome of the STP bid be known? – The Place Plan was part of the STP and would be submitted on 21<sup>st</sup> October. It was not clear from any information received nationally when it would be known if there was any additional funding and for what purpose it had been determined for
- It was difficult to understand in the Plan what was already provided and what would be additional if there was additional funding. It gave the impression that the 5 priorities were in place and not aspirational – The feedback was appreciated and it would be made clearer in the document
- Was there up-to-date information on levels about obesity, specific age groups etc.? - Public Health data was 1 of Rotherham's strategic data sources
- What were the other 6 localities – They had not been identified as yet and were part of the next stage. All partners worked on a slightly different geographic footprint so have to make sure it worked across the piste but it was hoped to cover the whole Borough. The basic idea currently was that they would be based on 7 key GP surgeries
- Would they be the bigger GP practices? - It had not got to that stage as yet. It was important that when the detailed plans came back that they were submitted to the Commission. The STP, once signed off, would be governed by the Health and Wellbeing Board so there would be a lot more input
- Some care homes did not have the expertise to know when a resident should be admitted to hospital - There was recognition that NHS staff could be more proactive in supporting some of the care homes; Rotherham Hospital was keen to do that. Some Homes had really experienced nursing staff but there was a need to ensure there was consistency. The aim was to support care homes to look after residents in the Home for as long as possible. There would be a time when a resident needed to go into hospital but it was felt that if health professionals worked with the independent sector care homes, upskill the staff, it could prevent that level of admissions
- What was the incentive for care homes to take on the extra responsibility? - The incentive, from a purely business perspective, was the much better fee rate for a nursing home than a residential home and potentially more income for the Home. It was not anything that would you not expect in terms of good quality nursing provision

but what was being recognised was the need for care homes to be more part of the overall system rather than “islands bringing in a team of professionals to support the sector where it was required. There was also a need to stimulate homes that had deregistered and become residential homes to go back to offering nursing beds. There was not a great deal of nursing provision in Rotherham

- As a nursing home with nursing staff what was the incentive not to ring 999 because it would be easier? – A lot would be around the Home’s appetite for risk. There would be Homes that decided their risk factor was lower threshold than others but Homes would be encouraged to be more proactive
- Reassurance for residents and their families that the care they were getting in the Home was appropriate and that no more could have been given by admittance to hospital. If a relative died whilst in hospital you would be reassured that everything had been done possible whereas if they were still in the residential home you might always be left with some doubt – The focus was primarily on nursing homes but the care home service covered both residential and nursing so the principles of staff going in and supporting applied to both
- If there were not going to be the throughput of nurses due to the proposed change in the bursary system and talking about upskilling care workers what incentive was there? - If doing more skilled work, employees would want more money and that had to be taken through with the care sector
- Would companies that ran the care homes be approached to facilitate secondments and pay for the training? It was part of the approach to try and give people opportunities in the independent sector to have experience in a NHS setting and vice versa
- There would always be a higher figure of admissions to hospital due to the cohort of care homes i.e. frail elderly people more susceptible to fall, pneumonia etc. – It was accepted that there would always be a higher level of admissions but it was what could be done as a whole system to try and reduce that
- What would happen to the existing Walk in Centre building? - As a building it would remain and there would still be some elements of health care provided from it e.g. diagnostic and screening. From a funding perspective it was still the responsibility of the CCG. Part of the Locality Plan was to work out where patients and citizens would like to see services delivered from. The building and costing of it was part of the development of Locality Services and getting care much closer to where people wanted it to be

- Was A&E not already a 24/7 single point of access or was the Care Co-ordination Centre to replace A&E? - A&E was 24/7 but the Care Co-ordination Centre was 24/7 for Primary and Secondary Acute care. It was developed from various parts of the system such as Out of Hours, Walk in Centre, and trying to create 24/7 primary and secondary care service in 1 place. It was not replacing but enhancing what was on offer so the right people could go to the right place
- The target was that patients would be assessed and possibly treated within 20 minutes and 15 minutes if a child. How confident are you that those aims could be met? - We are confident. It was all about the demand on the workforce and, based on the assessment and estimates as a result of the audits conducted, there was confidence that the targets would be met. There had been an independent review from the Emergency Intensive Support Team of Clinicians who had visited twice reviewed the staffing structures based on rotas and the services to be provided
- Had the winter period been factored into the plan? - The workforce plan took into account all the different pressures because of the ability to actually call upon more resources. Nothing had been cut in the budget at all. The staffing structure was about getting the right people in at the right level
- How would you respond if the aim was not met? - The best and only way would be to say this was what was happening, look at what was happening and gain an understanding quickly. Rotherham was a national trailblazer on this initiative with only 1 other area with something similar
- If a person could not get a GP appointment then they would go to the hospital. Was it not thought that the increase in demand would be a real issue? - It had been considered and part of the assessment would possibly be to say to people you actually need a GP appointment or go to the hospital pharmacy. GPs from the CCG worked with the Centre and were willing to see how they could make slots available on a daily basis. It was something that had been thought about but local GPs would need to be part of that service and people would be diverted back
- GPs had agreed in their local practice to make slots available for those that turn up at the hospital and need appointments? – We need to see what happens and felt that had been resourced appropriately. GPs within the CCG were looking at how to feed that back to their colleagues. Part of it was giving them evidence from other areas where the expected increase in demand had not come through
- The lack of mid-level practitioners in Rotherham in the audits and how Rotherham could not attract those people? - The general trend was when students had gone through medical school and once completed

their training, a large proportion wanted to be attached to the bigger teaching hospital and, therefore, fewer doctors available after those selections made. This was a national picture

- Had extra parking spaces been provided? The hospital had built more spaces than were available at the existing WIC
- There was an unaffordable growth in demand in mental health admissions – every admission cost approximately £2,000. The additional funding from the CCG (£1M for the service) had been used to try and dampen down that growth. At the end of the evaluation the question would be was there still the high level of growth despite the £1M additional funding. The aim was to get a more successful service for the patients first and then one that would not cost as much money
- Did the expanding Adult Mental Health Liaison Service rely on the voluntary sector at all? – Not with the £1M, however, social prescribing was working very well in Rotherham and had been expanded to include the voluntary sector for mental health. It would be expected to see a connection of those in the service to hopefully some of the voluntary sector aspects
- In relation to Dementia care and trying to reduce the amount of acute beds that were being used, the voluntary sector had been hit by the current economic climate. Dementia Action Alliance was to lose their co-ordinator post from November so there should be caution if relying on some support from the voluntary sector without knowing what the capacity would be – Part of the pilot for the social prescribing of mental health was to assess what could help the patients and prevent them from being admitted to hospital and how could the funding from the CCG as part of the pilot to VAR help groups bid for more funding
- What type of illnesses, disabilities would the Specialist Reablement Centre deal with? - This would cover quite a range of things but would not replicate Breathing Spaces. It would be for those with long term conditions where it was possible that with some intensive support they could be reabled
- Would the staff be skilled to deal with a possible relapse or would it mean a re-admittance to hospital? - It was very much an aspiration at the moment
- Were you confident that there were the skills to commission what you wanted with regard to new technology? - In terms of effective commissioning we have to work with the market and experts

- Was rehabilitation the same as re-abling? Reablement tended to be a very short period – 6 weeks of intensive support to get people back on their feet whereas rehabilitation did not necessarily have a timescale on it
- Disappointment that the plan appeared to support those that already accessed and engaged with services; the Plan did not address the health inequalities which would be growing over the next 10 years with the cuts in welfare and public services generally – The Plan was reactive other than the preventative Public Health issues. The primary purpose of the Plan was to keep people out of hospital. In terms of health inequalities, that was part of the wider proposals of Marmot and Public Health activity but should be mindful that Services the Plan was talking about were universal service which should be accessible to everybody; if there were issues about people not being able to access they needed to be considered and factored in. It was very much a high level plan
- Concern about using technology - Technology would not be the sole answer but would be more about the additionality it could bring and some of the additional benefits of using it
- Liquid Logic should provide staff with a lot of benefits in terms of sharing and accessing data which was due to be introduced in Adult Social Care in December
- The main thrust of the STP was to reduce the number of acute hospital admissions

Resolved:- (1) That the following issues be fed back:-

Issue around language and being very clear with the public about what was happening and explaining what was really meant by efficiency challenge and whether that equated to cuts or managing growth in demand;

Concerns about time to fit in Making Every Contact Counts activity;

Overall for the Plan to be realistic in what could be achieved and separation between the actual and the aspirational and what would be taken forward if drawing down the additional funding;

Concerns about reaching those who were more remote and most in need of services i.e. addressing health inequalities;

How localities would be determined around the GP practices;

Request for data about what was happening with the changes that were being brought in care homes with the upskilling of staff and the impact this would have on hospital admissions;

Concerns raised about getting the care homes on board to support moving that work forward;

Clarity about when talking about nursing and residential care homes;

Reassurance on the level of care provided would be critical for patients and family members with the project of upskilling of staff

National shortage of nurses and the impact that had across the wider workforce;

Reassurance for the public that the A&E times would be feasible and not over raising expectations;

Members wanted to see a more detailed Plan at some point and greater clarity when available across some of the higher level outcomes.

(2) It was noted that an All Member Seminar was to be held on 13<sup>th</sup> October on Sustainability and Transformation Plan.

## **32. COMMISSIONERS WORKING TOGETHER PROGRAMME**

Janet Spurling, Scrutiny Officer, reported on the above Programme.

There were a number of workstreams in the programme with options for substantial changes to Hyper Acute Stroke Care and non-specialised Children's Surgery and Anaesthesia being consulted on in the Autumn.

The report and appendices provided an overview of the work already undertaken and the development of operations appraisals for both Services which included:-

### **Stroke Care**

- Hyper Acute (first 72 hours) – would be in one of the proposed centres (Doncaster, Sheffield or Chesterfield)
- Acute – would be in patient's local hospital once well enough to transfer
- Rehabilitation – local sites

### **Hyper Acute Stroke Care**

- Recognised minimum number of patients per annum – 600
- Rotherham Hospital – 482
- Barnsley – 554
- Chesterfield 586
- Doncaster – 677
- Sheffield – 1,009



## Children's Surgery – 6 sub-specialities

- Ear, Nose and Throat (ENT)
- Trauma and Orthopaedics (T&O)
- General Surgery
- Ophthalmology
- Urology
- Oral

## Children's Surgery – Patient Numbers for Rotherham Hospital 2014/15

	No Stay	Elective in-patient	Non-elective
ENT	214	96	71
T&O	109	26	238
General Surgery	56	5	294
Ophthalmology	71	6	5
Urology	70	0	10
Oral	446	5	94

## Model for the 6 sub-specialities

## Surgery Tiers

- Tier 1 Day case
- Tier 2 Elective in-patient/non-elective in-patient – where most of the changes were proposed
- Tier 3 Tertiary

Discussion ensued with the following issues raised/highlighted:-

## Hyper Acute Stroke Units

- The first hour was the most important part of a stroke. A paramedic had to try and assess whether it was a bleed or a blockage and that was very important in how to begin to treat a patient. It would be more onerous for Rotherham patients if they had to travel further afield
- 45 minutes travel time did not give much time once arrived at hospital for assessment and treatment – this did not include the waiting time for the ambulance to arrive
- Concern that the ambulance crews would have the skills to be able to make that diagnosis to carry out the appropriate treatment (bleed v blockage) and have the equipment in place
- National shortage of skilled staff and the importance of maintaining those skills through the volume of patients seen each year in line with recognised minimum numbers. Both Rotherham and Barnsley Hospital had vacancies for senior staff with the requisite skills

- The need for statistics or data for assessing the outcomes for people admitted to Rotherham and Barnsley versus admittance to Sheffield and Doncaster in terms of survival rate etc?
- Did Sheffield and Doncaster have the capacity to take additional patients in terms of bed availability?
- Importance of assessment process for clots and the time. Not everyone was suitable for the assessment but staff had to have had training to carry it out
- The hour was based on how long it took an ambulance to arrive – the proposal should be looked at in conjunction with ambulance response times
- Travel time to Sheffield Hallamshire Hospital taking into consideration peak hour traffic
- Would it be better/less risky for patients to stay longer at the centres with HASU for their acute care rather than transferring
- Possibility of bed blocking pressure if people had to stay longer
- The Rotherham Place Plan's aim was to see patients within 20 minutes in the Emergency Centre – would it not be better/safer for patients to be seen at Rotherham?
- Would any Rotherham patients be taken to Chesterfield?
- Adequacy of public transport infrastructure for patients' families from Rotherham to Sheffield and Doncaster
- Ensuring staff with appropriate skills for quality care at all 3 phases – hyper, acute and rehab
- Consideration to the scheduling of post and pre-op appointments and prioritisation for families who had to travel further to take account of work, travel time etc.

#### Children's Surgery and Anaesthesia

- Travel for families and carers to visit inpatients and the effect this may have on other family members and those in paid employment
- Would treatment be based on proximity to where people lived or the sub-speciality?
- Would the changes have an impact on waiting times for electives?

- How the consultation question was worded with regard to “preparedness to travel” – parents would naturally say they were prepared to travel anywhere to ensure the best care/treatment for their child
- Adequacy of public transport for patients and visitors
- Would there be a staff drain from Rotherham Hospital?
- Would the removal of services from Rotherham Hospital put the sustainability of the Hospital at risk?
- Difference in the wording contained with the overview appendix and the consultation document with regard to “willingness to travel for right care” as opposed to specialist care”
- Need for the outcomes of patient satisfaction surveys to enable them to make an informed decision
- Would the 3 hospitals specialise in different sub-specialities or would they all provide all 6?
- Where would front line services for Rotherham actually start?

Resolved:- (1) That the work undertaken to date by the Joint Health Overview and Scrutiny Committee be noted.

(2) That with regard to Hyper Acute Stroke Units more information be provided on:-

- The same model successfully implemented in other areas (best practice)/other areas of health care e.g. coronary with regional specialist units
- Comparative data on performance of the 5 HASUs with regards to positive outcomes for stroke patients c/f SSNAP and other performance data
- The current rating of the Rotherham Foundation Trust and the HASU and up-to-date statistics on performance
- How had the first 72 hours been determined as the key period – was this a critical period for the likelihood of a further stroke or for monitoring?
- What was the incidence of patients having a relapse/further stroke shortly after the initial 72 hour period

**33. HEALTH SELECT COMMISSION WORK PROGRAMME**

Janet Spurling, Scrutiny Advisor, presented the final draft of the 2016/17 work programme for the Select Commission.

The proposed work programme helped to achieve corporate policies by addressing key policy and performance agendas, aligned to the priorities in the Corporate Plan with a clear focus on adding value.

It was agreed that the planning and prioritisation meeting in July 2016 that an underlying theme would be to ask questions regarding addressing health inequalities. A further consideration was the importance of meaningful public consultation and involvement of Service users, customers, patients and families/carers in Service transformation.

Priorities would be the major transformational projects which were interlinked:-

- Sustainability and Transformation Plan including the Rotherham Place Plan
- Health and Social Care Integration (continuing from 2015/16)
- Adult Social Care Development Programme
- Mental Health transformation (all ages)

Within these major projects specific issues/Services were identified including:-

- Learning Disability
- Carers
- Older people's housing

It was the intention that the majority of the work would be conducted through the full membership during scheduled agendas. Witnesses would be required to submit information two weeks prior to the meetings in order to allow time for full preparation in advance.

Resolved:- (1) That the draft work programme for the 2016/17 Municipal Year be approved.

(2) That it be noted that should any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

**34. HEALTH AND WELLBEING BOARD**

The minutes of the Health and Wellbeing Board held on 13<sup>th</sup> July, 2016, be noted.

It was noted that with regard to Minute No. 17 (Rotherham Local Digital Roadmap), the Select Commission wished to be informed if the assessment had been completed and what were the associated finances.

*Additional information provided after the meeting:-*

*None of the CCGs in Yorkshire and Humber have had formal feedback on their Local Digital Roadmap as yet or further information on applications for funding. Requirements for interoperability had changed and it was expected that further work would be needed but no further detail had emerged.*

**35. QUARTERLY MEETING WITH HEALTH PARTNERS**

The minutes of the meeting between the Select Commission and Health partners held on 12<sup>th</sup> July, 2016, were noted.

**36. IMPROVING LIVES SELECT COMMISSION UPDATE**

Councillor Cusworth gave the following update from the meeting held on 21<sup>st</sup> September on health related issues:-

- Lifestyle Survey – the number of young people identifying themselves as having an illness or disability
- Annual report of the Local Safeguarding Children's Board – dental and health assessments of Looked After Children to be monitored by the Corporate Parenting Panel but uptake for both was improving
- Audit of paediatric assessments May 2015 as delays had been experienced by Social Workers with regard to children experiencing physical abuse and neglect. Re-audit had not yet been carried out
- Domestic abuse – experienced in households with children and by children themselves

**37. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**38. DATE OF FUTURE MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 27th October, 2016, commencing at 3.00 p.m.

**IMPROVING LIVES SELECT COMMISSION**  
**29th June, 2016**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Bird, Cooksey, Cusworth, Elliot, Jarvis, Khan, Marriott, Fenwick-Green and Short.

Apologies for absence were received from Councillors Hague, Rose, Pitchley and Senior and from Co-opted Member Mrs. J. Jones.

**1. DECLARATIONS OF INTEREST**

No Declarations of Interest were made.

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public or the press in attendance.

**3. COMMUNICATIONS**

Nothing was raised under this item.

**4. MINUTES OF THE PREVIOUS MEETING HELD ON 6TH APRIL, 2016**

The minutes of the previous meeting of the Improving Lives Select Panel held on 6<sup>th</sup> April, 2016, were considered.

It was requested that the 'Next Steps' section listed within Minute Number 50 (Scrutiny of the 'Prevent' Element of the Child Sexual Exploitation Delivery Plan 2015-2018), be kept at the forefront of the Improving Lives Select Commission's work programme throughout the 2016/2017 Municipal Year.

The 'Next Steps' list contained a number of actions required of Agencies working within Rotherham. It was requested that these Agencies be asked to respond in writing to the Improving Lives Select Commission outlining their work on progressing the actions required.

Resolved: - (1) That the minutes from the previous meeting be agreed as a correct record.

(2) That the 'Next Steps' section within Minute No. 50 be progressed and Agencies' responses be reported to future meetings of the Improving Lives Select Commission.

**5. APPOINTMENTS OF REPRESENTATIVES OF THE IMPROVING LIVES SELECT COMMISSION, 2016/2017**

Resolved: - (1) That the following representatives of the Improving Lives Select Commission be appointed to the Panels/Committees below for the 2016/2017 Municipal Year: -

- **Health, Welfare and Safety Panel: -**

Lead Representative: - Councillor V. Cusworth;  
Substitute Representative: - Councillor C. Beaumont.

- **Young People's Moving On Panel: -**

Representative: - Councillor W. Cooksey.

(2) That the appointment by the Deputy Leader of the following Improving Lives Select Commission Representatives to the Corporate Parenting Panel be noted: -

Councillor M. Clark and Councillor V. Cusworth.

**6. CHILDREN AND YOUNG PEOPLE'S SERVICES - THE IMPROVEMENT JOURNEY**

Ian Thomas, Strategic Director, Children and Young People's Services Directorate, gave a presentation on Rotherham's Improvement Journey.

Ian's presentation covered the following areas: -

- There were 56,000 young people under the age of 18 in Rotherham;
- The Children and Young People's Services Directorate Senior Leadership Teams structure and functions were shared. There was a permanent Strategic Director, Deputy Strategic Director and four Assistant Director level posts within the Directorate;
- Statistics as of June, 2016, were shared;
- Implementation of a new IT system;
- There was a new, more robust, Quality Assurance Framework;
- Establishment and embedding of the Multi-Agency Safeguarding Hub (MASH) within the Directorate and childrens' workforce;
- 2014 Ofsted inspection and the improvement journey since;
- At the time of the 2014 inspection the response within 24 hours of referral was at 37%. This was due to lack of performance management, weak governance, leadership and social work capacity. Rotherham had the people, what was needed was that they be freed up to do great work;
- Excellent management information support was continuing to improve with a Head of Service appointment and the appointment of a Critical Friend;

- Evolve Child Sexual Exploitation Team – multi-agency – was due to launch later in the month;
- CSE practice was consistently rated as Good;
- Operation Clover had demonstrated the strength and power of wrapping support around victims and survivors of CSE;
- There were ongoing and linked cases relating to recent/current and historic CSE;
- Chelsea's Choice – high numbers of children and young people reported being better prepared to deal with potential CSE after viewing the play;
- Intensive work required in CSE cases necessitated low caseloads;
- Any Social Worker with a caseload of over 22 was monitored weekly to ensure that their cases were appropriately allocated;
- Rotherham was ensuring that the working conditions and pay and benefits for Social Workers were as supportive and competitive as possible;
- Quantitative statistics;
- Qualitative feedback was also important – Jessica's quote about working with the Local Authority showed the victims and survivors were viewing the Local Authority as a more supportive presence;
- Workforce development was a continuing priority.

Councillor Clark thanked Ian for his very comprehensive introduction to the areas covered within the improvement journey theme.

Councillor Short asked about numbers of Rotherham's children and young people being sent to out-of-authority provision.

Ian responded that this was around 35%, which was too high. Of this number, 65% were placed within 20 miles. Just over 100 children were placed within 50 miles. 8 children were placed over 100 miles away.

Ian outlined the potential issues with children being placed at a distance from the Borough. These included a potential to lose line of sight of the child and cost implications of the specialist placement and resources required to visit the child as required. The Service's ambition, supported by the Cabinet Member, was to have 100% placed within 20 miles and a developing strategic commissioning strategy would support this.

Councillor Jarvis asked what the reasons for delays in assessment were.

Ian explained that there were no longer any assessment backlogs. This had dropped from 315 to zero cases awaiting assessment. Quality of assessment was now the focus for the Service and all stakeholders.

Councillor J. Elliot asked how the children classed as 'Children in Need' were safe. Were these children in addition to the numbers of Looked After Children?



Ian explained that the 'Children in Need' cohort was in addition to the Looked After Children figure. Work was underway to ensure that all children subject to any form of Child Protection Plan were appropriately classified and supported.

Councillor Elliot asked about how budget efficiencies could be achieved without jeopardising childrens' safety.

Ian explained that each decision needed to be made in the best interests of the child; some children's best interests were to be placed at a greater distance and this would be documented with a detailed risk assessment.

There could be a perverse incentive to move children to cheaper cost placements purely for financial reasons. However, this was not going to happen in Rotherham. Changes to placements were only made for the child's best interest and not to save money/resources.

Councillor Cusworth asked about expectations surrounding management supervision in Rotherham. She asked what a good quality Service for children and families looked like?

Ian was confident that supervision was done as a matter of routine and was known as an expectation within Rotherham.

Ian explained the role of the Practitioner Board, the input of the Principal Social Worker and Senior Leadership Team 'back to the floor' visits. Committed staff who were all engaged was important. Importantly, staff knew who to go to if their supervision was not being sustained.

Councillor Khan asked about the role of Elected Members in referrals. He also asked about the role of Schools.

Ian encouraged Elected Members to raise their concerns with him. There were limits on what could be shared due to data protection but anything raised would be treated seriously and investigated. A working protocol in relation to this was being produced.

Councillor Short asked what steps were in place to help children stay in stable placements post-16. If care was proving safety and stability it was important to maintain this, to develop parity between LAC and their non-looked after peers.

Ian referred to the responsibility on Local Authorities to some Looked After Children extending up to 25 in some cases. There was a range of Statutory Responsibilities in relation to Looked After Children and Care Leavers. Question for all practitioners and stakeholders was 'would this be good enough for my child'? The majority of parents would not kick their own child out at 16, so this should not happen for LAC.

Councillor Clark asked if any trends were identified within Child Protection cases?

Ian explained that the trend in Rotherham matched the national concern: - neglect. There was a clear correlation between poverty and neglect. Physical, sexual and emotional abuse were also factors but not to the same extent. There were varying degrees of severity involved in abuse cases and this governed the Services' response and plans.

Councillor Beaumont asked whether Ian agreed if the ideal for all young people in care was for them to be as independent as possible.

Ian agreed that it was about preparing young people for adulthood. Some young people required extra support to get to the level of independence.

Ian confirmed that the journey had been a real team effort to this stage. There was much more to be done, but this would happen, he was clear about this.

Councillor Clark thought that Ian's comment about freeing up staff to work was significant. It was obvious that the Service was freeing up staff so that they could focus on the front line work.

Resolved: - That the information shared be noted.

## **7. CHILD CENTRED BOROUGH**

Ian Thomas spoke about the creation of a Child-Centred Borough as an important aspiration for Rotherham.

The idea had been inspired by Leeds City Council who had gone one step further and placed children at the heart of their growth strategy in recognition of the future contribution of children to the local economy and prosperity when they were older and started to work.

Central to the idea was Nelson Mandela's assertion that it takes a community to raise a child.

Ian referred to Rotherham's potential and resources. It had the Advanced Manufacturing Park, a world recognised centre for sciences and technology. The Child-Centred Borough looked to harness the resources of communities and community assets and create partnership to empower communities and strengthen the sense of pride in the local area.

Rotherham's ambition had been covered up by the national press. The next steps would involve the establishment of a member-led working group that would cut across all agencies, public and private, and community groups.

Key to supporting and developing Rotherham's Child Centred Borough would be considering and acting on the 'Voice of the Child Lifestyle Survey Report'. Ian was grateful to Schools in helping to capture the voices of 8,000 children on a wide-range of issues impacting on their lives. There had been many good news stories resulting from the Survey outcomes which had not been reported.

Members of the Improving Lives Select Commission asked questions relating to the aspiration: -

Councillor Cusworth asked what was being done to get the message out to children and young people about the resources available to children and young people who had concerns about their mental health (as shown on page 38 of the submitted report)?

Ian outlined the role of awareness raising. Rotherham had a brilliant and proactive Healthy Schools Co-ordinator. This was a priority of the Youth Cabinet, so CYPS shared this priority.

Councillor Elliot was concerned that there were 22% of young people not using any method of contraception. There was a similar outcome in the previous year's survey.

Ian felt that a comparison with adults would be useful; adults do not always model the behaviour they expected young people to! The majority of young people knew where to get contraception from and had received sex education. Ian believed that it was relationship education that was key. This sat within the Public Health Directorate, but was clearly a priority for both CYPS and Public Health. Ian felt that raising aspirations was key for young people choosing to access contraception.

Councillor Jarvis referred to a factor within abusive relationships where pressure was placed on young women not to use contraception as a form of manipulation.

Ian agreed to consider the factors with the Director of Public Health.

Councillor Allcock asked about the support to children providing 8 or more hours of care a day.

Ian referred to the Care Act provisions.

Councillor Cusworth asked about the United Nation's Article 3 and 12 of the Convention. How far did agencies go in listening to children before they had to say that they knew best as adults?

Ian felt that it was important to see children alone to avoid any influences. Currently this was not done enough, and it was not recorded enough/accurately. Ian explained that the Customer Service Excellence Charter, which Rotherham was pursuing, involved the recording and consideration of customers' 'Voice'.

Councillor Cusworth was concerned about the cases where children make a preference but the Council needed to act differently.

Ian reassured Councillors that the Council will always act in the best interests of children. The consultation that had taken place on Woodview was an example. Parents have to take tough decisions, and these sometimes differed from what the child wanted. As far as possible the Council would accommodate wishes and feelings, but those with the professional experience on what was in children's best interests would make the decision.

Councillor Cusworth asked if children and young people accepted when decisions did not go their way.

Ian felt that, yes, they did. He had met a young person whose wishes and feelings could not be accommodated. He had explained the rationale behind the decision and she understood and accepted this.

Councillor Elliot shared an example of a young carer who had not been adequately supported.

Ian explained that he hoped that a Professional assessing a case of a young carer would liaise with other relevant professionals. He committed to completing an in-depth piece of assessment on this in Rotherham.

Councillor Clark asked for this to be reported back to the Improving Lives Select Commission.

Councillor Clark asked what the 'asset-based strengths approach focus to children', as referred to in the report, was?

Ian explained that the Council did not routinely act on the strengths of families. Professionals working with families often looked at negatives, but this did not inspire families to want to change their situations. The jargonistic term looked to build on family's strengths rather than focus on the negatives. It galvanised families and workers to become solution focused.

Councillor Clark asked for an update on the appointment of Members to the Working Group and how was the rhetoric going to be put into practice?

Ian explained; the Lifestyle Survey would be used as the baseline, and future surveys would be used to track progress about the impact of the Child-Centred Borough.

Councillor Clark suggested that a visit to Leeds City Council could be arranged to see the exemplar and look at how this could be applied in Rotherham.

Ian had visited Leeds and agreed that it would be useful. It could be useful to see how children had been placed at the heart of Growth Strategy, especially considering how they were tomorrow's parents, employees and growth.

All Members of the Improving Lives Select Commission supported this idea.

Resolved: - (1) That the following be recorded as **unanimously supported** by the Improving Lives Select Commission: -

- The ambition to become a Child-Centred Borough;
- The six priority principles of a Child-Centred Borough: -
  1. A focus on the rights and voice of the child;
  2. Keeping children safe and healthy;
  3. Ensuring children reached their potential;
  4. An inclusive Borough;
  5. Harnessing the resources of communities;
  6. A sense of place.
- The establishment of a member-led working group to develop the actions to achieve the priorities for a Child-Centred Borough, including how impact will be measured;
- The Publication of the Voice of the Child Lifestyle Survey report, as a benchmark for future years' monitoring of the success of the Child-Centred Borough ambitions in changing the experiences of children and young people in Rotherham.

(2) The a visit to Leeds be arranged for members of the Improving Lives Select Commission to view their exemplar Child-Centred Borough to consider how it could be adapted to work in Rotherham.

## 8. CHILDREN AND YOUNG PEOPLE'S SERVICES PERFORMANCE REPORT

Ian Thomas introduced the annual version of the Children and Young People's Services Performance report, for the year 2015/2016. Overall it provided a positive picture. This was especially the case in relation to dental checks for the Borough's looked after children, Personal Education

Plans for the Borough's looked after children and 100% performance in relation to visits in response to CSE cases.

Areas for improvement included the re-referral rate to Social Care. This meant that the issues for the original referral had not been dealt with appropriately the first time around as they had re-surfaced.

The Service knew what was working well and what needed to be improved: -

- LAC Reviews had dipped and Ian was concerned;
- Placement stability - to have less LAC moving;
- Educational progress of children in care was poor. Nationally performance was poor, but Rotherham was below this and needed to improve. The success on PEPs was a step in the right direction.

Resolved: - That the report on Children and Young People's Services Performance during 2015/2016 be received.

## 9. IMPROVING LIVES SELECT COMMISSION WORK PROGRAMME

Caroline Webb, Senior Adviser (Scrutiny And Member Development), provided a verbal update on the work programme of scrutiny.

**Pre-scrutiny process** – this was a process through which the Overview and Scrutiny Management Board (OSMB) would formally scrutinise the Cabinet agenda prior to decisions being taken. OSMB comments and recommendations would be submitted to Cabinet at its decision making meeting.

**Forward Plan of Key Decisions** – The revised forward plan of decisions would also be considered by OSMB and each of the Select Commissions. This would also allow scrutiny to consider proposals at an earlier stage in their development prior to a decision being made. The Forward Plan would be reported on a regular basis to inform - the Commission's work programme, so that Members could select their priorities.

The following topics were suggested as being important areas to include on the Improving Lives Select Commission's work programme in the 2016/2017 Municipal Year: -

- Missing from Home – focus on vulnerability;
- Focus on prevention of Child Sexual Exploitation;
- Performance information – key indicator on whether assurances were correct;
- Apprenticeships for young people with Learning Difficulties and Disabilities;
- Education – performance at Key Stages (incorporate into Outturn report);

- Domestic Abuse and Sexual Abuse – Progress post Jay and Casey Reports;
- Outcomes for children in care;
- Children missing from School – autism and transformation around SEND;
- Forced Marriage.

At the next meeting in July, 2016, it was expected that an update on CSE would be provided. It was hoped that the Improving Lives Select Commissioner would add-value to Services in their improvement journey.

Councillor Jarvis asked that the impact of domestic abuse/violence on children be prioritised. Particularly impact of role modelling on boys.

Resolved: - That the information shared be noted.

#### **10. DATE AND TIME OF THE NEXT MEETING**

Councillor Clark explained that consideration was being given to alternating meeting times to have some later afternoon/early evening meetings to support Elected Members who worked during the day. Discussion/consultation would take place with members of the Improving Lives Select Commission in the near future.

**IMPROVING LIVES SELECT COMMISSION**  
**27th July, 2016**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Cooksey, Cusworth, Elliot, Hague, Rose, Marriott, Napper, Pitchley, Fenwick-Green and Short.

Apologies for absence:- Apologies were received from Councillors Bird, Jarvis and Senior and Joanna Jones (co-opted member).

**11. MEL MEGGS**

The Chair welcomed Mel Meggs, Deputy Strategic Director, Children and Young People's Services, to her first meeting of the Select Commission. Mel would be the Select Commission's Link Officer.

**12. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**14. COMMUNICATIONS**

The Select Commission noted the resignation of co-opted member Mark Smith, Children's Voluntary Sector Consortium.

The Chair placed on record her thanks to Mark for his contributions to the work of the Select Commission.

It was noted that the issue of co-opted members was to be discussed by the Overview and Scrutiny Management Board.

**15. MINUTES OF THE PREVIOUS MEETING HELD ON 29TH JUNE, 2016**

The minutes of the previous meeting of the Improving Lives Select Commission held on 29<sup>th</sup> June, 2016, were considered.

Resolved:- That the minutes from the previous meeting be agreed as a correct record.

Arising from Minute No. 6 (Children and Young People's Services – The Improvement Journey), it was noted that the Select Commission would be keeping a watching brief on the number of Rotherham children and young people being sent to out-of-authority provision.



**IMPROVING LIVES SELECT COMMISSION – 27/07/16**

Arising from Minute No. 9 (Improving Lives Select Commission Work Programme), clarity was sought as to what was to happen to those children who should be attending the Flanderwell Autism Centre. The relevant Director would be contacted for an answer.

**16. PROPOSAL TO INCREASE SECONDARY SCHOOL CAPACITY ACROSS THE BOROUGH TO MEET FUTURE INCREASED DEMAND**

Dean Fenton, Service Lead School Planning, Admissions and Appeals, presented a report that had been considered at the Cabinet and Commissioners' Decision Making meeting held on 11<sup>th</sup> July, 2016 (Minute No. 48 refers).

Following the expansion of several primary schools within the Borough, additional primary phase pupils would eventually add additional pressure to secondary school capacity. The Cabinet and Commissioner's approval had been sought for a programme of secondary school expansion projects to meet future rising cohort numbers:-

Wales High  
St. Bernard's  
Wath Comprehensive  
St. Pius  
Oakwood High  
Aston Academy

Preliminary discussions had taken place with the Head Teachers of some of the identified schools. Further consultation would be required with Governors, parents/carers and staff in relation to the proposed building work and potential health and safety implications on site and how they would be managed.

The estimated cost of the individual projects to increase teaching and learning space in the schools/academies was indicated in the report. Funding for the individual projects would be from the Basic Need allocation and, where applicable, any Section 106 Agreements that were in place.

Discussion ensued with the following issues raised/highlighted:-

*What was the selection criteria used to select the schools listed?*

The schools across the Borough had been mapped out looking at those that were full/oversubscribed presently. In the longer term, if Bassingthorpe Farm as a development happened consideration would have to be given to Winterhill and Wingfield Schools but for the foreseeable future Winterhill could accommodate its future place planning demand

*Why was St. Pius selected when it showed that there had been a reduction in the numbers expected for September, 2016? It states that the capacity is 665 and expected pupil numbers on roll in September, 2016 as 644. Could we have a chart with all the schools that had not been selected with their capacities and expected capacities?*

St. Pius was full or oversubscribed for September and full/oversubscribed for every year. The report outlined where the expected secondary pupil numbers were for September and what the current capacity was. Some schools were near to full capacity, some operating in excess of 100%, whilst others were operating well below 90% and were not included in the report because there was still sufficient surplus capacity at this stage

The higher cohort numbers at St. Pius (Y10 and 11) were slightly under their Published Admission Number whereas the lower cohorts were up to or slightly above; it was the higher year groups where there was surplus capacity at St. Pius

*Was the funding coming from the Council or Central Government?*

All school expansions were funded from the Basic Need allocation. Annually the Local Authority submitted, based on school census data, the number of pupils across the Borough and placement. From that submission the DoE allocated Basic Need funding which was to provide additional places

*What safeguards and assurances were there that a Academy would adhere to the Authority's standard policy for assigning places and not refuse admission based on special educational needs or additional needs of children*

The funding that the Local Authority received from the DoE was to provide a sufficiency of school places across the Borough and to treat Local Authority maintained schools, Academies, free schools and other provision with equality so the places were delivered in areas of need regardless of status.

Academies, even though they were their own admissions authority, were still legally bound by the terms and conditions of the Admissions School Code of Practice. For instance, in a local authority maintained school the local authority could direct a school to take a pupil; in the case of an academy the local authority would seek the Secretary of State Direction. The statutory process was exactly the same but the line of accountability was different with an academy being directly accountable to the Secretary of State

*Was there any provision for expansion of Special Schools?*

The Head of Inclusion Services was preparing a Special Educational Needs Sufficiency survey with a view to a long term strategy. Additional SEN places were part of that long term strategy

**IMPROVING LIVES SELECT COMMISSION – 27/07/16**

*What form would the new classrooms take? Would they be permanent or temporary mobile classrooms?*

It would be based upon a survey by surveyors and architect on site and whichever was the best fit. The 1,000 places provided so far had been a mix of modular and traditional build. It would depend upon the survey and what was best for that particular site

*What period of time was the expansion projects aimed to cover?*

Provisionally looking to start with the first expansion for the 2017/18 academic year and then 1-2 expansions per year thereafter. It was difficult to accurately predict due to not knowing what the funding allocation would be

*If there was no increase in pupils and the classrooms not required was the funding returned?*

In the last 6 years there had been a 13% increase in pupil numbers predominantly in the primary sector which would inevitably come through to the secondary phase. Mapping was taking place for those pupils hitting those schools in future years hence the reason for the long term strategy and preparation for them coming through to secondary education

If there was a sudden move in cohort from a particular learning community it would be seen from the projections in advance. It would happen over a period of time and the project would be halted and the funding re-directed elsewhere. However, based on the information coming through from feeder schools and from stability in cohorts, across the Borough (particularly in the primary sector) there was a 13% increase in pupils. Just over 1,000 additional places had been made available in the secondary feeder schools which would start to come through year on year to the secondary schools. If there was a sudden downfall an expansion project would not be proceeded with

*It says 6 schools with 5 additional classrooms. Is that because of the funding or could the number of classrooms vary per school?*

The 5 additional classrooms per school had been planned and based on an assumption of a class of pupils per year group and it allowed some flexibility in the system. The extensions would be designed in such a way that if there was a need to add extra classrooms it could be. There would need to be a minimum of 5 classrooms at the schools but they would be designed in such a way that they could be added in the future if needed

*One of the schools listed was an academy. Who would be responsible for the upkeep of the new build?*

Once the build and snagging process was completed, it would be signed over to the academy trust and became part of their portfolio and responsibility for any upkeep and maintenance

*Was the expansion programme also taking into account Waverley?*

Aston was the catchment area school for Waverley but the initial expansion was to address current need. A number of Rotherham's schools on the borders were net importers of pupils and took children from neighbouring authorities. Aston, as Waverley was further developed, would take more Waverley pupils and fewer extra district pupils allocated a place. The 5 additional classrooms would be designed in such a way that further classrooms could be added and achieve some long term economies of scale

*What was the capacity of Swinton Community School?*

It was carrying a significant surplus with all years below the Published Admission Number.

*What would happen to Swinton Community School when Wath and St. Pius were extended and parents were successful in their first choice of school?*

Swinton Community School's numbers did start to increase over the next 4-5 years. Wath in particular was very close to refusing its own catchment area pupils. Several primary schools in the Wath Learning Community had been extended so the school was a risk of not being able to accommodate its own catchment area pupils if it was not expanded. The numbers would start to increase at Swinton from its feeder schools in future years

*Still concern that Wath and St. Pius were very sought after schools and it might impact on other 'less popular' schools. It seemed to be a blanket approach of £1.1M for 5 classrooms. Further information was requested about why they had been chosen specifically.*

The Local Authority had a statutory duty to satisfy parental preferences as far as was possible within the funding allocated. The Local Authority had a long standing commitment to make sure there were sufficient catchment area places within a catchment area to satisfy applications; it was known that in a lot of the areas that catchment area numbers would outstrip the amount of places in that catchment school and was why the expansion programme had been submitted. From a success point of view, it was fair to say that Swinton, Wath and St. Pius Schools were of a similar judgement Ofsted wise. Some schools for whatever reason remained more popular with parents than others. The Local Authority had a statutory duty to provide places in successful and popular schools within those funding parameters to satisfy parental preference

*How do we get all schools to the same standard so children were able to go to the local schools*

There were 2 separate funding pots – Basic Need (creating new places in area of need to satisfy parental preference) and Capital Maintenance (for the purpose of safe, dry and warm projects). There had been quite significant investment at Swinton Community School for building maintenance with plans to spend more money in relation to that moving forward

IMPROVING LIVES SELECT COMMISSION – 27/07/16

*Was there a point in which these schools were so massive that we need an additional school? Was there any planning of an additional secondary school within the Authority so we do not end up with massive cohorts in schools but have smaller schools that were more spread out to help alleviate the problem of catchment area?*

There were no plans presently to build any new secondary schools. All schools were not massive in Rotherham in fact some were significantly smaller than the average e.g. St. Bernard's, Thrybergh. There were some at the other end of the scale and Rotherham had some large and successful schools – Aston, Wickersley and Wath. Pressure also came from the fact that a lot of the successful schools were on the borders with the other authorities and attractive to children from neighbouring authorities. In relation to admissions, the Authority could not prejudice against in-Borough and extra district applications on National Offer Day; if a place was available on distance category to out of district applicant they legally had to be offered a place.

*What would the £1.1M be used for? Building? Extra teaching staff? Equipment?*

The Basic Need funding would fund the building and the resources such as furniture etc. ready to set a classroom up. Another fund was available through the Schools Forum (Contingency Pupil Growth Fund) where a school expansion created a need for teachers. There was a funding lag between new pupils starting when an expansion took place and the school getting the funding for the pupils generated from the school census. The Growth Fund funded the gap until the census generated the funding for the pupils. The Basic Need funding would fund the actual physical infrastructure whilst the Growth Fund funded the additional staffing requirements to support the pupils

*Was there a plan b if the funding did not come through from Government?*

If the funding was not available it would mean that the Authority's parental preference profile would reduce because more catchment area pupils would not get their catchment school or siblings get the same school

*If there was no back up would the money be taken from the Local Authority budget?*

Consideration would have to be given to prudential borrowing which at the present time was not an option. The report clearly stated this was a long term plan within DoE funding parameters and was why the timeline was difficult to allow working within the allocation parameters. It was hoped to expand 2 schools a year but if the funding dropped it would be 1 school per year

*Will there be a detailed feasibility study undertaken?*

There would be a detailed feasibility study undertaken by Capital Projects Officers. There had been a basic indicative study based on previous experience and an initial site survey but, as a project was brought forward, a more detailed and accurate assessment would be undertaken and a detailed report submitted to Members

Resolved:- That the report be noted.

## **17. IMPROVING LIVES WORK PROGRAMME - UPDATE**

Caroline Webb, Scrutiny Officer, gave a brief powerpoint presentation for the benefit of new Members on the role of Scrutiny:-

What is scrutiny?

- A critical part of good governance
- Brings an independent perspective to bear on major decisions
- A way for Councillors, as elected representatives, to bring to bear the voice of local people
- Scrutiny is about a culture of constructive challenge, of learning and of positive change

How is scrutiny carried out?

- In-depth investigations or reviews carried out by small working parties or task and finish groups
- Ongoing monitoring of performance or other service delivery issues
- Site visits or 'mystery shopping'
- Seeking service user views
- Seeking the view of expert witnesses

Terms of Reference: Improving Lives

- Scrutinising the outcomes linked to the former 'Every Child Matters' agenda
- Scrutinising the early intervention/prevention agendas (now referred to as 'early help')
- Scrutinising other cross-cutting services provided specifically for children and young people
- Scrutinising the implementation of Rotherham's plans to tackle Child Sexual Exploitation

How is the work programme put together?

- Issues of concern raised by members; inspections or the public
- Referrals by Cabinet Members or partners
- Comments on the work of other public services, individually and in partnership
- Ongoing monitoring (e.g. performance or annual reports)
- Reports identified in forward plan of key decisions (pre-decision)
- Suggestions from officers

**IMPROVING LIVES SELECT COMMISSION – 27/07/16**

Long List – issues identified

- Early help – impact
- Child sexual exploitation – including post-abuse support provision
- Children missing from health, home and education
- Domestic abuse including forced marriage, female genital mutilation and so called ‘honour-based violence’
- Looked after children including sufficiency strategy and improving outcomes
- Apprenticeships for young people with learning difficulties and disabilities
- Special Education Needs and Disability (SEND) strategy
- Safeguarding – including performance of the multi-agency safeguarding hub (MASH)
- Local Safeguarding Children’s Board annual report
- Corporate Safeguarding Policy – implementation
- Adult Safeguarding annual report
- Performance information (quarterly performance information)
- Education – performance at Key Stages (incorporate into outturn report)

Prioritisation tool: PAPERS

- Public Interest: the concerns of local people should influence the issues chosen for scrutiny
- Ability to change: priority should be given to issues that the Committee can realistically influence
- Performance: priority should be given to the areas in which the Council, and other agencies, are not performing well
- Extent: priority should be given to issues that are relevant to all or large parts of the district
- Replication: work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort
- Statutory responsibility: where an issue is part of a statutory duty to scrutinise or hold to account

Prioritised short list

- Domestic Abuse
- Safeguarding
- CSE post-abuse support
- Early help
- SEND
- These issues would be considered as a balance of ‘reviews’, officer reports or other Scrutiny enquiries with 2 or 3 areas of indepth Scrutiny

Next Steps

- Refine focus/scope of each priority area
- Agree schedule – suggested Domestic Abuse to be considered early in programme
- Co-ordinate work programme with Corporate Parenting Panel (to avoid duplication)
- Formal report to be submitted to next meeting on agreed work programme with regular progress reports at each meeting

Mel Meggs stated that it really important that Children and Young People's Services received external scrutiny and offered the Select Commission any help it required to answer questions and help Members get to know more about the services and how well they were doing.

The prioritisation of domestic abuse was appropriate as it was thought to be an issue that Ofsted would be looking at in their next set of inspections. It was also an area that crossed between Adult and Children Services and really important for the Commission to be thinking how Adult and Children Services worked to support families together.

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

(2) That a further report be submitted to the September meeting.

**18. DATE AND TIME OF THE NEXT MEETING**

Resolved:- That a further meeting be held on Wednesday, 21<sup>st</sup> September, 2016, at 1.30 p.m.



COMMITTEENAME  
MeetingDateLegal

Present:- Councillor ChairNameShort (in the Chair); Councillors  
MembersPresentShortList.

Apologies for absence:- Apologies were received from Councillors  
AllApologiesShortList.

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**IMPROVING PLACES SELECT COMMISSION**  
**15th June, 2016**

Present:- Councillor Mallinder (in the Chair); Councillors Jepson, Jones, Marles, McNeely, Price, Reeder, Rushforth, Sheppard, Taylor, Walsh, Whysall and Wyatt, Mr. P. Cahill, Mrs. L. Sheers and Mr. B. Walker.

Councillor Beck, Cabinet Member for Housing was present at the invitation of the Chair.

Apologies for absence were received from Councillors Allen, Atkin and Buckley.

**1.            DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**2.            QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**3.            COMMUNICATIONS**

The Chair suggested, given the membership of the Select Commission included a number of new Members, that consideration be given to holding meetings at alternate times of the day.

Members were requested to contact Christine Majer, Scrutiny Officer, with their preference of a morning or evening meeting.

**4.            MINUTES OF THE PREVIOUS MEETING HELD ON 13TH APRIL 2016**

Resolved:- That the minutes of the previous meeting of the Improving Places Select Commission, held on 13<sup>th</sup> April, 2016, be approved as a correct record for signature by the Chairman.

**5.            TENANCY AGREEMENT FOR ROTHERHAM'S COUNCIL HOUSING TENANTS**

Mr. D. Richmond, Director of Housing, Asset Management & Neighbourhood Services, and Mr. A. Heppenstall, Housing Projects Co-ordinator, presented the new Tenancy Agreement.

The new Agreement, together with the required preliminary Notice of Variation (as required under Section 103 of the Housing Act 1985) highlighting the proposed changes, had been issued to all tenants on 21<sup>st</sup> November, 2014, for a 12 week consultation period.

545 feedback documents had been received from tenants of which 479 were in favour of the new Tenancy Agreement. The issues that concerned the 35 unhappy respondents were:-

- 18 were unhappy about the move from a 48 to 52 week rent collection period
- 7 had concerns regarding having to maintain their own sheds
- 3 expressed dissatisfaction that only tenants living in properties with their own outdoor space and with private (rather than shared) access could keep pets that required time outdoors e.g. cats and dogs
- 2 suggested that the nuisance and annoyance clauses should be stricter
- 2 confused by the term 'flexible' tenancies and thought they would lose their 'secure' status
- 1 felt that the new Agreement was oppressive overall
- 1 felt they should be allowed to use their air rifle in their garden without seeking permission
- 1 suggested that it should be the responsibility of the Council to change light bulbs

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

- Was there a limit on how many animals are allowed without permission?  
This predominantly related to people who lived in flats. Each case would be looked at on its own merits
- There had been difficulty in residents being able to source replacement light bulbs without contacting the Council  
This would be referred to the Affordable Warmth and Sustainable Energy Co-ordinator
- Concern regarding properties such as bungalows that had special lights fitted that could not be accessed  
Some properties had very specialised sealed units and in those instances the Service would change them. Depending upon whether or not it was a specialist unit that people could get access to but, if they were finding it difficult for whatever reason, there may be some recharge
- It is a very poor response to the consultation  
It was a lengthy document that could have deterred tenants from responding. A tenants and residents survey had just been completed which had received a 30% return but had been a much easier document to complete

- The document was shared with the Area Housing Panel Chairs meeting and Quality Standards meeting but no feedback from either of those were contained within the document
- How would the Tenancy Agreement be enforced with the reduction in staff that had taken place?  
It was a good point and consideration had been given to increasing its robustness. Attempts had been made to define what was meant as a breach of the Agreement e.g. playing loud music
- There was a feeling that all Council tenants had been tarred with the anti-social behaviour brush. The policing of it would rely upon the neighbours to inform the Council  
The Service did rely upon information that came into the office. Since the ALMO had returned to the Council in 2011, the number of Area Housing Officers and supervisory staff had been increased, a new tier of Area Supervision staff created and the number of Anti-Social Behaviour Officers increased. The role of the Area Housing Managers was focussed largely on tenancy management and ensuring there was a focus on tenancy problems. The statistics showed that generally most people were happier now with how anti-social behaviour was dealt with than previously. Also Anti-Social Behaviour Officers were linked with Area Housing Teams
- How do you manage the gardens? Removal of privet for car parking – was that acceptable?  
There were a lot of problems that used to be rare but seemed to becoming more common. There were some grass root tenancy enforcement action that needed to take place. It was hoped that the new Agreement would send the message that certain behaviours were not acceptable. The Service did need members of the neighbourhoods to report any nuisances
- Would tenancy checks continue?  
Absolutely
- It was not felt that the Tenancy Agreement had been monitored in the past. A lot of neighbours felt too intimidated to report a nuisance as well as sometimes it being hard to distinguish which was a Council tenancy  
It had been the intention to give the Tenancy Agreement more depth so that tenants knew their roles and responsibilities. Very often when reported nuisance was investigated other issues were found which gave the Service the opportunity to inform the resident that they were at risk of losing their home
- Could it be included in the Agreement that a property had to have curtains/blinds up to the windows instead of newspaper which was not acceptable to the majority of residents?

Consideration would have to be given if this was a route that the Authority would want to follow i.e. stating how a tenant should furnish/decorate their property

- What about the Local Letting Policies?  
This was something the Council had decided to move away from due to the problems it was creating and not allowing other lifestyles to live anywhere but in 1/3 of the Authority's properties. However, the full Allocations Policy had been strengthened to allow the right to refuse properties and increase the checks on tenants. There were still some exemptions with regard to the type of property e.g. sheltered schemes and bungalows

There was evidence of an increase in the number of evictions and enforcement action been taken against tenants

- Which properties were excluded from the Right to Buy?  
Essentially it was sheltered properties – properties that had additional services in which allowed exclusion
- No. 19(d) (Garden) – “You are responsible for the maintenance of any trees in the garden of the property; however, you must ask for permission to remove or cut down any tree in your garden”. The clause should be retained should some tenants inherit a large tree when they rented a property  
It was the understanding that where there were large trees the Service was willing to have the Council's Tree Officer check particularly for health and safety type issues. There was a distinction to be drawn between a new property let to a tenant and what they were inheriting and an old tenant. The growth of trees during a tenancy period was largely down to the responsibility of that individual tenant. There were things that the Service could assist with e.g. Age UK to try and ensure that there were services out there to help people but would not take on responsibility for pruning of all trees in all gardens
- No. 22(b) (Improvement and Alterations) – Artexing ceilings. New tenants could inherit such decoration  
There were properties with artex already insitu when taking on a tenancy. The Service did not want to unnecessarily disturb artexing as it could contain asbestos and whilst ever it was secure in situ it would not cause a problem. Information would be supplied to a tenant to advise not to remove. There were technical officers that could inspect
- No. 14(b) (Animals) “You must not keep the following animals at your property – livestock”. Were micro pigs considered livestock?  
The Service was aware that tenants had micro pigs and should not be confused with domestic livestock. Each case would be considered on its own merits

- No. 22(b) (Improvements and Alterations) “Install any CCTV monitoring cameras or other surveillance equipment”. What about dashcams which if positioned could be taking notice of peoples’ movements  
They could cause an issue. The advice always given if putting up a camera the screen of the monitor must face the curtilage of the property. Dashcams only worked when the vehicle’s ignition was on. New tenants were supplied with a DVD giving information on how they should be erected
- No. 22(b) (Improvements and Alterations) “Installation of new flooring including laminate flooring”. Tenants would not think they would need permission to put flooring down  
Attempts had been made to create a Policy and Tenancy Agreement that allowed the Service to deal with the fact that some people did things that were not practical or safe. Tenants were requested to ask permission of the Service of which the majority would be approved
- There were tenants who were very proud of their homes and changed certain things i.e. Internal doors, kitchens, bathrooms to a better standard than was there previously. Have we stopped removing the kitchens etc. to revert to the Council standard?  
Maintenance of the replacement was the issue particularly with regard to kitchens i.e. could the Service replace missing handles, doors etc. in the future. If a property was returned to stock that had a new kitchen of a reasonable standard and it was known that the previous kitchen had been nearing the end of its life cycle, it would remain but if it had doors/handles missing, it would be replaced
- No. 3 (Nuisance and Anti-Social Behaviour) “Dogs or other pets fouling in gardens, public spaces and streets”. Cats could not be stopped from fouling in other places. Should it state “excluding cats”?
- No. 3 (Nuisance and Anti-Social Behaviour) “Littering, or allowing your litter (including cigarette stubs) to blow into another person’s garden or communal area”. How would anybody distinguish whose litter it was in their garden? Should it be “littering of any kind including cigarette stubs”?
- No. 3 (Nuisance and Anti-Social Behaviour) “using or allowing the use of off unlicensed bikes and scooters at the property” should read “... the use of off-road unlicensed ...”
- No. 14g (Animals) “must not ... allow any animal you keep at the property to foul in your home, your garden or in the shared areas or outside the property (on roads, footpaths or public spaces such as play areas)”. Should it read “fouling by any animal you keep at your property should be removed promptly”

- How did the Tenancy Agreement differ with regard to nuisance and anti-social behaviour?  
No. 3b (examples of nuisance, annoyance or disturbance) now included the playing of music at any time of the day or night, installation of outside lighting, littering, foul and abusive language and rowdy or inconsiderate behaviour, selling, possessing or distributing of drugs including prescription drugs and malicious communications
- No. 2 (Rent) (d) "It is your responsibility to apply for Housing Benefit..." Makes it clear that it was the tenant's responsibility and not to expect the Council to check on their entitlement
- No. 13(b) (Vehicles) "You, other residents of your home or your visitors must not do major vehicle repairs or park an untaxed or un-roadworthy vehicle on the land ....." There should be some discretion and the situation monitored before enforcement action was taken
- No. 14(h) (Animals) "must not ... allow any animal you keep at the property to foul in your home, your garden or in the shared areas or outside the property (on roads, footpaths or public spaces such as play areas)". This did not refer to modest bird feeding stations
- The Tenancy Agreement was in line with that of neighbouring authorities

The Agreement, together with the comments of the Select Commission, would be considered by the Cabinet on 11<sup>th</sup> July. Subject to Cabinet agreement, the statutory variation notice would be served with the new Agreement and Handbook the week beginning 1<sup>st</sup> August with the going live date of 12<sup>th</sup> September, 2016.

Resolved:- (1) That the Tenancy Agreement be supported.

(2) That an update be submitted 6 months after implementation.

## 6. **MEMBERSHIP OF THE HEALTH, WELFARE AND SAFETY PANEL 2016/17**

Resolved:- That Councillor McNeely be appointed as the representative from the Improving Places Select Commission to the Health, Welfare and Safety Panel for the 2016/2017 Municipal Year, with Councillor Taylor as the substitute representative.

**IMPROVING PLACES SELECT COMMISSION**  
**29th July, 2016**

Present:- Councillor Mallinder (in the Chair); Councillors Atkin, Cutts, Jepson, McNeely, Price, Sheppard, Walsh, Whysall and Wyatt.

Apologies for absence were received from Councillors Allen, Taylor and Julie Turner.

**7. MINUTES OF THE PREVIOUS MEETING HELD ON 15TH JUNE 2016**

Resolved:- That the minutes of the previous meeting of the Improving Places Select Commission, held on 15<sup>th</sup> June, 2016, be approved as a correct record for signature by the Chair.

Arising from Minute No. 5 (Tenancy Agreement for Rotherham's Council Housing Tenants), clarity was sought on:-

- The feedback figures
- Availability of the recently completed tenants and residents survey
- Evidence/breakdown of the reported increase in the number of evictions
- Whether the suggested amendments to a number of clauses were agreed by Cabinet

**8. DECLARATIONS OF INTEREST**

There no Declarations of Interest made at the meeting.

**9. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**10. COMMUNICATIONS**

There were no communications to report.

**11. WORK PLANNING AND PRIORITISATION**

Consideration was given to a report which detailed the outcome of a work programme planning and prioritisation session which had taken place on 15 July 2016 involving members of the Improving Places Select Commission.

The four priority areas identified from the session were:



- Town Centres in Rotherham
- Transport
- Emergency Planning
- Dignity Cemetery and Crematorium services

Discussions concentrated on the four items, and reference was also made to the recently published HS2 proposals that would effect the southern part of the Borough.

It was agreed that Emergency Planning would be prioritised for early consideration and that a task and finish group would be convened to undertake this work. It was also agreed that Town Centres and Rural Transport should be prioritised for attention following the completion of activity on emergency planning.

Resolved:-

That the work programme be approved and Emergency Planning, Town Centres and Transport be prioritised for review in the 2016/17 municipal year.

**12. DATE AND TIME OF THE NEXT MEETING - WEDNESDAY 14 SEPTEMBER 2016**

Resolved:- That a further meeting be held on Wednesday, 14<sup>th</sup> September, 2016.

**OVERVIEW AND SCRUTINY MANAGEMENT BOARD**  
**2nd September, 2016**

Present:- Councillor Steele (in the Chair); Councillors Allcock, Clark, Cowles, Mallinder, Price, Sansome, Walsh and Wyatt.

Apologies for absence were received from Councillors Albiston and Julie Turner.

**1. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public or the press.

**3. OUTCOME OF THE CONSULTATION ON THE PROPOSAL FOR A PLANNED CLOSURE OF 'SILVERWOOD' AND 'CHERRY TREE HOUSE' CHILDREN'S RESIDENTIAL CARE HOMES**

Further to Minute No. 24 of the Cabinet and Commissioners' Decision Making meeting held on 6th June, 2016, consideration was given to a report, presented jointly by the Deputy Leader and the Strategic Director for Children and Young People's Services, concerning the consultation on the proposal for a planned closure of the Silverwood (East Herringthorpe) and the Cherry Tree House (Masbrough) residential homes for children and also the relocation of the Leaving Care Service from Nelson Street to Hollowgate in Rotherham.

The submitted report stated that the consultation period had begun on Thursday 9<sup>th</sup> June, 2016 and had concluded at 12.00 noon on Friday 29<sup>th</sup> July, 2016. The affected stakeholders had been fully engaged during the consultation period and the report outlined the robust approach to the consultation and the subsequent outcomes and options, which were based on feedback from a range of key affected stakeholders.

Discussion took place on the report about the outcome of the consultation on the proposed closure of these Children's Residential Care Homes and the relocation of the Leaving Care Service. It was noted that the effective date for closure of the Homes was 31st December 2016.

Members discussed the following salient issues:-

: ensuring sufficient capacity to accommodate vulnerable children, whenever possible, within the Rotherham Borough area;

: the difficulty of accessing placements for vulnerable children, sometimes at very short notice and at different times of day or night; the continuing use of children's residential homes;

- : the availability and provision of respite care;
- : the use of 'crash pads', which is a comparatively expensive service provision;
- : the placement of children at times when their foster care arrangements break down;
- : the specific arrangements for the placement of children formerly resident in the two residential care homes – ensuring that there are better quality placements for these children, which will meet their needs and also ensure value for money;
- : the preference that vulnerable children should have family-based placements, rather than accommodation within residential homes;
- : the use of the sufficiency strategy to ensure that there are enough family-based placements available, as well as emergency or short-term placements for children;
- : discussion about the media reporting in the 'Rotherham Advertiser' newspaper (Friday 2nd September 2016 edition) concerning children in care;
- : confirmation that both of the children's residential homes (Cherry Tree House and Silverwood) are now empty, but have not yet been decommissioned; the redeployment of employees affected by the closure of these homes;
- : discussions between Children and Young People's Services and Housing Services about accommodation for young people leaving the care of the Local Authority;
- : arrangements for the future use or sale of the closed and decommissioned children's residential homes; the possible use of capital receipts realised from any sale of these properties;
- : meeting the needs of children whose vulnerability may include complex issues such as learning and/or physical disability, special educational needs, emotional difficulties, mental health difficulties, etc.;
- : the role of this Authority's Corporate Parenting Panel;
- : ensuring (by means of the sufficiency strategy) that there are placements for vulnerable children within the Rotherham Borough area or within a maximum distance of twenty miles from the Rotherham Borough area;
- : a comparison of in-house service provision and provision by private sector agencies and organisations; the use and monitoring of services provided by organisations other than the Council.

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

(2) That the outcome of the targeted consultation with affected stakeholders, as described in the submitted report, be noted and the forthcoming Cabinet and Commissioners' meeting be informed of the following comments of this Board on the issues described:-

(a) the service proposals shall include provision for emergency placements for vulnerable children and young people, including the provision of 'crash pads';

(b) a service review ought to be undertaken, as soon as practicable, to ensure that vulnerable children and young people have foster placements, appropriate to their individual care needs, which are situated either within the Rotherham Borough area or within a maximum distance of twenty miles from the Borough area boundary.

(3) That, in accordance with the options appraisal and giving due regard to the feedback elicited from the consultation, the planned closure of both children's homes by the end of December 2016 be supported insofar as this Board is concerned.

(4) That the proposed budget transfers outlined within the submitted report be supported insofar as this Board is concerned.

#### **4. OUTCOME OF CONSULTATION AND PROPOSED FOSTER CARERS PAYMENTS SCHEME, SUPPORT AND DEVELOPMENT**

Further to Minute No. 35 of the Cabinet and Commissioners' Decision Making meeting held on 11th July, 2016, consideration was given to a report, presented by the Deputy Leader, concerning the proposal to improve the care experience for children in the Rotherham Borough area by ensuring, wherever possible, that they are looked after, in the Borough area, in a foster family environment. The report stated that the formal consultation period of six weeks had been held during July and August 2016, with foster carers, regarding the rationale and options for a revised scheme, in advance of the scheme's proposed implementation during October, 2016. This revised scheme and 'sufficiency strategy' for foster care in Rotherham is based on providing financial incentive, good quality support and training.

The scheme's purpose is for the investment in improving the service offer to foster carers to facilitate attracting additional carers to foster for Rotherham and also to support the retention and development of existing foster carers. In addition, this scheme is an important enabler for the Council in meeting sufficiency of placement provision for Looked after Children and ensuring that, wherever possible, this provision is in a Rotherham foster family environment. Alongside other initiatives, this scheme will enable the reduction of overall placement costs and avoid

use of more expensive Independent Fostering Agency (IFA) and residential placements.

The Overview and Scrutiny Management Board discussed the following issues:-

: it was confirmed that the 'sufficiency strategy' for this service is intended to be a short to medium-term campaign, rather than a long-term campaign;

: service development is happening against a background of an increasing number of Looked After Children who are in the care of this Council;

: the historic preference in Rotherham to have a small number of children allocated to a foster carer;

: after incurring costs initially, it is expected that the scheme will achieve financial savings in the medium term;

: currently, this Council has fewer than the average number of registered foster carers, when compared with other similar local authorities;

: some local authorities have allowed Council Tax reductions for foster carers, although that issue has not been considered by this Council;

: the alternatives of the placement of vulnerable children either in (i) residential homes, or (ii) with foster carers living within the Rotherham Borough area, or (iii) the use of out-of-Authority placements;

: there will continue to be children's residential homes provided within the Rotherham Borough area, although there will be service changes and improvements;

: ensuring the quality of foster care; the impact on issues such as the educational attainment of fostered children and their access to further education, training or employment and apprenticeships, after leaving school;

: the 'sufficiency strategy' intends to improve foster care for children and to ensure that a larger proportion of the fostered children remain resident within the Rotherham Borough area, instead of being placed with out-of-Authority carers;

: ensuring that foster carers, registered with this Authority, share the Council's moral sense of purpose;

: obtaining and using best practice from other local authorities;

: future analysis and monitoring of the foster care service and of the financial savings which the sufficiency strategy expects to achieve;

: the proposed increase in payments to foster carers will ensure that foster carers are not disadvantaged in terms of other state benefits they may receive;

: recruitment of a Marketing Officer to assist in the recruitment of more foster carers.

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

(2) That the following proposals detailed within the submitted report be approved insofar as this Management Board is concerned:-

(a) the proposed foster carer payment scheme, including short break foster carers' fees;

(b) the implementation of the amended relevant policy (on fees and allowances) as set out in appendix 1 of the report;

(c) the implementation of quality support and training as part of the improved offer for foster carers.

(3) That appropriate monitoring and review be undertaken, beginning as soon as practicable, of the recruitment of additional foster carers, to ensure that the appropriate targets are being achieved.

(4) That the appropriate officers examine the possible use of a Council Tax reduction or discount as an additional benefit for foster carers registered with this Council.

(5) That the appropriate officers examine whether the proposed payment of fees and allowances to individual foster carers may have a detrimental impact upon their receipt of other state benefits.

(6) That a further report, updating the progress of this scheme, be submitted to a meeting of the Overview and Scrutiny Management Board during April, 2017.

## **5. LIBRARY STRATEGY AND FUTURE LIBRARY & CUSTOMER SERVICE OFFER**

Consideration was given to a report, presented by the Cabinet Member for Neighbourhood Working and Cultural Services, summarising the consultation undertaken on the Library Strategy 2016-19, the future service offer for Libraries and Neighbourhood Hubs and a range of savings proposals connected to the implementation of the Library Strategy and service offer.

The Library Strategy set out the vision, key principles and core offer for the Service and had been developed after an analysis of local need for the service and informed by feedback received during the consultation period. The assessment of local need identified a role for the Library Service in supporting employment opportunities, developing and improving key skills, including literacy, improving mental health, community cohesion and enabling access to digital information and services.

The submitted report included details of the feedback received and the proposed revisions to the original savings proposals. The report recommended the adoption of the Library Strategy and core service offer and the implementation of the revised savings proposals. The 2016-17 revenue budget related to the area of Libraries and Customer Services considered by this report was £5,034,590. This amount included property budgets of £1,220,333. The proposed reductions in expenditure across the review area would total £474,000 over the 2016/17 and 2017/18 financial years.

It was noted that the specific proposals included the retention of library provision in all existing static locations, the implementation of further self-service, online and assisted digital options for service delivery and changes to the Mobile Library and Book Link services.

Members' discussion included the following issues:-

- : levels of public use of the libraries; means of counting occasional visitors, ie: people who may not have joined/registered as a member with a library;

- : the success of specific schemes such as the 'Summer reading scheme';

- : replacing the face-to-face cashiering service with payment kiosks – ensuring that assistance is provided for the public during the change-over period;

- : mobile libraries and "books in the community" schemes;

- : budget and service reductions affecting the mobile libraries and some community libraries;

- : ensuring that community libraries are accessible, especially for people who have mobility or travelling difficulties; the impact of neighbourhood working, including the use and shared use and the cost of buildings;

- : the effectiveness of the consultation process; impact of the needs analysis on future service delivery;

- : quality impact assessments – copies to be provided for Elected Members;

: suggested use of external organisations to assist/become partners in the provision of a range of services within community libraries; also the possible co-location of services (eg: NHS services, job clubs);

: possible re-use of the wealth of statistical data collected about the use of library services to inform other service delivery by this Council;

: ensuring that library services are accessible by people who are living in the more remote communities within the Rotherham Borough area.

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

(2) That the results of the public consultation on the draft Library Strategy, future service offer for Libraries and Neighbourhood Hubs and associated savings proposals, as now submitted, be noted.

(3) That the Library Strategy 2016-19 and future service offer be endorsed and recommended for approval by the Council at its meeting to be held on 19th October, 2016.

(4) That the implementation of the revised savings proposals be endorsed and recommended for approval by the Council on 19th October, 2016, including the adjustment to the Medium Term Financial Strategy as detailed within the submitted report.

(5) That it be noted that further and more detailed analysis of local need will continue to inform and drive the future service offer.



**OVERVIEW AND SCRUTINY MANAGEMENT BOARD  
16th September, 2016**

Present:- Councillor Steele (in the Chair); Councillors Allcock, Councillor Maggi Clark, Cowles, Mallinder, Price, Julie Turner, Walsh and Wyatt.

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, was in attendance for Minute No. 13.

An apology for absence was received from Councillor Sansome.

**6. MINUTES OF THE PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting of the Overview and Scrutiny Management Board held on 2nd September, 2016, be approved as a correct record for signature by the Chairman.

**7. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**8. QUESTIONS FROM MEMBERS OF THE PUBLIC**

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

**9. YOUTH CABINET/YOUNG PEOPLE'S ISSUES**

No issues had been raised.

**10. CORPORATE PLAN 2016-17 QUARTER 1 PERFORMANCE REPORT**

Councillor Alam, Cabinet Member Corporate Services and Budgeting, introduced the Quarter 1 performance report of the 2016/17 Corporate Plan.

The performance report and scorecard (Appendix A and B) provided an analysis of the Council's current performance against 14 key delivery outcomes and 102 measures (the Corporate Plan included 86 measures however a number included different elements). The report was based on the current position of available data along with an overview of progress on key projects and activities which also contributed towards the delivery of the Corporate Plan.

At the end of the first quarter (April-June, 2016), 19 measures were progressing above or in line with the target set. Although this represented 18.6% of the total number of measures, performance showed that 43.2% of measures which had data available for the first quarter were on target. 27.3% (12) of the performance measures measured had not progressed in accordance with the target set (11.8% overall).

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

- Divided opinion on the use of the different symbols. It was suggested that attention be drawn in the summary report as to whether there had been improvement or not
- There had been a significant amount of additional money put into Children's Services but improvement did not appear to be as quick as would have been liked – this would be fed back to the relevant Cabinet Member and Strategic Director
- The Older People's Service was facing a crisis situation but there was low performance – this would be fed back to the relevant Cabinet Member and Strategic Director
- Examples of other local authorities report formats had been used. It was difficult when some indicators were now measured on a monthly basis. Consideration would be given to alternative means of displaying the information
- Emergency Planning was 1 of the Corporate priorities and, whilst most fitted within a Directorate it was not always the case. It was believed that Emergency Planning was part of the Council's corporate governance arrangements so the overarching lead was the Strategic Director for Finance and Customer Services
- What happened if performance was not improving? It was the role of the Improvement Board and Select Commission to ensure that the Chief Executive and Chief Officers held their managers to account
- Would the next and future reports have an additional column indicating the previous quarter's position? There would be a clear indication of travel from the previous quarter. As well as submission to the Board, performance was reported on a monthly basis to Cabinet Members and the Strategic Leadership Team
- Was performance tracked against other authorities and nationally? The Cabinet Member had asked to ensure benchmarking took place with other similar authorities to enable Elected Members to ascertain how the Authority was performing
- How were sickness levels monitored? Clearly there was a concern with regard to levels of sickness absence. The Health and Safety Panel had set up a sub-group specifically to look at sickness absences, how they were managed, where the greater numbers were and preventative measures. It was hoped that the sub-group would help in bringing sickness levels down

Resolved:- (1) That the overall position and direction of travel in relation to performance be noted.

(2) That comments made within the meeting be taken into consideration for the format of the Quarter 2 report.

(3) That the performance reporting timetable for 2016/17 be noted.

(4) That, should there be no improvement in sickness absences in Quarter 2, consideration be given to a Select Commission Task and Finish Group being established to look into the matter further.

## **11. JULY 2016 FINANCIAL MONITORING REPORT**

Councillor Alam, Cabinet Member Corporate Services and Budgeting, introduced the July financial monitoring report 2016/17.

The report set out the financial position as at the end of July, 2016, and was based on actual costs and income for the first 4 months of the financial year and forecast costs and income for the remaining 8 months of 2016/17.

The current position showed a forecast revenue overspend of £8.272M after currently identified management actions totalling £4.664M.

The forecast overspend was set against a backdrop of the Council successfully delivering savings of £117M over the last 5 years and having to save a further £21M in 2016/17. The majority of the savings in 2016/17 were being achieved and the position also assumed that the savings from the review of staff terms and conditions of employment agreed at the 2<sup>nd</sup> March Council meeting for 2016/17 (£2M full year effect) would be delivered.

The key pressures contributing to the current forecast overspend were:-

- The continuing service demand and agency staffing cost pressures for safeguarding vulnerable children across the Borough and the strengthening of Social Work and management capacity
- Demand pressures for Direct Payments and Managed Accounts, Residential and Domiciliary Care across all Adult client groups

The report also drew attention to the significant forecast overspend on the Dedicated Schools Grant High Needs Block (£3.9M) and the need to reduce the Council's net spending by over £40M over the next 3 years with at least £13M falling in the 2017/18 financial year.

Discussion ensued with the following issues raised/highlighted:-

- Concern regarding investing in CYPS at the same time as cutting services. There needed to be a thorough review of how the money was being spent and where the wastage was i.e. use of agency staff e waste is.
- The issues of Direct Payments and Complex Needs were sensitive subjects as they were services of direct impact on people's lives. From a Council's budget perspective it was believed that the areas of identified overspending could be addressed in terms, in terms of spend, through improved practice and process; it was not about the direct impact on the individuals
- Was the Authority's performance on Direct Payments in alignment with that nationally? Rotherham had some specific issues and problems in relation to Direct Payments. The new Strategic Director Adult Social Services was undertaking work on this issue
- Was the Authority on target to meet 2015/16 cuts when it was anticipating a £8M overspend? How do we monitor these targets? The actual savings that were provided by the Council in March were in the main on track to be delivered apart from a small number. The areas of overspend were not related to areas of savings but to other aspects within Service areas and which required to be the focus of attention. The November report to Cabinet would set out the proposed way forward
- In terms of the overspend in areas such as CYPS was that a result of general poor budgeting or was it the poor performance of officers in relation to them not managing their budget? It was not appropriate to comment on individual officers. The Service had been given additional funding for the current year as well as a similar amount within the financial last year but was still overspent. It was £7-8M overspent in 2015/16 and running at a similar level currently. It was fair to say that the budget was not set at a level high enough to take account of spend and would have to answer for that. There was a difficulty in recruiting Social Workers which the Authority needed and having to pay for agency staff. Work was ongoing with the Cabinet and officers in terms of understanding what the Authority had to spend opposed to what it wanted to spend
- If the overspend was needed reserves would looked at to deal with it but at what would the Capital Budget come under pressure in order to alleviate the problem rather than reserves? In terms of how the Authority managed the budget pressure and the overall position with regard to the overspend etc. the reserves were an obvious route but that could not happen in perpetuity. Use of the reserves had to be in a planned and managed way that was understood and sustainable and not a short term fix without a plan behind it. All options were being considered to fund and looking to the longer term future. It was

possible that the Capital Budget would come under pressure. An assessment was to be undertaken of any options where the Authority could further capitalise any revenue spend and any other options/flexibilities in terms of Legislation and Regulations on the use of Capital resources because there was some scope within the Capital budget

- Should attention be focussed on Services that the Council could provide to generate income? As a Council it could do more and the possibility would be explored
- Had an Impact Assessment taken place on the proposed closure of the toilets in All Saints Square? The work was in progress and would be submitted to the next Cabinet meeting
- Was the Council still in the “dive” or beginning to round out in relation to the overspend? The Council was not there yet in terms of sorting out areas of overspend. In Adult Social Care it was known where the problems were and work was taking place to pull it back but there was demand pressure. In terms of CYPS, it was very complex and sensitive and it was not thought that the level of spend could be pulled back at the current time

Resolved:- That the report be noted.

## **12. COMPLAINTS ANNUAL REPORT 2015-16**

Councillor Alam, Cabinet Member Corporate Services and Budgeting, introduced the annual complaint report for 2015/16.

The report set out information about complaints made to the Council between 1<sup>st</sup> April, 2015 and 31<sup>st</sup> March, 2016, under the Corporate Complaints Procedure, Housing Complaint Procedure and the Adult and Children’s Services Complaint Regulations.

It provided analysis in the particular trends in the complaints received, by Service area, and in terms of the timescales in which responses were provided as well as the escalation of complaints.

The key headlines were:-

- The number of complaints received by all services remained fairly static at 695 (692 last year)
- Significant increase in the number of Children and Young People’s Service complaints (204 – increase of 45) and a reduction in Housing complaints (268 – down by 60)
- 80% of complaints responded to within the required timescales – decrease in performance (82%)
- Performance excluding CYPS (decrease from 55% to 50%) was 92%

- Fewer complaints overall were upheld (152 (or 21%) compared to 220 (31%) and less were escalated to further stages (45 (6%) compared to 47 (7%))
- Reduction in the number of referrals to the Ombudsman and external complaint investigation costs (in CYPS) were also reduced (from £21,000 to £12,300)
- Whilst there were fewer Ombudsman cases, more were upheld (10 of 32) and an increase in the amount of financial remediation (up to £12,000 from £2,400) most of which related to reimbursed overpayments or incorrect fees/charges

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

- The complaints were assigned generic headings to provide an overview of what complaints were received
- There were a number of complaints about the behaviour of staff and sometimes inappropriate behaviour. These were thoroughly investigated and lessons learnt

Resolved:- That the report be noted.

### **13. SAFER ROTHERHAM PARTNERSHIP ANNUAL REPORT**

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety introduced the Safer Rotherham Partnership annual report. The Partnership had a statutory responsibility and involved a number of partners e.g. South Yorkshire Fire and Rescue Service and the Council. It had been heavily criticised in the Casey report in terms of how it operated, the lack of challenge and not tackling issues. The previous Cabinet Member, former Councillor Sims, who had responsibility for the Partnership, had spent a lot of time restructuring and reinvigorating the Partnership and had started the work on the plan that was included in the report submitted.

Councillor Hoddinott introduced Superintendent Scott Green, Operational Superintendent for Rotherham, Chair of the Performance and Delivery Group of the Safer Rotherham Partnership. It was noted that the Partnership had agreed to employ an analyst who would bring the data together and give a better picture of what was happening in Rotherham.

Superintendent Green gave the following powerpoint presentation:-

#### **SRP Priorities**

- Reduce the threat and harm to victims of CSE
- Reducing the threat and harm to victims of domestic abuse, stalking and harassment, honour based abuse and forced marriage
- Reducing and managing anti-social behaviour and criminal damage
- Reducing the risk of becoming a victim of serious acquisitive crime

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- Improve confidence and trust
- Improve the feeling of safety

Priority 1 – Reduce the threat and harm to victims of CSE

- Rotherham had a significant higher number of referrals than the rest of the county. It showed correct recording and the confidence of victims and survivors to come forward
- Over 300 CSE referrals between August, 2015-July, 2016

Priority 2 – reducing the threat and harm to victims of domestic abuse, stalking and harassment, honour based violence and forced marriage

- No forced marriage offences reported
- 2 Honour based violence offences report
- Increase in the number of reported harassment offences
- 12 offences of stalking
- Almost 75% of domestic related offences involved violence either with or without in injury
- 83% of victims of domestic abuse were wholly satisfied with the service that they received from the Police and partners
- 59% felt safer because of the interventions of the Police and partners

Priority 3 – Reducing and managing anti-social behaviour and criminal damage

- The number of PCSOs in Rotherham had been maintained
- An increase of anti-social behaviour incidents which was a result of the Summer and longer days – it increased across the country at this time of the year
- Areas of anti-social behaviour covered a number of areas - rowdy and nuisance behaviour was down by 6%
- The largest increase (18%) was vehicle nuisance e.g. off-road motorcycles and abandoned vehicles
- 30% of people in Rotherham believed that anti-social behaviour was a very big problem – high perception when compared to the data
- Criminal damage – fairly stable position – levels relatively low compared with similar areas

Priority 4 – Reducing the risk of becoming a victim of serious acquisitive crime

- Theft from vehicle – area of criminality that continued to fall
- Burglary from dwellings – continued to fall. On average every day in Rotherham there was less than 1.6 burglaries
- Robbery – the chance of being a victim of a robbery i.e. mugging – number of offences very low

Priority 5 – Improving confidence and trust

- Rotherham had a low result than elsewhere in the country
- Trust – from local communities the amount of trust people had for South Yorkshire Police had not changed over the last 12 months

Priority 6 – Improving feeling of safety

- Perception of feeling safe remained unchanged

101 Non-Emergency Service

- Poor performance recognised over the past 6 months
- Improvement plan in place owned by the Chief Constable
- Immediate increase in resources
- Broader recruitment plan to fill all posts effective from September, 2016
- New technology platform July, 2017

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

- It would be helpful for Councillors if the data was broken down into Wards – The Partnership had funded an analyst post who would work as part of the Community Safety Team. The new postholder would be able to break the Partnership data down into a format that was user friendly for the Partnership and Members
- The retention of PCSO numbers in Rotherham was welcomed
- Had the impact of the Magistrates Court closure been factored in? – Rotherham Main Street Police Station no longer had a Custody Suite. Individuals who were arrested were taken to the new Police Investigation Centre on Shepcote Lane, Sheffield, which was the centralisation of all custody suites in Sheffield and Rotherham. Those that were arrested and remanded in custody went to Court from that building by the private sector providers. Police Officers only transported from Rotherham to the Custody Suite. The impact of the Magistrates Court closure would not impact on Police time
- There was a massive lack of confidence in the 101 Non-Emergency Service. How will the confidence be re-installed? - The Force recognised the poor performance which was why it was owned at Chief Officer level and there was a whole strategic plan. It was too early as yet to start publicising the service because it was better as that was not the case. Once it was, it would be marketed and try to restore that confidence. Members of the public should be encouraged to use the alternative methods of reporting non-emergency issues such as online reporting and using the Crimestoppers number
- Concerns had been raised about the 101 Non-Emergency Service in January. What had changed since then? – There had been an immediate uplift of resources with Police Officers currently working in Atlas Court, the new recruitment plan was in place and operatives being trained. It was hoped that it would be fully staffed within the next 2 months and able to meet the demand



- It was not clear from the presentation whether there was a separating out of the current and historic cases of CSE? – This issue had been raised at the Partnership as it needed to be able to see from performance data what was current and what was historic in order to understand the picture in Rotherham. The new analyst would be asked to provide data on the outcomes/convictions
- Was the Partnership happy with the level of convictions being achieved since the Jay report? – This would be fed back to the Partnership. Partnership meetings were themed and the next one was around CSE looking at the current position, what partners could do, where the gaps were, how it was doing and if there was anything more that needed to do
- Concern that there had been no referrals regarding honour based and forced marriage. Was it a similar picture in other authorities? - It was Police data which showed that there had been no reported issues. A lot of work/partnership initiatives were taking place to try and gain the confidence of communities around honour based violence and forced marriage issues. The numbers were not high elsewhere
- The increase in incidents of domestic violence could not solely be as a result of increased confidence in reporting. There had to be an acknowledgement that the incidence of domestic violence was increasing together with sexual violence. It was important also that there was data regarding repeat offences – The whole of the Partnership i.e. Police, Local Authority and Independent Domestic Violence Advocates to give the person who was the subject of domestic violence choices to make them feel safer. That data was now recorded and could be published. It was a priority for the current year and the Partnership recognised that it was an area that it needed to do more work on. The Partnership had a Domestic Violence Co-ordinator, who would be in post shortly, and funding allocated to get a better understanding of domestic violence and what was happening in Rotherham and to test what partners were doing about it. It was an area that the Board was to do more work on and put more resources into
- The confidence of the community needed to be gained regarding honour based violence and forced marriage particularly engaging with the women's groups – There were a lot of work undertaken to ensure the Police reached out, particularly to those groups that worked with those at risk of domestic violence. Some of the work was not discussed publicly because of the sensitivity. It was an area that the whole Partnership would be subjecting to much more scrutiny over the next 12 months as it remained a priority. The Police were not always the right people to do the work; independent groups and advocates commissioned that worked with victims and survivors were required to do the work

- There had been a Domestic Violence Co-ordinator before so what would be different this time? - In the past the Domestic Abuse Co-ordinator had sat within Adult Services; this time the post had been moved into the Central Community Safety Team to work with the Safer Rotherham Partnership across all Directorates and partnerships. The person would be much more focussed on strategic movement of some of the actions and outcomes of the Partnership and feed into the activity on the ground. They would report back to the Partnership Board and be held to account for those actions
- There were no statistics relating to drug abuse within the presentation? – Drug related crimes was not a current priority for the Partnership and nor had it been the previous year

Resolved:- (1) That the Safer Rotherham Partnership provide Ward-based statistics in future reports.

(2) That an update be submitted in 6 months to look at CSE, 101 Non-Emergency Services and domestic violence and honour based marriages.

#### **14. SCRUTINY WORK PROGRAMME AND PRIORITISATION**

Caroline Webb, Senior Adviser (Scrutiny and Member Development), presented an outline work programme for the Board. This followed an informal work planning sessions held on 8<sup>th</sup> July, 2016, and subsequent sessions held with individual Select Commissions.

The report set out the work programme for the Board, Health, Improving Places and Improving Lives Select Commissions.

In addition, the Cabinet had requested that Improving Lives undertake a review to explore the effectiveness of alternative delivery models of Social Care and how this impacted upon accountability, improvement and the delivery of the Authority's statutory Social Care duties. A more detailed specific programme for this inquiry would be prepared with the aim to produce a final report by March, 2017.

Resolved:- (1) That the prioritised items within the Board's work programme 2016/17 be approved.

(2) That the prioritised items in the respective work programme of each Select Commission be approved.

(3) That the Forward Plan of Key Decisions be noted.

(4) That the request from the Cabinet for the Improving Lives Select Commission to undertake a review to explore the effectiveness of alternative delivery models of Children's Social Care and how this impacted upon accountability, improvement and the delivery of the Authority's statutory Social Care duties be noted.

## 15. WORK IN PROGRESS

### **Improving Places Select Commission**

Councillor Mallinder, Chair, reported that the last meeting had discussed:-

- Emergency Planning – A Task and Finish Group, Chaired by Councillor Wyatt, was to visit Teeside
- Enforcement in relation to Parking Tickets – the Authority now had powers to seize vehicles of those who persistently did not pay their fines
- Selective Licensing of Landlords – the report of the Working Group to be submitted in January, 2017
- Waste Review, HRA and amendments to the Housing Allocation Policy to be considered at the October meeting
- Members of the Health Select Commission had been invited to the last meeting due to crosscutting themes

### **Health Select Commission**

Councillor Short, Vice-Chair, had nothing to report

### **Audit Committee**

Councillor Wyatt, Chair, reported that included on the agenda for next week's meeting were:-

- Annual Governance Statement
- The newly appointed Head of Audit would be commencing employment in October
- Ongoing work on risk management across the Authority

### **Improving Lives Select Commission**

Councillor Clark, Chair, reported that the next meeting would discuss:-

- The annual report of the Local Safeguarding Children Board
- Adult Safeguarding would be discussed at the December meeting

## 16. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Friday, 30<sup>th</sup> September, commencing at 9.00 a.m.

**COUNCIL SEMINAR  
2nd June, 2016**

Present:- Councillor (in the Chair); Councillors Albiston, Allcock, Andrews, Cusworth, Ellis, Jarvis, Lelliott, McNeely, Marles, Rushforth, Sansome, Taylor, Wyatt and Yasseen.

**ROTHERHAM TOWN CENTRE - PROTEST MARCHES**

Members received a briefing from the Director of Regeneration and Environment and also from representatives of the South Yorkshire Police about the forthcoming protest march which would be taking place within the Rotherham town centre on Saturday 4th June, 2016. The briefing and Members' subsequent discussion included the following salient issues:-

- : the legislative powers within Sections 12, 13 and 14 of the Public Order Act 1986 relating to the control of protest marches (it was noted that whilst the Police would take action to prevent any public disorder arising from the march, there was no specific cause yet identified to prevent the march taking place on 4 June);
- : the cost (public expenditure) incurred in managing and policing protest marches;
- : the importance of the freedom of speech; as well as the prevention of any insulting, offensive and racist language and any criminal behaviour;
- : discussions with the three local Members of Parliament and the representations being made to the Secretary of State for the Home Department (the Rt Hon Theresa May MP) about the possibility of changes in national legislation in order to prevent such protest marches taking place and placing tighter restrictions upon those marches which do take place;
- : ensuring that any rival/opposing marches were not in conflict in the Rotherham town centre;
- : the protection of vulnerable communities;
- : minimising disruption to the usual activities (trading, shopping etc) within the Rotherham town centre; the intention to undertake a survey of shoppers and traders in order to obtain more detailed information about the impact of protest marches on the town centre;
- : ensuring that the persons marching would stay within the defined area of the town centre to be used for the march;

**REPORT FOR INFORMATION - 02/06/16**

: the gathering of information and intelligence about the marches and the risk of public disorder, including the possible impact upon other localities within the Rotherham Borough area, far beyond the Rotherham town centre;

: statistical details of persons arrested and charged with public order offences and criminal activity resulting from their participation in protest marches;

: obtaining information from other cities and towns (nationwide) about the control of protest marches occurring elsewhere;

: the likelihood of other protest marches taking place within the Rotherham town centre in the future.

It was noted that the Borough Council and the South Yorkshire Police would continue to make representations to the Secretary of State for the Home Department in respect of possible amendments to current legislation. Members thanked the officials for this informative briefing.

**COUNCIL SEMINAR**  
**13th July, 2016**

Present:- Councillor Lelliott (in the Chair); Councillors Allen, Atkin, Beck, Bird, Cusworth, Cutts, Elliot, Elliott, Jarvis, Marles, Marriott, Napper, Price, Reeder, Sansome, Sheppard, Walsh and Williams.

Apologies for absence were received from Councillors Allcock, Beaumont, Buckley, Mallinder, Roche, Whysall and Yasseen.

**GULLIVERS VALLEY RESORT**

Councillor Lelliott, Cabinet Member for Jobs and the Economy, welcomed Members to the Seminar and introduced Nick and Rebecca Phillips, Dean Kimberley and Richard Welby from Gullivers.

Dean provided some background information to the Members present: -

**Gullivers Valley Resort**

- A family resort designed and built by a family for local families and visitors
- Aimed at 2-13 year olds
- Environment considered to be safe and value for money (£15.95 entrance fee)
- 40 years of experience of turning greenfield sites into themed resorts;-
  - Gullivers World – Warrington
  - Gullivers Kingdom – Matlock
  - Gullivers Land – Milton Keynes
  - Gullivers Valley – Rother Valley Country Park

**Core Elements of Gullivers Valley Resort**

- Gullivers Valley Theme Park – seasonal and outdoor attractions
- Gullivers Adventure Theme Park – separate sections – more of an all year round indoor activity attraction surrounded by farm park
- Gullivers Ecology and Education Centre – community centre and events field
- Gullivers Dream Village – family hotels and themed accommodation
- Camp Gullys – service academy and support areas

**Masterplan**

- 250 acres on the southern site
- Feedback from previous consultation events had led to a re-working of the Masterplan taking into account concerns raised regarding traffic, potential noise, spread of the development, Trans Pennine Trail and potential risk of contamination if the land was disturbed. It was felt that the new plan was far better and more economical from a business point of view, sensible from an operational point of view and more sympathetic environmentally
- Access would now be via Mansfield Road

- Operational calendar showed that the Park would be 10.30 a.m.-4.00 p.m. school days; the peak times were school holidays and weekends

#### Gulliver Valley Theme Park

- Core market – 2-13 year olds
- No big scary rides
- 20 of the rides at Warrington can be rode by someone under 90 cm for free
- Main Street – in door year round attraction – splash zone, interactive play areas, NERF zone

#### Gulliver Adventure Park including Gulliver Glade

- Mud slide, zip lines, rope swings, bushcraft etc.
- Motor heritage attraction showing classic cars, segways, mountain bike cycle track and other wheeled attractions

#### Farm Park

- Less rides and more to see and more “hands on”
- Giant vegetable patch
- Potting shed

#### Gulliver Dream Village

- Special holiday destination for children with special needs or serious illnesses
- Tried and test
- Housed a number of Dream Works before with partner hotels and hosted cost free for all children who were waiting from dreams to come true
- Specially adapted lodges
- Working with Bluebell Hospices

#### Gulliver Family Hotels

- Themed occupation – wilderness and castle planned
- Gulliver Themed Suites
- Gulliver themed accommodation – Ranch Lost World

#### Gulliver Service Academy

- Where local people could be trained, delivering world class service
- Will help the local community – want to work alongside schools and colleges, apprenticeship schemes etc.

#### Community Benefits

- Employment, work experience and volunteering opportunities
- Welcoming park with areas open for locals to use
- Connectivity with Rother Valley Park
- Community group facilities
- Forest classroom and education

- Active park
- Local community engagement programmes

#### Employment Benefits

- 400 jobs created
- Capital investment of over £30M over as 12 year period
- Economic impact to the local community of over £10M per year
- Sustainable development both ecologically and financially

#### Planning Process Update

- Pre-application process – October, 2015
- Pre-application public consultation – October, 2015
- Masterplan development – January, 2016
- 2<sup>nd</sup> wave of consultation – January, 2016
- Planning application submitted September, 2016

A question and answer session ensued:-

Would there be anywhere that children could clean themselves up after using the mud slides?

Yes – all the required type of services would be provided

Did the £15.95 include the NERF Centre etc.?

There would be extra charges - £5 for a child for the NERF Centre, £5 per child (free for adults) at the Splash Zone. There would be discounts if already purchased a theme park ticket

Are you a minimum wage employer?

We pay the Living Wage for some of our seasonal members of the team. Those that were team leaders or some of the salary workers who were chefs etc. were paid in line with the theme park industry

At what point would the Service Academy be up and running?

Currently the Academy was in Phase 1 along with the Theme Park itself

Would the people at the Service Academy be those that were employed by you who were undertaking extra studies in order to get qualifications or people who were there just to get qualifications?

It was hoped to work alongside colleges and schools and it was the present thinking that you did not have to work for the company. Gullivers may seek consultancy to assist the company with the Service Academy project in terms of how they worked with schools, colleges, for work experience, work placements and apprenticeships. From an internal point of view, an employee would go through the Service Academy

If someone came to the Service Academy would there be an opportunity for employment at the end of it?

Absolutely. There would be 400 jobs on offer and the Service Academy formed part of the company's guest experience and hospitality training but



would also serve those who wanted to go onto other areas of the hospitality industry outside of the Park

When someone booked into the lodges did they have to pay the entrance fee?

There were different packages and models. At the moment in the hotel you could pay for a room only and then chose which combination of the Park and pay as you go or pay for a package which was better value and included access to the Park. The hotel in Warrington had not been expected to attract business clients outside of season but it had proved very popular.

The Chair thanked everyone for their attendance.

**EARLY RELEASE/FLEXIBLE RETIREMENTS PANEL**  
**22nd July, 2016**

Present:- Councillor Commissioner Sir Derek Myers (in the Chair); Councillors Atkin and McNeely.

**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).

**RELEASE OF PRESERVED BENEFITS ON COMPASSIONATE GROUNDS - HOUSING**

Pursuant to Minute No. 16 of the Panel's meeting held on 15th February, 2016, the Panel gave further consideration to an application for the release of preserved benefits on compassionate grounds from a former employee of Housing Services.

In making its decision the Panel considered that the applicant: -

- was subject to both a persistent psychological and a deteriorating physical illness which was likely to be permanent and progressive and would be likely to have a negative impact on their employability
- had no immediate family support
- had not received financial support from other sources.

Resolved:- That the application be approved.

**APPOINTMENTS PANEL  
2nd August, 2016**

Present:- Councillor Alam (in the Chair); Councillors Steele and Cowles.

**APPOINTMENT OF ASSISTANT DIRECTOR, CUSTOMER,  
INFORMATION AND DIGITAL SERVICES**

Following a national advertising and search campaign, preliminary interviews and an assessment centre involving Elected Members and a Service User, the all-party selection panel chose Mr. Luke Sayers as their preferred candidate at final interviews on Tuesday, 2nd August, 2016.

Mr. Sayers, currently Service Director Information Technology at Barnsley Council, previously worked at Derbyshire County Council in ICT and Transformation Management roles and has a further ten years' experience in other ICT technical and management roles.

Resolved: That Mr. Luke Sayers be appointed Assistant Director Customer, Information and Digital Services.

**APPOINTMENTS PANEL**  
**5th August, 2016**

Present:- Councillor Yasseen (in the Chair); Councillors Steele and Cowles.

**APPOINTMENT OF ASSISTANT DIRECTOR, CULTURE SPORT AND TOURISM**

Following a national advertising and search campaign, preliminary interviews and an assessment centre involving Elected Members and Stakeholders, the all-party selection panel chose Ms. Polly Hamilton as their preferred candidate at final interviews on Friday, 5<sup>th</sup> August, 2016.

Ms. Hamilton has been the Head of Culture, Heritage, Libraries and Art Services at Blackpool Council for seven years and has over twenty years' experience in Arts and Culture project and management roles.

Resolved:- That Ms. Polly Hamilton be appointed Assistant Director Culture, Sport and Tourism.

**EARLY RELEASE/FLEXIBLE RETIREMENTS PANEL**  
**8th August, 2016**

Present:- Councillor Alam (in the Chair); Commissioner Ney, Councillors Beck, Cowles, Lelliott, Commissioner Ney and Roche.

**EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 1 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to an individual).

**EARLY RELEASE OF PRESERVED BENEFITS ON COMPASSIONATE GROUNDS - HOUSING SERVICES**

The Panel considered an application for release of preserved benefits on compassionate grounds from a former employee of Housing Services.

Resolved:- (1) That the application be approved.

(2) That the offer by the former employee to pay the Authority's notional costs be declined.

**EARLY RELEASE OF PRESERVED BENEFITS ON COMPASSIONATE GROUNDS - RBT**

The Panel considered an application for release of preserved benefits on compassionate grounds from a former employee of RBT.

Resolved:- That the application be approved.

**EARLY RELEASE OF PRESERVED BENEFITS ON COMPASSIONATE GROUNDS - NEIGHBOURHOODS AND ADULT SERVICES**

The Panel considered an application for release of preserved benefits on compassionate grounds from a former employee of Neighbourhoods and Adult Services.

Resolved:- (1) That the application be refused.

(2) That a letter be sent to the applicant explaining the reasons for refusal together with full details of the financial implications of accessing the preserved benefits early and deferring until the age of 65 years.

**FLEXIBLE RETIREMENT SCHEME - REGENERATION AND ENVIRONMENT SERVICES**

The Panel considered an application for flexible retirement from an employee in Regeneration and Environment Services.

Resolved:- That the application be approved.

**APPOINTMENTS PANEL  
11th August, 2016**

Present:- Councillor Beck (in the Chair); Councillors Steele, Cowles and Yasseen.

**APPOINTMENT OF ASSISTANT DIRECTOR, HOUSING AND  
NEIGHBOURHOODS**

Following a national advertising and search campaign, preliminary interviews and an assessment centre involving Elected Members, stakeholders and service users, the all-party selection panel interviewed three candidates for the post at final interviews on Thursday, 11<sup>th</sup> August, 2016.

The Panel concluded that no candidate be progressed as preferred candidate for the post on this occasion.

Resolved:- That no appointment be made to the post of Assistant Director, Housing and Neighbourhoods.

**COUNCIL SEMINAR  
6th September, 2016**

Present:- Councillor Wyatt (in the Chair); Councillors Albiston, Allcock, Andrews, Atkin, Cooksey, Cusworth, Elliot, Elliott, Jarvis, Mallinder, Russell, Sansome, Sheppard, Steele, Walsh and Williams.

Apologies for absence were received from Councillors Beaumont, Beck and Rushforth.

**2015/16 DRAFT ANNUAL GOVERNANCE STATEMENT**

Members received a presentation from the Assistant Director, Audit, ICT and Procurement concerning the role of the Audit Committee and the preparation and publication of the Authority's Annual Governance Statement. It was noted that the latter document had been considered in draft form by the Audit Committee at its meeting held on 20th July, 2016 and the final document would be considered for approval by the Audit Committee at its meeting to be held on 21st September, 2016.

The presentation highlighted the following issues:-

: role and function of the Audit Committee; examples of subjects considered by the Audit Committee; production of the annual prospectus and the annual governance statement;

: the Audit Committee has specific responsibilities in respect of the Council's risk management and also its policies and procedures relating to anti-fraud and corruption;

: the Audit Committee reviews the Council's policy with regard to the use of surveillance under the Regulation of Investigatory Powers Act 2000 and the Council's use of surveillance;

: governance – defined as “the way in which organisations do business”; the CIPFA/SOLACE guidance document “Delivering Good Governance in Local Government”; the defining principles of:

- behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law;
- ensuring openness and comprehensive stakeholder engagement;
- defining outcomes in terms of sustainable economic, social and environmental benefits;
- determining the interventions necessary to optimise the achievement of the intended outcomes;
- developing the entity's capacity including the capacity of its leadership and the individuals within it;
- managing risks and performance through robust internal control and strong public financial management; and
- implementing good practices in transparency, reporting, and audit to deliver effective accountability.



**REPORT FOR INFORMATION - 06/09/16**

: the Council has a Local Code of Corporate Governance which reflects the 2007 Guidance and the 2012 addendum – the Local Code is currently being updated to reflect the 2016 guidance;

: the statutory requirement for local authorities to produce an Annual Governance Statement, by virtue of the Accounts and Audit Regulations 2015;

: the Annual Governance Statement being prepared for the 2015/16 financial year; issues contained within the Statement will include service planning, performance management, the management of major projects, procurement and contracts management, information governance and the management of Freedom of Information requests;

: the 2015/16 Statement will include the signing-off of issues which were raised within the previous year's Annual Governance Statement (2014/15);

: headline information to be contained within the Annual Governance Statement 2015/16;

: the Council's internal audit improvement plan;

: the importance of principles of good governance being properly embedded and demonstrated through the Council's actions.

Members raised the following issues during discussion:-

: joint audit events with public sector partner organisations – the risk register of the Rotherham Partnership Board which had been prepared by the partner organisations (in respect of such issues as community-wide emergencies; pandemics, etc.);

: the relatively short timescales available for the production of the Annual Governance Statement and the Council's final, end-of-year accounts;

: use of best practice and bench-marking with other local authorities; the importance of 'direction of travel' in terms of organisational improvement;

: the external audit of this Council's financial accounts by KPMG;

: analysis of school budget deficits; impact in cases where schools become academies;

: the wide-ranging scope of the Audit Committee, in addition to its core, statutory duties and functions.

Members thanked the Assistant Director, Audit, ICT and Procurement for a very informative seminar.

**COUNCIL SEMINAR  
20th September, 2016**

Present:- Councillor Beck (in the Chair); Councillors Albiston, Allcock, Allen, Andrews, Atkin, Bird, Cowles, Cusworth, Cutts, Cutts, Elliot, Elliott, Ellis, Khan, McNeely, Mallinder, Marriott, Reeder, Roche, Russell, Sansome, Senior, Sheppard, Short, Simpson, Taylor, Walsh, Watson and Wyatt.

Apologies for absence were received from Councillors Maggi Clark, Hoddinott, Jarvis, Jepson, Roddison and Rushforth.

**THE IMPACT OF LEGISLATION ON THE HOUSING REVENUE ACCOUNT**

Councillor Beck, Cabinet Member for Housing, welcomed Members to the Seminar and introduced the following officers:-

Jane Davies, Interim Strategic Housing Investment Manager  
Paul Elliott, Business and Commercial Programme Manager  
Wendy Foster, Social Housing Officer

The following presentation was given by Jane, Paul and Wendy: -

Housing and Planning Act 2016

- Starter Homes
  - Shift from social rent to home ownership
  - New build, first time buyers under 40, 20% discount
  - £1.2b Starter Home Land Fund
  - Rotherham's bid: Town Centre Starter Homes Programme
  - £32M of investment to develop over 1,000 homes
  - 12 sites in total, six of which are Council-owned
  - 3 "go early" sites
- Mandatory Fixed Term Tenancies
  - Does not affect existing tenants
  - From April 2017 local authorities are to issue tenancies for 2-5 years
    - Exemptions for families with children under 9 to minimise disruption to education
    - Longer tenancies may be issued to people with disabilities
  - Tenancies to be renewed at local authorities' discretion
  - Awaiting regulations from Secretary of State
- Pay to Stay
  - Will affect households in which the 2 highest earners' combined income is greater than £31,000
  - It will be a requirement to charge 'high earners' an increased rent in line with market rent levels

- Additional rent collected through Pay to Stay to go to Treasury
- Awaiting regulation from the Secretary of State
- Extension of the Right to Buy
  - Housing Associations' equivalent of Right to Buy was Right to Acquire – much less generous discounts and few sales
  - Housing Association tenants will now qualify for the same level of discount as Council tenants
  - Discretionary for Housing Associations
- Levy/enforced sale of high value stock
  - To fund the discounts offered to Housing Association tenants under Extended Right to Buy, local authority landlords are to sell their 'high value' stock when it becomes vacant or pay an equivalent levy
  - Many higher value Council properties in Rotherham are bungalows or new build

#### Welfare Reform and Work Act 2016

##### Overview

- In Rotherham 26,870 people aged 18-64 (17.4%) claim DWP benefits
  - 10,780 dependent children (19.1%) live in families on benefits
  - Cumulative impact of benefit reductions is estimated to reach £132M per annum by 2020/2021 (Sheffield Hallam University)
  - The Welfare Reform Impact Steering Group co-ordinates partnership responses. Workstreams include Benefit Cap, Universal Credit, Under 35s LHA and DLA to PIP transition

##### Universal Credit

- Is a means tested benefit for people of working age who are on a low income/out of work. It is paid monthly, in arrears, into a bank account and combines six existing means tested benefits:-
  - Income Support
  - Housing Benefit
  - Child Tax Credit
  - Income based JSA
  - Working Tax Credit
  - Income related Employment Support Allowance

##### Benefit Cap 2013/16

- Is a limit on the total amount of certain benefits working age claimants can receive. It only affects people claiming Housing Benefit or Universal Credit. The current limits are:-
  - £500 per week for couples – with or without dependent children
  - £500 a week for lone parents with dependent children
  - £350 a week for single people without children

## Benefit Cap – November, 2016

- Further reduction will take the cap from £26,000 to £20,000
- This will affect around 400 families with 1,400 children  
 Except for supported housing from November 2016 the limits will be:  
 £384.62 per week for couples – with or without dependent children  
 £384.62 a week for lone parents with dependent children  
 £257.69 a week for single people without children

## Housing Benefit V Local Housing Allowance

- Local Housing Allowance – private rented sector  
 Based on the household size e.g. 2 person household (mother and son) would qualify for the two bedrooomed rate
- Housing Benefit – social rented sector  
 Based on the property size e.g. 2 bedrooomed property costs less than a 4 bedrooomed property

## Different rates payable

- Local Housing Allowance is locally calculated based on the bottom 30% of private sector rents:  
 Shared room rate £58.50  
 1 bedroom £79.40  
 2 bedrooms £96.96  
 3 bedrooms £101.00  
 4 bedrooms £138.08
- RMBC rents (average by property size not type)  
 Bedsit rate £67.81  
 1 bedroom £69.49  
 2 bedrooms £75.19  
 3 bedrooms £80.74  
 4 bedrooms £87.74

## Extent of the problem

- 1,929 applicants to the housing register who are under 35 years old
- 1,592 staying with family, others are rough sleeping, no fixed abode or staying in hostels/temporary accommodation

## Supported housing – caring for the old and the young

- 2 elements of housing benefit for supported housing:  
 Core benefit and Service charge  
 Extra Care at Bakersfield/Oak Trees shortfall of between £24.66 and £41.96 per week  
 At Rush House the shortfall will be £99.43 per week

## Damian Green's Recent Announcement

- 'The Government will transfer money to Councils to top up the cost of supported housing as part of its plan to cap Housing Benefit at Local Housing Allowance rates'  
 Supported housing would be included in the benefits cap  
 Cap to be deferred to 2019/2020 for supported housing providers

## REPORT FOR INFORMATION - 20/09/16

Housing Revenue Account Business Plan – the impact of Policy changes  
1% Rent Reduction

- Loss of income over next 30 years equivalent to £638M
- Assume rent will increase by CPI only after the 4 year rent reduction (was previously CPI +1%)

Policy	Issue	Potential Financial Impact	Year of Implementation
Benefit Cap	Reduction in Housing Benefit income leading to an increase in rent arrears, resulting in an increased bad debt provision	£400K per annum	October 2016
Social Sector Size Criteria (Bedroom Tax)	Reduction in Housing Benefit Income	£100K per annum	Ongoing
Universal Credit	Reduction in Local Housing Allowance income. Increase in rent arrears, resulting in an increased bad debt provision	£200K per annum and increasing	Ongoing
Restriction of Housing Benefit for 18-21 year olds	Fewer tenants to 18-21 year olds. Increasing arrears, leading to increased bad debt provision	Up to £500K per annum	April 2017
Pay to Stay	Increasing Right to Buy. Charging market rents leading to increased rent arrears. Increased administration costs	Not yet know	April 2017
Local Housing Allowance (LHA) rate capped for under 35's	Fewer tenancies to single under 35's. Harder to let properties. Increase rent arrears, leading to increased bad debt provision	£1.3M per annum	April 2018
Cap Social rents to Local Housing Allowance (LHA)	Cost of a furnished tenancy not covered fully by Housing Benefit due to LHA cap	Up to £1.3M per annum to General Fund	April 2018

Fixed term tenancies	Increase tenancy turnover leading to increased void costs	Not yet known	April 2018
Higher Value property levy	Sale of properties becoming vacant and/or payment of annual determination from DCLG	£2M per annum (awaiting Regulations)	2016/17?

#### Summary

- Reduction in forecast surplus at year 30 from £401M to £35M
- By year 30 of the plan it is anticipated the housing stock size will have reduced to circa 15,500 units i.e. a reduction of around 5,000 units
- Strategic property acquisitions will cease in 2017-18 rather than 2020-21 as in the 2015-16 base case. This will save £36.375M and mean around 360 fewer Council properties are acquired
- There will be £273M less to spend on property investment over 30 years
- There will be £98M less to spend on supervision and management over 30 years

Discussion ensued with the following issues raised/highlighted:-

- The calculation for Pay to Stay was not based on savings but on annual income
- More detail was awaited regarding Fixed Term Tenancies. Currently there were only the 2 exemptions highlighted in the presentation
- The rents in Rotherham did vary by property size and location based on the previous rent formula. Rent Convergence had been introduced by the previous Government with the aim of aligning rents of similar properties in the same area over a period of time. However, that had now been removed. As part of the 1% rent reduction the Local Authority had been given the flexibility of continuing to move properties to rent convergence but that would only be achieved when a property was re-let
- The Authority would be eligible for an administrative grant for Pay to Stay but it was not known how much that would be
- Fixed Term Tenancies could be issued for between 2-5 years. There would be clear renewal or non-renewal criteria and there would not necessarily be different lengths of tenancy for different criteria, the detail was being worked through by a working group. A detailed impact assessment of Fixed Term Tenancies would be conducted
- Work was taking place on possible alternative provision for 18-35s

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- Definite drive to encourage people into home ownership – work was taking place on home ownership options and clearly stating what the financial implications were

Councillor Beck thanked the Officers and Members for their attendance.

**COUNCIL SEMINAR  
28th September, 2016**

Present:- Councillor Lelliott (in the Chair); Councillors Allcock, Andrews, Atkin, Bird, Ellis, McNeely, Napper, Russell, Sansome, John Turner and Walsh.

Apologies for absence were received from The Mayor (Councillor Pitchley), Councillors Alam, Allen, Beaumont, Buckley, Maggi Clark, Cowles, Cusworth, Dave Cutts, Elliott, Hoddinott, Jepson, Mallinder, Rushforth, Senior, Sheppard, Watson and Wyatt and Parish Councillor J. R. Swann, Woodsetts Parish Council.

**TRANSPORT AND BUS SERVICES**

The Chair welcomed everyone to the seminar which had been arranged to facilitate discussion about the following transportation issues:-

**(1) Public Transport / Bus Services**

A presentation was made by Mr. Chris Roberts (South Yorkshire Passenger Transport Executive) about:-

- the way in which bus services are operated in Rotherham and South Yorkshire;
- the role of the South Yorkshire Passenger Transport Executive;
- the way in which the Rotherham Bus Partnership has developed;
- the methods of consultation regarding changes to bus services;
- Transport Act 1985 – deregulation and tendered services;
- types of services – eg: educational transport; the general bus network;
- the Sheffield Bus Partnership, established in October 2012 for 5 years;
- the Rotherham Bus Partnership, established in July 2014 for 5 years;
- the Doncaster Bus Partnership, established in May 2016 for 5 years;
- the Barnsley Bus Partnership is to be introduced in January 2017;
- Investment - network development; marketing; vehicles standards and emissions; infrastructure schemes; maintaining a stable network and consulting on changes;
- Partnership achievements, especially punctuality and reliability of services;
- the three main service change dates in each year : January, April and September;
- changes to commercial services are registered with the Traffic Commissioner (56 days in advance) and no consultation is required;
- Significant changes - reduction in frequency, days or hours; change of route;
- Minor changes - all other changes, e.g. slight alterations to timetables;
- consultation with the Local Authority and with the Passenger Transport Executive.



The questions and answers included the following matters:-

- levels of public satisfaction with bus services (annual Autumn survey of bus passengers);
- effectiveness of the South Yorkshire Passenger Transport Executive in responding to issues raised by the general public;
- reliable, quality bus services have produced increasing passenger usage, even though there has been a reduction in the overall number of bus services;
- effectiveness and timeliness of consultation with Borough Councillors about changes to local bus services;
- effectiveness of consultation with the general public – use of public meetings, including Borough Council Area Assembly meetings;
- the necessary budget savings which had to be made led to the decision to cease printing paper timetables;
- timely provision of public information about temporary bus route alterations during the periods of significant works in the highway;
- the importance of bus services for people without access to other means of transport (e.g.: very elderly people); the impact of a shortage of bus services in terms of people's quality of life;
- reference to specific, continuing concerns about bus services in certain localities : Swinton/Kilnhurst; Bramley/Maltby/Ravenfield;
- the quietness of modern vehicle engines and the impact upon pedestrians and other road users;
- the bus rapid transport system;
- modern methods of multi-ticket options (eg: Travelmaster) permitting access to the services of different bus operators;
- the effects of competition between the various bus operators;
- the costs of bus operation and the use of different sizes of bus in different local areas;
- the possible future responsibility for public transport of the Sheffield City Region Authority.

Mr. Roberts was thanked for his informative presentation and Members are to be provided with a copy of the presentation slides.

## (2) RMBC Transport Liaison Group

Discussion took place on the role and function and terms of reference of the RMBC Transport Liaison Group.

Members suggested the following arrangements in relation to the meetings of the Liaison Group:

- retain the existing pattern of quarterly meetings (March, June, September, December);
- consideration of all relevant transportation issues (transport in general), including timely consultation on bus service alterations;
- consideration, at least once per year, of the performance of the Rotherham Bus Partnership;
- meetings shall be open to the public;
- the Chair shall be the appropriate Cabinet Member; the Vice-Chair shall be the Council's other appointed representative to the Sheffield City Region Transport Committee;
- representation of one Councillor per Electoral Ward, allowing substitution from the Ward and maintaining political proportionality;
- retain the existing Parish Council representation;
- invitations to other appropriate external organisations/individuals for discussion of specific transportation matters (eg: Pensioners' Action Group);
- consistent and regular attendance at meetings of representatives of the South Yorkshire Passenger Transport Executive, the bus and rail operators, airport officials, as well as appropriate Borough Council officers;
- Elected Members shall submit questions, in writing (or by electronic mail) fourteen days in days prior to each Liaison Group meeting, thus allowing time for answers to be furnished at the meetings.

Members discussed the recent public safety issue affecting the Rotherham Passenger Transport Interchange and acknowledged the responsibility and control of the South Yorkshire Police in respect of such incidents.

Members also noted that the 'real time' bus service information displayed at certain bus shelters was an automated system, based on the GPS tracking of the travelling buses; there was no manual control of this system.

It was agreed that Elected Members be provided with a copy of the amended terms of reference of the RMBC Transport Liaison Group.

## (3) Strategic Traffic and Transportation Issues

Dr. A. Withill (Interim Traffic and Transportation Manager, Environment and Development Services), provided information about the following

issues affecting highways, traffic and transportation in the Rotherham Borough area:-

- recent discussions concerning the HS2 high speed railway route – noting that the Government Department for Transport has been notified of this Council's stated opposition to the proposed change of the railway route away from Meadowhall;
- alleviation of the traffic congestion on the A633 corridor between Rotherham town centre at St Ann's Roundabout and Parkgate (Forge Way) – proposed bid to the Government Department for Transport 'new rail station fund' for 75% grant funding for a new mainline rail station in Rotherham;
- delayed progress with the Tram-Train project linking Meadowhall, the Rotherham town centre and Parkgate; possible new station on the edge of the Rotherham town centre (Greasbrough Road);
- proposed refurbishment of the Rotherham Passenger Transport Interchange expected to begin during the Summer 2017;
- planned highway improvements to serve the Waverley development, including the Advanced Manufacturing Park;
- proposed construction of hydrogen power vehicle station, to be situated near to the Advanced Manufacturing Park at Waverley;
- various highway initiatives and schemes, including bus priority at junctions, cycle lanes; pupils cycling to school; living streets; schemes which have an economic impact in terms of access to places of employment.

Members noted the information about highways and transportations schemes.

## **COUNCIL SEMINAR 4th October, 2016**

Present:- Councillor Yasseen (in the Chair); Councillors Allen, Andrews, Atkin, Bird, Russell, Sheppard, John Turner and Williams.

Apologies for absence were received from Councillors Allcock, Beaumont, Cowles, Cusworth, Senior and Simpson.

### **ROTHERHAM COMPACT**

Waheed Akhtar, Policy, Improvement and Partnerships, introduced Shafiq Hussain, Deputy Chief Executive, Voluntary Action Rotherham, and Carole Haywood, Policy, Improvement and Partnerships Manager.

Councillor Yasseen, Cabinet Member for Neighbourhood Working and Cultural Services, would be in attendance shortly.

A powerpoint presentation was given which would help Members to:-

- Be aware of the Rotherham Compact
- Understand the key principles of the Compact
- Support implementation within the Council
- Raise awareness within your ward and in your community leadership role.

What is the Voluntary and Community Sector – Size

- Estimated 1382 voluntary and community organisations in Rotherham
  - 79% Micro (income under £10k) = 1091 groups
  - 13% Small (income between £10k – 100k) 180 groups
  - 7% Medium (income between £100k -1M) 97 organisations
  - 1% Large, income over £1M - 14 organisations
- 55% are involved in health/welfare and social care
- 41% are involved in education research and training

Over 50% of all organisations support

- Local communities and the general public
- Elderly
- Children Young People & Families
- People with Disabilities
- Work in deprived neighbourhoods

What is the Voluntary and Community Sector – People

- The Voluntary and Community Sector is a major employer – over 3,600 employees many of whom live locally/many are part-time and high percentages are women
- There are 49,000 volunteers
- Over 12,000 committee/board members
- Volunteers give over 85,000 hours of their time each week

#### What is the Voluntary and Community Sector - Income

- The combined contribution of paid employees and volunteers in the sector is valued at £187M per year
- The income of the sector is estimated at £61M per year
- The sector is financially fragile – 34% of the sectors have reserves of less than one month, over 50% have less than 3 months reserves
- The sector raises significant extra income for Rotherham

#### What is the Voluntary and Community Sector – Impact

- The sector works across all ages/geographical communities/communities of interest/area of work
- 64% improve peoples' mental wellbeing
- 61% address the needs of the most disadvantaged
- 53% increase peoples skills
- 49% help people feel they belong to the their neighbourhood
- The sector helps people and communities engage, become active and connected/learn new skills and be successful/care for their environment and make Rotherham welcoming and proud

#### What is the Voluntary and Community Sector – Our networks

- Voluntary Action Rotherham – over 760 members
- REMA – over 50 members
- The following Voluntary and Community Sector consortia:-
  - Children Young People & Families
  - Adult Service
  - Food in Crisis
  - Advice in Rotherham
  - Rotherham Ethnic Communities Network
  - Rotherham Open Arts Renaissance
- Rotherham Together Partnership – 4 Voluntary and Community Sector representatives plus Voluntary Action Rotherham Chair
- Together the above make up the Voluntary and Community Sector Strategic Reps group and ensure Voluntary and Community Sector are represented on all Key Strategic Decision Making Boards

#### Rotherham Compact – The Context

- A mutually agreed document which sets out how we all work together for the benefit of communities and citizens
- Locally – council/local public sector partners and the voluntary and community sector (VCS)
- Last reviewed around 2010
- Rotherham received national and regional awards for previous versions of the Rotherham Compact
- Feedback received from Council managers and VCS organisations
- Now seen as out of date and 'no longer has meaningful impact'
- Part of Rotherham's improvement journey

#### Where are we now?

- Voluntary Sector Liaison Officer in post (January, 2016)
- Established a baseline position which suggests:
- Not a clear and shared understanding of the Compact
- Some scepticism and lack of trust over the Compact
- VCS – feedback ‘still need to get the basics’ right
- Research shows a ‘Mixed picture’ across other local authority areas
- Local Government Association Advice
- All noted that the Rotherham Compact is still relevant but requires commitment
- All noted opportune time to review

#### What needs to improve?

##### Main feedback from discussion with Voluntary and Community Sector:

- Improve Communication – aim for clear, transparent communication
- Define Commissioning – aim for clarity and consistency on the process; social value benefit and feedback on performance
- Improve Consultation and Engagement – aim for an open and inclusive approach
- Being brilliant at the basics – relationships, payment, processes

#### What are we doing now?

- Partners Compact Working Group established
- Compact commitments
- Involvement in policy development
- Allocating resources
- Advancing equality

#### What do we need to do?

- Provide some clarity on the relationship we want with the Voluntary and Community Sector now and in the future
- Redefine the relationship now, knowing the financial challenges we face
- Be clear on expectations and outcomes as commissioners
- Understand what we are buying with the Voluntary and Community Sector and share the information collectively to avoid any perceived duplication
- Consider and explore further opportunities to work collaboratively with the Voluntary and Community Sector
- Raise awareness, improve communication, work in partnership

#### What are Services doing?

- Use Compact principles to improve and maintain good working relationships
- Raise awareness of the compact – promotion, discussions in team meetings
- Consider whether it is deliverable

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- Consider how the Compact can be embedded in your work – Ownership and Compliance – Policies, Procedures and Practice
- Being brilliant at the basics
- Provide feedback into the consultation!

Timeline

- Rotherham Together Partnership (RTP) CEO Group 4<sup>th</sup> August
- 12 Week Consultation period ends: Thursday 3<sup>rd</sup> November
- Finalised Compact ready by end – November
- Revised Compact to Rotherham Together Partnership in December
- RMBC: Overview and Scrutiny Management Board ‘pre-scrutiny’/Cabinet / Council
- Other public sector partners will have their own governance process for sign up

Compact – Remember the context

- A mutually agreed document which sets out how we all work together for the benefit of communities and citizens
- Between the Voluntary and Community Sector and the public sector partners in the Rotherham Together Partnership
- A framework for partnership working
- Energising the relationship with Voluntary and Community Sector

Discussion areas

- How do you see the relationship evolving between the Council and the Voluntary and Community Sector over the next 3 years?
- Given the profile of the sector, what do you think are the opportunities and challenges in these relationships?
- How can the Compact support you in your community leadership role?
- How do you feel as a Councillor you could work with the Voluntary and Community Sector to support communities in your area?

Councillor Yasseen assumed the Chair.

Discussion ensued with the following issues raised/highlighted:-

- The Compact was a written set of principles in the spirit of partnership. The aim was to achieve better outcomes for Rotherham
- It would be a mutually shared document for the benefit of citizens not just for the Council/organisations
- The Partners Compact Working Group was Chaired by Shafiq Hussain (VAR) and included representatives from CAB, Crossroads, REEMA, Police, Rotherham Foundation Trust with invitations also to Rotherham CCG, RDASH, South Yorkshire Fire and Rescue and Rotherham Colleges

- There was said to be over 700 groups on Gizmo. More work was to be undertaken to publicise it and the ability to use it as a directory to search for a particular area/name/theme etc. The link would be forwarded to Councillors to publicise to local groups. It was free to register
- Were local groups given assistance to bid for funding/administration/premises etc.? A piece of work was being undertaken by the Assistant Director Strategic Commissioning to ascertain where the gaps were and map where there were empty buildings that could be used by community groups
- Activity was needed in the community to find the small groups and supply them with the information as to where they could find other groups and help each other

It was proposed that a further seminar be held in the evening to enable attendance by those Councillors unable to make this morning session.



**POLICE AND CRIME PANEL**  
**9th June, 2016**

**Present:-**

Councillor Talib Hussain	Sheffield CC	(In the Chair)
Councillor Brian Cutts	Rotherham MBC	
Councillor Jackie Drayton	Sheffield CC	
Councillor Rob Frost	Barnsley MBC	
Councillor Alan Jones	Doncaster MBC	
Councillor Chris McGuinness	Doncaster MBC	
Councillor Joe Otten	Sheffield CC	
Councillor Mick Rooney	Sheffield CC	
Mr Alan Carter	Independent Co-opted Member	
Mr Steve Chufungleung	Independent Co-opted Member	

**Also in attendance:-**

Dr. Alan Billings	Police and Crime Commissioner for South Yorkshire
Michelle Buttery	Chief Executive & Solicitor – Office of the Police and Crime Commissioner

Apologies for absence were received from Councillors Griffin (Barnsley MBC) and Sansome (Rotherham MBC).

**F1. APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR 2016/17****Resolved:-**

That Councillor Talib Hussain be appointed as Chair of the South Yorkshire Police and Crime Panel for the 2016/17 Municipal Year.

**F2. APPOINTMENT OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2016/17****Resolved:-**

That Councillor Stuart Sansome be appointed Vice-Chair of the South Yorkshire Police and Crime Panel for the 2016/17 municipal year.

**F3. TO CONSIDER WHETHER THE PRESS AND PUBLIC SHOULD BE EXCLUDED FROM THE MEETING DURING CONSIDERATION OF ANY PART OF THE AGENDA**

The Chair confirmed that there were no items of business on the agenda which would require the exclusion of the press and public from the meeting.

**F4. TO DETERMINE ANY ITEM WHICH THE CHAIRMAN IS OF THE OPINION SHOULD BE CONSIDERED AS A MATTER OF URGENCY**

The Chair reported that there were no urgent items of business requiring consideration by the Panel.

**F5. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Griffin (Barnsley MBC) and Sansome (Rotherham MBC).

**F6. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**F7. MINUTES OF THE PREVIOUS MEETING HELD ON 4 MARCH 2016**

**Resolved:-**

That the minutes of the meeting of the South Yorkshire Police and Crime Panel held on 4 March 2016 be agreed as a true and correct record of the proceedings.

**F8. QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was reported that Procedure Rule 10 (General Questions by Members of the Public at Panel Meetings) enabled members of the public to submit questions to the South Yorkshire Police and Crime Panel. The Clerk to the Panel reported that Mr Peter Thirlwall had submitted the following question:-

*“Is it true that the Crime Commissioner’s Election Agent is the Partner/Husband of the previous Police and Crime Panel Chair and if so, was it detailed in his declaration of interests and it is appropriate?”*

The Chair invited the Police and Crime Commissioner to comment on the question. The Commissioner indicated that the South Yorkshire Elected Local Policing Body Code of Conduct required him to notify disclosable interests in the following areas:

- Employment
- Sponsorship
- Contracts
- Land
- Licenses
- Corporate Tenancies
- Securities
- Other Interests: Membership of other organisations

He indicated that he had met that required and published his disclosable interests on the Office of the Police and Crime Commissioner website. He further explained that, as the selected Labour candidate, not in his capacity as Police and Crime Commissioner, he had formally appointed Howard Knight (husband of the former Chair of the Police and Crime Panel) as his election agent on 4 April 2016, although he asked him informally on 15 March 2016.

The Commissioner indicated that in the interests of openness and transparency, had a meeting of the Police and Crime Panel taken place after that date, he would have drawn attention to this relationship with the Police and Crime Panel's Monitoring Officer before the meeting, notwithstanding that he was not required to declare it.

In response to Mr Thirlwall's question, the Chair indicated that the former Chair of the Police and Crime Panel was no longer a Panel Member or an Elected Councillor in Sheffield and he could not comment further.

#### **F9. QUESTIONS FROM MEMBERS OF THE PANEL**

In accordance with Procedure Rule 11 (General Questions from Members of the Panel), the following questions were put with responses from the Police and Crime Commissioner:

Mr. Alan Carter, a Co-opted Independent Member of the Panel, had submitted the following question:

*"My question arises from some information that I have which relates to the Government having opened bidding to a £15m fund with the intention of providing health based places of safety to stop the practice of those in mental health crisis being held in police cells. I am anxious to know if the Commissioner is concerned about current practice and is aware of this initiative. I would ask if, in the interests of the people of South Yorkshire generally, he will be actively encouraging the South Yorkshire Police to support a bid for a proportion of this funding for allocation to South Yorkshire, thereby significantly reducing the need in South Yorkshire for the use of police cells and vehicles for this purpose."*

The Police and Crime Commissioner responded:

"I am aware of the £15 million fund available to provide health and community based places of safety, in order to prevent vulnerable people being held in police cells. However this funding has not come directly to Police and Crime Commissioners.

South Yorkshire Police and I fully support this initiative. A number of bids are currently being developed and discussed at the Countywide Strategic Mental Health Partnership Board and such bids have already received my full support."

Mr Alan Carter submitted a further question for the Police and Crime Commissioner:

*“Does the Commissioner see any relevance in this arrangement in the NHS to addressing the not entirely dissimilar situations (of unacceptable levels of care and a culture which deters staff from raising genuine concerns) which can and do arise in the Police Service? And could he envisage the similar appointment of a National Guardian, to promote and reinforce best practice in supporting police staff (uniformed and civilian) to speak up safely through a network of Freedom to Speak Up Guardians (which, at a local Force level, conceivably might be Police and Crime Commissioners and/or their Deputies)?”*

The Police and Crime Commissioner provided the following response:

“I do see the relevance of work undertaken by the NHS in relation to staff being deterred from raising genuine concerns about poor care and dangerous practices.

In January this year, the draft National Policy and Guidance about Reporting Concerns (Whistleblowing) released by the College of Policing was presented to my Independent Ethics Panel for comment prior to being rolled out in the Force. The Independent Ethics Panel has a role and there is a protocol which sets out the process Panel members should follow if they are approached by a member of South Yorkshire Police wishing to challenge or report improper behaviour.

Officers and members of police staff also report concerns directly and confidentially to my office and these are treated sensitively and seriously, usually by my Chief Executive and/or the Chair of my Independent Ethics Panel. Concerns reported to my office anonymously are also considered and any issues which need to be raised with the Chief Constable and Senior Leadership Group, and action taken, are so raised.”

Councillor Robert Frost submitted the following question:

*“Could Dr Billings outline his plan for South Yorkshire Police moving forward to regain the trust of the public. Will Dr Billings lobby the Home Secretary forcefully to have any costs of an enquiry into Orgreave funded centrally? Many people in the area were not born at the time and should not suffer police cuts as a result. Other forces were also involved in policing the dispute and I believe the Tory Government at the time was complicit in decisions taken.”*

In response, the Police and Crime Commissioner stated:

“Dealing first with the question about the policing of events at the Orgreave coking plant in 1984, I am currently talking to the Interim Chief Constable, the Truth and Justice Campaign and the Home Office about a way forward, particularly over the matter of making the archives held by the Force publicly available. I have, of course, said publicly many times that I support an independent review or public inquiry into Orgreave.

It is well known that policing at Orgreave was provided by a number of forces in the country and, if this is to be the subject of an enquiry this should be seen as a national issue and funded by central government. One of the lessons from Hillsborough is that the only way to establish all the facts and for justice to be done is for the Force to be fully open and to do everything possible to ensure that any enquiry is both thorough and swift.

The Interim Chief Constable and I have already requested a meeting with the Home Secretary to discuss a range of issues facing South Yorkshire Police. I am hopeful of constructive discussions; the Home Secretary has already been receptive to previous approaches I have made for funding, and supportive following recent events.

In terms of my plan for South Yorkshire Police moving forward, in order to regain the trust and confidence of the public, there are a number of strands of work that have been initiated by the Interim Chief Constable and myself:

- College of Policing Peer Support with a team currently in Force led by DCC Andy Rhodes (of Lancashire Constabulary).
- Support in Examining the Financial Position of the Force
- Exploring different approaches to issues relating to Hillsborough – potential prosecutions, misconduct proceedings and civil claims
- Exploring the best approach to Orgreave
- Support to the Office of the Police and Crime Commissioner with two projects – peer support aimed at strengthening my ‘holding to account’ arrangements, and a commissioned research project aimed at restoring public trust and confidence.

Finally, it is important to grasp the opportunity presented by the national support being made available and the arrival of a new Chief Constable to demonstrate to the public that the Force is willing to learn the lessons of recent events, especially the child sexual exploitation scandals and the Hillsborough Inquests, and to listen to victims, survivors, families and other interested groups

who can help the Force begin the fundamental culture change necessary.”

Councillor Otten submitted the following question:

*“Do you and did you approve of the timing of the Acting Chief Constable’s statement on Orgreave, being the day before the Police and Crime Commissioner election, in contravention of the spirit of ‘purdah’?”*

The Police and Crime Commissioner responded as follows:

“Councillor Otten is mistaken as to the date. The Interim Chief Constable made his statement on the day of the election so he did not contravene the spirit of ‘purdah’. I did not know the Interim Chief Constable was going to make his statement. However, I do agree with his sentiments. South Yorkshire Police must approach the whole matter of Orgreave with the spirit of openness and cooperation.”

Councillor Otten submitted a further question to the Police and Crime Commissioner:

*“Given the Home Office guidance on the ‘legal high’ ban wherein the legality of buying whipped cream and antifreeze seems to depend on how old you are and what time of day it is, are you confident that police will be able to enforce this law in a fair and proportionate manner?”*

In response, the Police and Crime Commissioner stated:

“I would expect South Yorkshire Police to enforce all laws in a fair and appropriate manner.

South Yorkshire Police has provided the following information:

*“The new Psychoactive Substances Act provides a blanket ban on the production, supply and import of new psychoactive substances. The Act covers psychoactive substances which create a psychoactive effect by stimulating or depressing the person’s central nervous system, effecting their mental functioning or emotional state. It does however, contain certain exemptions which include controlled drugs, medicinal products, nicotine and tobacco products, caffeine and food (including drink).*

*The legislation came into effect on 26 May 2016 and has since, changed the way forces tackle the issue of psychoactive substances.*

*This Act is policed in a practical manner adopting a common sense approach and provides a variety of options to police forces to ensure it is enforced correctly. This includes, but is not limited to; powers to seize and destroy psychoactive substances, search persons, premises and vehicles and enter premises by warrant if necessary. There are*

*provisions for civil sanctions: prohibition notices and prohibition orders — to enable the police and local authorities to adopt a proportionate response to the supply of 'legal highs' in appropriate cases. South Yorkshire Police are committed to reducing the harm caused by all drugs and are working with partner agencies to ensure prevention, education and health services all play a vital role in tackling psychoactive substances."*

**F10. THE 'DREW REVIEW' AND THE POLICE AND CRIME COMMISSIONER'S RESPONSE**

Consideration was given to a report submitted by the Police and Crime Commissioner detailing the findings of the independent review by Professor John Drew in respect of South Yorkshire Police's response to child sexual exploitation (CSE). The Commissioner also set out his response to the review findings.

It was noted that the review had been announced in March 2015 and the following areas for review were identified:

- 1) Has the police response to safeguarding children and young people from child sexual exploitation been adequate in the past?
- 2) Has South Yorkshire Police (SYP) understood and acted on the findings of and recommendations in previous reports and inspections, in the media and during parliamentary questioning?
- 3) Is the police response to safeguarding children and young people from child sexual exploitation adequate now?

It was reported that Professor Drew's overall judgement was that the police response to safeguarding children and young people from child sexual exploitation in the past was inadequate, especially in Rotherham where he simply repeated the criticisms already made in the Jay and Casey reports. Professor Drew was satisfied that South Yorkshire Police had understood and acted both on the general direction of previous criticism and also on most of the specific recommendations of previous scrutiny activity of its performance. Furthermore, Professor Drew believed that the police response to safeguarding children and young people from child sexual exploitation was now adequate. Indeed, it was noted that some recent work undertaken by South Yorkshire Police appeared to be of high quality.

Panel Members noted the eleven recommendations from Professor Drew and the response of both the Police and Crime Commissioner and the Chief Constable to the review. The Panel welcomed the Commissioner's commitment to continuously hold South Yorkshire Police to account in delivering on the review's recommendations.

Discussions range from the need to continue rigorous scrutiny of South Yorkshire Police and local authorities to how the nature of CSE was moving from the streets to an online problem. Reference was made to the review of licensing policies in the authorities across South Yorkshire and the introduction of mandatory training on identifying CSE.

In view of the recent changes in personnel at the top of South Yorkshire Police, the Panel sought assurances that recommendation 9, in respect of a standard operating procedure for the investigation of CSE, had been progressed. The Police and Crime Commissioner indicated that the Interim Chief Constable had been tasked with reviewing this, as part of a thorough review of practices and operations at South Yorkshire Police.

In response to further questioning, the Police and Crime Commissioner explained that a lot of work was ongoing within South Yorkshire Police to raise consciousness of CSE and to improve the sharing of intelligence with other public bodies, such as local authorities.

The Panel recommended that the Police and Crime Commissioner submit reports providing updates on progress on a regular basis in respect of the implementation of the recommendations from the Drew Report.

**Resolved:-**

1. That the Drew Report and response of the Police and Crime Commissioner be received.
2. That the Police and Crime Commissioner be requested to provide update reports on the implementation of the recommendations arising from the Drew Report to future meetings of the Panel.

**F11. THE POLICE AND CRIME COMMISSIONER'S INITIAL RESPONSE TO THE HILLSBOROUGH INQUESTS VERDICTS**

The Panel agreed to defer consideration of this item until after Members had completed their induction.

**Resolved:-**

That the item be deferred to a future meeting.

**F12. PROCEDURE TO BE FOLLOWED IN RESPECT OF THE POLICE AND CRIME COMMISSIONER'S PROPOSAL TO CALL FOR THE CHIEF CONSTABLE'S RETIREMENT OR RESIGNATION**

The Panel agreed to defer consideration of this item until after Members had completed their induction.



**Resolved:-**

That the item be deferred to a future meeting.

**F13. PROCEDURE TO BE FOLLOWED IN RESPECT OF THE APPOINTMENT OF A NEW CHIEF CONSTABLE**

The Panel agreed to defer consideration of this item until after Members had completed their induction.

**Resolved:-**

That the item be deferred to a future meeting.

**F14. COMPLAINTS CONCERNING THE CONDUCT OF THE FORMER POLICE AND CRIME COMMISSIONER**

Consideration was given to a report which informed the Panel of its options in relation to the complaints received in respect of the conduct of the former Police and Crime Commissioner, in accordance with the Panel's decision at its previous meeting.

It was reported that two complaints were received in October 2015 to the effect that the previous PCC had misled in his evidence to the Home Select Committee. As it appeared that the complaint may have referred to the commission of a criminal offence, in accordance with the Panel's complaints procedure, the complaints were referred to the Independent Police and Crime Commission (IPCC). In March 2016, the IPCC referred the complaints back to the Panel on the basis that the IPCC had obtained legal advice to the effect that deliberately misleading a Select Committee was not in fact a criminal offence, but if proved would be a contempt of Parliament. As such the IPCC stated that it was not necessary for them to investigate the complaint.

The Panel's complaints procedure provided for complaints received by the Panel to be resolved through the mechanism referred to as "Informal Resolution", which is a way of dealing with a complaint by solving, explaining, clearing up or settling the matter directly with the complainant, without an investigation or formal proceedings. The method of informal resolution is left up to the individual PCP, provided that it is in accordance with the Regulations and guidance issued by the Secretary of State.

It was reported that there was little prospect of an informal resolution being successful and there was no requirement for the former PCC to engage with a sub-committee and there would be no sanctions which the Panel could impose. It was reported that an alternative option for the Panel would be to refer the complaint to Parliament, although it was noted that Parliament's powers in respect of contempt tended to be used very sparingly.

The Panel discussed the importance of responding to the issues raised by the complainants, but noted the lack of options available in providing redress. Consequently, the Panel concluded that the complaints should be referred to the Clerk of the Home Affairs Select Committee.

**Resolved:-**

1. That the report be noted.
2. That the complaints in respect of the former Police and Crime Commissioner of South Yorkshire be referred to the Clerk of the Home Affairs Select Commission.

**F15. POLICE AND CRIME PANEL - FUTURE WORK PROGRAMME**

It was reported that a work programme planning session involving all Panel Members would be convened in due course. Panel Members requested that the work programme from the previous municipal year be circulated for information.

**Resolved:-**

That the position in respect of the work programme be noted.

**F16. DATE AND TIME OF THE NEXT MEETING AND FUTURE MEETINGS**

It was noted that the next meeting of the Police and Crime Panel would be held on Tuesday 28 June 2016 for the purposes of considering the recommendation from the Police and Crime Commissioner in respect of the appointment of a new Chief Constable of South Yorkshire Police. Members were advised that the time of the meeting would be confirmed in writing at a later date.

**BARNSELEY, DONCASTER AND ROTHERHAM JOINT WASTE BOARD**  
**1st July, 2016**

Present:- Councillors S. Allen and E. Hoddinott (Rotherham MBC), Councillor R. Miller (Barnsley MBC) and Councillor G. Jones (Doncaster MBC), together with Mrs. L. Baxter and Mrs. K. Hanson (Rotherham MBC), Mr. P. Castle (Barnsley MBC) and Mr. L. Garrett (Doncaster MBC); and Mr. J. Busby (DEFRA)

Apologies for absence were received from Councillor C. McGuinness (Doncaster MBC) and from Mr. D. Wilson (Rotherham MBC) and Mrs. G. Gillies (Doncaster MBC).

**1. APPOINTMENT OF CHAIRMAN FOR THE MUNICIPAL YEAR 2016/2017**

Agreed:- That Councillor Roy Miller of Barnsley Metropolitan Borough Council be appointed Chairman of the Barnsley, Doncaster and Rotherham Joint Waste Board for the 2016/2017 Municipal Year.

(Councillor R. Miller in the Chair)

**2. APPOINTMENT OF VICE-CHAIRMAN FOR THE MUNICIPAL YEAR 2016/2017**

Agreed:- That Councillor Chris McGuinness of Doncaster Metropolitan Borough Council be appointed Vice-Chairman of the Barnsley, Doncaster and Rotherham Joint Waste Board for the 2016/2017 Municipal Year.

**3. PAST AND PRESENT COUNCILLORS AND OFFICERS**

The Chairman welcomed Councillors Allen and Jones to their first meeting of the Joint Waste Board.

The Joint Waste Board placed on record its appreciation of the services of the former Councillors and officers who have now retired (Minute No. 18 of the meeting of the Joint Waste Board held on 11th March, 2016, refers).

The Joint Waste Board also placed on record its appreciation of the services of Mr. David Packham who had served in a voluntary capacity as chair of the residents' committee for the Bolton Road facility.

**4. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

6. **MINUTES OF THE PREVIOUS MEETING HELD ON 11TH MARCH, 2016**

Consideration was given to the minutes of the previous meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board, held on 11th March, 2016.

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

7. **MATTERS ARISING**

The following matters arising from the minutes of the previous meeting of the BDR Joint Waste Board were discussed:-

(1) Minute 21(2) – the production of the ‘virtual tour’ film of the waste treatment facility at Bolton Road, Wath upon Dearne, is still in progress;

(2) Minute No. 21(3) – the revised Inter-Authority Agreement (IAA.3) is not yet finalised.

1. **APPROVAL OF DELEGATIONS UNDER THE SECOND INTER-AUTHORITY AGREEMENT FOR THE MUNICIPAL YEAR 2016/17**

The Barnsley, Doncaster and Rotherham Joint Waste Manager submitted a report stating that one of the contractual documents entered into between the Barnsley, Doncaster and Rotherham Local Authorities at financial close of the BDR Waste PFI project was an Inter-Authority Agreement (IAA). This IAA creates the Joint Waste Board (“JWB”) as a joint committee pursuant to Section 101(5) of the Local Government Act 1972, which is established as part of the joint working arrangements between the Local Authorities for the management and administration of what are termed Relevant Contracts under the IAA. At the date of today’s meeting, the BDR Waste PFI Contract is the only Relevant Contract to which the IAA applies and is referred to as the “Principal Contract”.

The submitted report detailed how the functions of this Joint Waste Board will be delegated down to the BDR Steering Committee and the BDR Manager in order to deal more efficiently with the day-to-day decisions that will be required under the Principal Contract. All decisions of the JWB, BDR Steering Committee and the BDR Manager will be made in accordance with the provisions of the prevailing Inter-Authority Agreement.

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

(2) That the Joint Waste Board notes that:-

(a) with the exception of the decisions reserved to the Local Authorities for a unanimous decision under the Inter-Authority Agreement, all other decisions in respect of the Principal Contract are delegated by the Joint Waste Board to the Authorised BDR Steering Committee Member;

(b) the Authorised BDR Steering Committee Member may elect to delegate certain decisions to the BDR Manager;

(c) the BDR Manager may delegate any decisions delegated to them to a member of the Joint Waste Team (if the right to delegate is granted by the Authorised BDR Steering Committee Member); and

(d) Rotherham Metropolitan Borough Council's representative on the BDR Steering Committee will be the Authorised BDR Steering Committee Member for 2016/17.

(3) That the Barnsley, Doncaster and Rotherham Joint Waste Manager shall consult with the Chairman and the Vice-Chairman of this Joint Waste Board on decisions that are made in accordance with the above scheme of delegation.

## **8. WASTE COMPOSITIONAL ANALYSIS**

The Barnsley, Doncaster and Rotherham Joint Waste Manager submitted a report stating that a Waste Compositional Analysis is used to examine the type of waste that is left in the residual black bin. There is an analysis of the refuse that residents are throwing away and this helps the waste management teams plan how to manage materials. The three Local Authorities receive an income from some of the recyclates, which can serve to offset the costs of the service.

Waste Compositional Analyses have been completed in 2009/10, 2014/15 and in 2015/16. These Analyses are normally conducted twice per year and take into account changes in seasonality. The 2015/16 data (included in the submitted report) is anecdotal data only as the results are still awaited for part two of this analysis.

It was suggested that Members should arrange a separate meeting and discuss the details of the Waste Compositional Analysis, in the light of ensuring that recycling rates are consistent across the three Local Authorities.

Members acknowledged the importance of endeavouring to provide customers with the same set of easily recognisable recycling services and that this is one of the key aspects for the steering group and the Joint Waste Board to work towards.

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

**9. BDR JOINT WASTE PROJECT - MANAGER'S ANNUAL REPORT 2015/16**

The Barnsley, Doncaster and Rotherham Joint Waste Manager submitted a report which highlighted and updated the following issues relating to the Joint Waste Private Finance Initiative (PFI), for the period April 2015 to March 2016:-

: Mrs. Karen Hanson, Assistant Director Community Safety and Street Scene, Regeneration and Environment, Rotherham MBC became Chair of the BDR Steering Committee in June 2016;

: implementation of the internal audit recommendations (January 2016) would enhance the control environment and provide an increased level of assurance to management of the joint waste project (details were included at appendix 1 and at appendix 2 of the submitted report);

: a letter has been received from BDO confirming that the external audit of the Operational Management Budget is not necessary for 2016-17 (included as appendix 3 of the submitted report);

: contract delivery (Bolton Road facility);

: performance, tonnage, contractual outputs, contract targets;

: complaints received and statistics about complaints;

: Ferrybridge facility;

: Grange Lane facility;

: health and safety issues and statistics;

: legal issues;

: financial issues;

: communications;

: use of resources;

: the BDR PFI has been shortlisted for two National Recycling Awards:-

(i) Best Energy from Waste Initiative and (ii) Best Private-Public Sector Partnership;

: the "It's a Rubbish Adventure" has been nominated for the Communications Award for the Private Sector;

: the letter to DEFRA regarding recycling had been signed by the Leaders of the constituent Councils; the DEFRA response was included at appendix 4 of the submitted report.

Members discussed the following matters:-

- (a) preparation for the internal audit 2015/16;
- (b) ensuring that the Joint Waste Board is informed of performance issues on a regular basis;
- (c) governance arrangements and partnership working;
- (c) future reports to meetings of the Joint Waste Board should include more information about the availability and use of resources.

Agreed:- That the BDR Manager's report be received and its contents noted.

#### **10. BDR JOINT WASTE PROJECT - CURRENT ISSUES**

Discussion took place on the following current issues affecting the BDR Joint Waste Project:-

##### **(1) Flies**

There had been some negative articles recently, published in local newspapers, concerning the presence of flies in the area around the Bolton Road facility at Manvers. The warm and wet weather of May and June 2016 may have contributed to the increase in the number of flies.

The meeting welcomed Mr. Mike Turner (Shanks UK PFI Director) who explained in detail the spraying and fogging operations at the facility (both inside the buildings and including vehicles) which would reduce the incidence of flies. There was only a limited number of insecticide products available to use, although it was known that, because insects may develop an immunity to certain chemicals, other products are constantly being tested for possible future use. Staff at the facility endeavoured to maintain a dialogue with local residents.

It was noted that another contributory factor may be food waste. It was agreed that there should be educational and publicity material distributed in the local area of the facility (as well as in the wider region of this joint waste partnership), reminding people to wrap their food waste before disposal. This information could be published as part of the forthcoming Recycling Week.

## (2) Noise

It was known that a number of local residents have been disturbed by noise from the Bolton Road facility at Manvers. In response, some sound-proofing measures have been put in place, which have been successful in reducing noise levels.

The tonal element of noise continues to be a problem during the night, however. Upon the advice of the Environment Agency, equipment will be fitted to the fans within the facility, such that the tone will be disrupted and the nuisance to residents alleviated. Members of the Joint Waste Board asked to be informed of progress at the next meeting.

The Joint Waste Board thanked Mr. Turner for his contribution to this meeting.

## 11. RISK REGISTER

The Barnsley, Doncaster and Rotherham Joint Waste Board considered the updated Waste PFI risk status report (risk register) which had been maintained during the various stages of the joint waste project. The report stated that, in order to decide which risks are most important and merit most attention, the risks are scored along two dimensions:

- i) the likelihood (or probability) that the risk will occur;
- ii) the impact (or severity) that the risk will have if it occurs.

These two figures are multiplied together so as to identify the major risks. Once identified, measures are put in place to minimise or mitigate these risks and the process is repeated with the aim of bringing the level of risk down.

The Risk Register follows the Rotherham MBC corporate requirements for scoring (as shown in the appendix to the report) and is scrutinised by Joint Waste Project's Steering Committee on a monthly basis.

The key risks to the delivery of the joint waste contract during the operational phase were set out in the appendix to the submitted report. Members noted that, in recent months, a number of the identified risks have occurred despite the mitigations that are in place. An explanation of these risks was also included within the submitted report.

Discussion took place on staff retention and the need to maintain service delivery.

A further report on the need to widen the scope of the Risk Register would be submitted to the next meeting of the Joint Waste Board.

Agreed:- That the updated information on the risk status report be received.



**12. EXCLUSION OF THE PRESS AND PUBLIC**

Agreed:- 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 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended (information relating to the financial/business affairs of any person (including the Joint Waste Board)).

**13. BDR PFI BUDGET UPDATE 2016/17 AND OUT-TURN FOR 2015/16**

Consideration was given to the 2015/2016 annual return of the Operational Management Budget for the Barnsley, Doncaster and Rotherham Joint Waste Partnership Private Finance Initiative (PFI). The 2015/2016 annual return will be the subject of external audit. This budget had previously been approved in accordance with the budget-setting policies of each of the three Local Authorities.

The submitted report also contained the 2016/2017 Budget, which was presented for approval.

Discussion took place on the possibility of any operating surplus being returned in equal share to each of the three constituent Local Authorities and whether the amount of the budget should be reduced as there has consistently been an underspend on this. There would be further consideration of this matter as part of the 2017/18 budget deliberations.

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

(2) That the 2015/2016 annual return of the Operational Management Budget for the Barnsley, Doncaster and Rotherham Joint Waste Partnership, as now submitted, be approved.

(3) That the 2016/2017 Operational Management Budget for the Barnsley, Doncaster and Rotherham Joint Waste Partnership, as summarised in the report now submitted and previously approved in accordance with each constituent Authority's budget setting policies, be approved.

**14. DATE, TIME AND VENUE FOR THE NEXT MEETING**

Agreed:- (1) That the next meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board be held on Friday, 30th September, 2016 at the Town Hall, Rotherham, commencing at 2.00 p.m. and an invitation be extended to the representatives of Sheffield City Council to attend this meeting.

(2) That the next following meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board be held on Friday, 16th December, 2016 at the Town Hall, Rotherham, commencing at 2.00 p.m.

(3) That, if necessary, a meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board be held on a date to be arranged during March, 2017.