

## **ORANGE BOOK FOR INFORMATION**

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

**Date:** Wednesday, 24th January, 2018

**Time:** 2.00 p.m.

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

1. Health Select Commission (Pages 1 - 38)
2. Improving Lives Select Commission (Pages 39 - 61)
3. Improving Places Select Commission (Pages 62 - 87)
4. Reports for Information (Pages 88 - 89)
5. Barnsley, Doncaster and Rotherham Waste Board (Pages 90 - 91)

**HEALTH SELECT COMMISSION  
30th November, 2017**

Present:- Councillor Evans (in the Chair); Councillors Andrews, Bird, R. Elliott, Jarvis, Marriott, Sansome, Short and Williams.

Councillors Clark and J Elliot attended from Improving Lives Select Commission at the invitation of the Chair.

Apologies for absence were received from Councillors Ellis, Rushforth and Whysall, Councillor Roche (Cabinet Member) and Robert Parkin (SpeakUp).

**45. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

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

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

**47. COMMUNICATIONS**

- There were no comments or questions on the papers in the information pack that had been circulated to Members.
- Councillor Jarvis provided a short update on the work of Improving Lives Select Commission. In Adult Safeguarding the Vulnerable Person's Team was already making a difference and seeing results. Some Team members had won awards, in particular for their work Supporting People who were involved in court cases.
- RMBC was considering participating in the Pause project working with mothers who had had multiple children taken into care to help them turn their lives around. From experience elsewhere many of those involved would have been likely to need Adult Mental Health Services without that support. A further update would be provided.
- The Chair highlighted recent enlightening and informative sub-group sessions looking at progress on the 2017-18 quality priorities for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) and The Rotherham Foundation Trust (TRFT) and a useful workshop on the drug and alcohol service. A visit to Carnson House would be organised for early 2018.

**48. MINUTES OF THE PREVIOUS MEETINGS HELD ON 26TH OCTOBER 2017**

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 26<sup>th</sup> October, 2017. Members noted that:-

Arising from Minute No. 30 - Prescriptions

A response from Rotherham Hospital in relation to the question on prescriptions had been included in the minutes.

Arising from Minute No. 40 – Evaluation of Whole School Project and Minute No. 41 - Response to Scrutiny Review of Child and Adolescent Mental Health Services,  
Further progress monitoring reports would be factored in to the 2018-19 work programme.

Resolved:- That the minutes of the previous meeting, held on 26th October, 2017, be approved as a correct record.

**49. RDASH ROTHERHAM CARE GROUP TRANSFORMATION**

Dianne Graham, Rotherham Care Group Director and Steph Watt, Strategic and Transformation Lead for Integrated Physical and Mental Health Projects (TRFT and RDASH) presented an overview of the transformation work which built on the presentation at the September meeting.

Previously the service had been structured around services for older adults and services for younger adults but now the pathways were less age specific. The prevention, recovery and wellbeing approach linked in with the Council's strategic objectives and was more community focused.

**Rotherham Care Group Objectives**

Integrated and streamlined services for adult mental health and learning disabilities

- Where care wraps round the patient, removing age and structural barriers
- Prevention, recovery and wellbeing approach
- Delivered as close to home as possible
- With clear and timely access
- Which deliver efficiency savings

**Phase 1: Completed**

- Care group formation
- Leadership and management team
- Hospital Liaison Service – for mental health and learning disability, supporting TRFT on services and reducing time spent in A&E
- Dementia Local Enhanced Service (LES) - support for GPs who are supporting people with dementia and facilitating diagnosis in primary care

New place based structures had been implemented for Rotherham, Doncaster and Lincolnshire respectively, which enabled them to focus on their own localities and understand their own communities better and to work within them.

### **Phase 2: Update**

Care co-ordination centre

- Moved to Urgent and Emergency Care Centre
- RDaSH Staff transferred and trained
- Launch January 2018 with phased implementation

Ferns: extended pilot

- Re-hab for medically fit cognitive and neuro patients
- Positive evaluation particularly from patients /carers

12 beds for patients with cognitive decline or dementia who had also been in TRFT for a physical health issue. The joint pilot with TRFT would run until April 2018 and the trust was building the business case to be able to sustain it. Patients benefitted from the extra care and more were returning home on discharge rather than to residential care.

Community Team formation

- Interim: North base: tbc South: Swallownest
- Release Howarth and Badsley Moor Lane – efficiency savings
- Co-locate with physical health and social care

Admin review

- Staff consultation November 2017
- Implementation February 2018 to align to the new structures

Unity: new patient record system

- Development phase nearing completion
- Rotherham go live: April 2017

### **Pathway Framework**

- Prevention, recovery and wellbeing model
- Objective, resolve more, sooner
- Pathway framework:
  - Brief Interventions
  - Complex care
  - Long term conditions

### **Rotherham 'All Age' Clinical Pathways**

Retaining specialism & expert approaches within an integrated model - based on NICE guidance and evidence around the types of intervention.

### **Pathway Development**

- Access: to services planned and unplanned
- Acute: urgent & emergency
- Common MH disorders

- Complex emotional needs
- Early intervention in psychosis
- Group review – collation of local groups in Rotherham
- Trauma pathway - for people experiencing Post Traumatic Stress Disorder or trauma as a result of sexual or emotional abuse
- Woodstock Bower pilot - lithium prescribing pilot for dealing with patients in primary care rather than secondary care and supporting both their physical and mental health.

### **Social Prescribing**

- Increase social activity
- Reduce social isolation and dependence
- Improve confidence and self-esteem
- Support healthy and sustainable discharges from services and create capacity

In partnership with the voluntary and community sector this was working with people with long term mental health conditions who had been in service for a long time and looking at ways to discharge them, supporting them to transition from secondary care to community activities e.g. gym, Pilates, and support into employment through community assets. People reported greater self-confidence and self-esteem and it also contributed to reducing social isolation and loneliness, which was a big issue.

Initial evaluation indicates positive outcomes

- Over 240 users from secondary mental health services
- Over 90 per cent made progress against at least one well-being outcome measures
- 48% increase in measures for all outcome scores
- Circa 50-60% discharge rate for those referred
- Highly commended at the Health Service Journal awards
- VAR submitted a bid to Department of Health Social Prescribing Fund to expand the scheme to reduce reliance on secondary services at the point of referral

### **Well Being Hub**

- Pilot project with Rotherham United Community Sports Trust
- Combined delivery of health and wellbeing activity
- Delivered at the ground
- To be evaluated, potential to expand as a community

Joint groups with Rotherham United such as stress management were followed by a sports activity, promoting mental health and wellbeing. Good results were being achieved with people changing their lives and achieving good health outcomes. Evaluation would take place in 2018.

### **Next Steps**

- Acute and Community Place Plan
  - Integrated Contact Centre
  - Rapid Response

- Locality Roll Out
- Integrated Discharge – work with TRFT, supporting reablement and care home liaison teams
- Care Homes
- Core 24 – responding to people in crisis
- Core Fidelity
- Clinical Review – aligning staff skills to the new pathways

Following the presentations the following questions and issues were raised:

What did you see your role as being in addressing stigma around mental health problems and awareness raising around mental health with front line staff, such as techniques for appropriate communication?

- It was a responsibility and sometimes it was about having those ordinary conversations about mental health. We talked last week about using social media more, which was something that RDaSH needed to capitalise on. The trust had a Twitter account but was not yet on Facebook and social media could be used to get key messages out.
- The project with Rotherham United was a good example, as being delivered at a community facility that service providers went into, this removed the perceived stigma of going to a labelled mental health service.
- Similarly with the Place Plan, RDaSH would go into the community and into GPs to deliver. Hopefully over time this would also help to change the perceptions and dialogue about perceptions of mental health.
- Plus there were positive things happening nationally such the work of the Princes, Government investment in mental health and changes in media coverage.

What about RDaSH's wider role outside public services in awareness raising or developing training in the broader sense?

- The trust worked with Public Health, including delivery of mental health first aid training or supporting delivery for people in communities. There was the work in Wentworth Valley with publicans on how to deal with someone experiencing a mental health crisis. RDaSH did have a key role in training and support, particularly about how you might have a conversation with someone who was struggling emotionally. They also linked in with the Public Health campaign, especially around suicides, drug and alcohol issues etc.

What were the waiting times for treatments and therapies under the brief interventions and were adequate numbers of staff in post?

- For IAPT (Improving Access to Psychological Therapies) the national standard was for treatment to commence within six weeks These were available to everyone in Rotherham via their GP or by self-referral.

- For brief interventions the quicker the better and in urgent care standards were – in an emergency people needed to be seen in four hours for initial assessment and for urgent but not emergency cases within three days.
- For brief interventions and treatment the national standard of 18 weeks was too long. RDaSH were working to reduce their waiting times, for example it was a 12 week standard for assessment for memory problems but they were trying to reduce that to six weeks by March 2018.

Locality roll out – how many areas would RDaSH cover to reach the outlying areas?

- GPs had seven localities but RDaSH were looking at providing services from three bases (north, south and central) ensuring these linked across the seven.

With regards to the pathways framework, was there a safety net for people who might fall through the gaps, such as people with autism?

- Although there were three distinct pathways the intention was to provide the three within each locality, so that people could travel through the pathways, with their locality teams deciding where someone's care might be delivered, but with the teams taking ownership so no-one should fall through.
- In terms of autism specifically, RDaSH were working with their commissioners and the local authority on where they would fit within an autism strategy. People with autism could and did access RDaSH services. What the trust were trying to do was look at how they could influence the commissioning of autism services as this was still not robust enough in Rotherham. An overall autism strategy was being developed.

From the objectives for the Rotherham Care group and the need to deliver efficiency savings, could you explain the scale of those savings and also the balance between delivering the changes and protecting services whilst managing those financial efficiencies?

- For 2017-18 NHS efficiencies were £1.2m plus £500k Local Authority savings as the trust provided integrated adult mental health services. It had been a real challenge to get to a position of being able to take money out of the system at the same time as transforming the system. Some non-recurrent funding from NHS England had helped in mitigation to support the transformation programme, with a view that efficiencies would be made out of the whole system at a certain point, which was part of the NHS Five Year Forward View.
- It had been a struggle and a lot of savings had come out of the staffing structures with a leaner management and leadership team now having a bigger portfolio with fewer managers and clinical leads. RDaSH had also been supported by funding through the Better Care Fund to support change and build capacity whilst transforming, this year and next.

What was in place to measure the more qualitative feedback of the patient experience and to know how the new pathways were working for people, as the metrics were only part of the story?

- Every aspect of transformation had been subject to a Quality Impact Assessment, which looked at the impacts on service users, staff and finances, although some would not be known until the changes were embedded. The trust was trying to obtain service user feedback as they went along. In The Ferns and social prescribing they had received great feedback so they knew some of the changes made across the partnerships were delivering really good outcomes. It was important to capitalise on what was done well and do more of it.
- For staff it was difficult to go through such a large scale transformation and staff may feel less involved, so more work was needed on staff engagement. At present there had been no really negative stories and there had been regular engagement with stakeholders and service users.
- Transformation commenced with a whole system event involving patients, carers and all the providers and commissioners and the objectives seen earlier resulted from that event. The trust worked with patients and carers to test out plans as they evolved. Case studies, formal evaluations and service reviews with both qualitative and quantitative feedback had been used. As RDaSH moved to implementation of the pathways they would evaluate them all.

What was being done to identify disparities in the health of different sub-groups of service users e.g. lower rates of cancer screening amongst people with learning disability and/or autism compared to other groups, and how was this addressed in the pathways?

- This comes back to the Place Plan again and one of the benefits of working across the system and integrating physical health, mental health and social care. For people with learning disability things did tend to present hand in glove, so the more we could have multi-disciplinary teams physically co-located the easier it was to say we have a patient presenting with these needs and the expertise was together in one place.

Where do you see the potential involvement of the Health and Wellbeing Board (HWBB) in the forward progress of this?

- This was critical and the HWBB was sighted on the transformation programme. Through place based governance it was easier to check alignment of RDaSH transformation with the local authority's transformation plans and with what the GPs were thinking. People in communities needed to know that organisations were working together to provide services for them. They were also involved in developing the HWBB action plan, so it all linked in together.
- The refresh of the Health and Wellbeing Strategy had been brought forward so that was the overarching strategy and to align with the refresh of the Health and Social Care Place Plan. The transformational groups, such as the one for mental health and learning disability were working very closely together. The HSC



meeting on 14 December 2017 would be an opportunity to challenge whether the alignment was effective enough.

Did that also include the Autism Strategy and the working group that was developing it? Would it come back to HSC?

- The Autism Strategy was being led by Adult Social Care. At the moment there were overarching high level aims for the refresh of the Health and Wellbeing Strategy and ensuring a clear “home” for learning disability and autism within it this time was important. It was likely that as part of the governance the HWBB would oversee the development and delivery of the Autism Strategy. It was expected that HSC would want to see the Autism Strategy as it developed and to take account of its delivery.

Dianne and Steph were thanked for their presentation.

Resolved:-

That the progress made in phase two of the transformation plan for RDaSH be noted.

## 50. **IMPLEMENTATION OF THE CARERS' STRATEGY - PROGRESS REPORT**

Jo Hinchliffe, Adult Social Care, Liz Bent, Crossroads Care and Jayne Price, Carers Forum presented an update on the Carers' Strategy – *The Story So Far*. Sean Hill from Children's Commissioning and Kevin Hynes, Barnardo's provided additional information regarding work to support young carers.

### **Crossroads Care**

We aim to:

- Relieve stress in the family or for the Carer of the person with the disability
- To prevent a breakdown in care or inappropriate admission into hospital or residential care
- Supplement and complement existing statutory services and work closely with them

Philosophy of Care:

*Crossroads Care Rotherham respects the individuality of Carers and people with care needs and seeks to promote their choice, independence, dignity and safety.*

Originally respite care was provided but activities had expanded to include activity groups, therapies and a befriending service, increasingly working with volunteers to deliver services. Traditional respite was still important but it was also about people coming together and enjoying a life outside caring.

Crossroads Care was regulated by the CQC and were proud to have been rated as outstanding, which they could not have achieved without the support of partners.

### **Carers Forum**

*Supporting & empowering Carers to be heard & achieve better outcomes*

Rotherham Carers' Forum is an independent group which enables informal and family carers (unpaid), to have voice in shaping services in Rotherham.

We aim to work together as a strategic partner with Local Authority, Health Service, Voluntary and Communities organisation, charities and groups as an equal partner, participating and influencing local decision making on services for carers and their families.

Carers Forum meets on the 1st Wednesday of each month between 12 noon - 2.00 pm

The Forum, comprised of unpaid volunteers, had been relaunched to get into the 21<sup>st</sup> century and had a website plus Facebook and Twitter accounts with this virtual presence helping carers who were unable to attend meetings. The group was solvent after accessing external funding. A key focus was promoting carers wellbeing such as encouraging people to have flu vaccinations and through sessions on destressing and mindfulness. It also acted as a two-way conduit for information and a mechanism was in place for raising concerns through an issue log.

### **Caring Together Strategy**

Our aims are:

- That every carer in Rotherham is recognised and supported to maintain their health, wellbeing and personal outcomes.
- To ensure carers are supported to maximise their financial resources.
- That carers in Rotherham are recognised and respected as partners in care.
- That carers can enjoy a life outside caring.
- That young carers in Rotherham are identified, supported, and nurtured to forward plan for their own lives.
- That every young carer in Rotherham is supported to have a positive childhood where they can enjoy life and achieve good outcomes.

Four key priorities for supporting carers (National Carers Strategy DoH 2014)

- Identification and recognition
- Realising and releasing potential
- A life alongside caring
- Supporting carers to stay healthy

### **Rotherham Context**

Profile of carers based on 2011 census data

For 2016 Rotherham had increased by approximately 600 carers since then. 9000 people p.a. in Rotherham become first time carers, so there were many people with multiple roles and the picture fluctuated over time.

### **Strategy Outcomes**

Our ambitions are:

To achieve our aims we need to build stronger collaboration between carers and other partners in Rotherham, and recognise the importance of whole family relationships.

We want to lay the foundations for achieving these partnerships and set the intention for future working arrangements.

We want to do something that makes a difference now ... whilst working in partnership with formal services, working together with people who use services and carers.

- **Outcome One:** Carers in Rotherham are more able to withstand or recover quickly from difficult conditions and feel empowered.
- **Outcome Two:** The caring role is manageable and sustainable.
- **Outcome Three:** Carers in Rotherham have their needs understood and their well-being promoted.
- **Outcome Four:** Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.
- **Outcome Five:** Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time.
- **Outcome Six:** Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers.

### **Putting the strategy into action .....**

Making it Happen – Caring Together Delivery Plan

Qualitative measures

Quantitative measures

### **Headline Statistics**

- Carers resilience are working with approximately 480 carers per year, prior to Carers Resilience Service these carers may have remained hidden

- Carers Resilience Service hosts 23 carers clinics per month across different Rotherham surgeries, last year we met with 365 carers across all disabilities
- Carers Resilience Service works with 37 surgeries across Rotherham promoting the needs of carers to surgery staff and GPs
- From our work with the surgeries we know that all have a Carers Register but these are operational to different degrees of usefulness.
- Number of customers and Number of customers with an open main carer
- Number of customers by age column split by age of carer - In terms of the health and wellbeing of carers this showed cohorts of quite old people whose carer was quite old as well.

The Carers Resilience Service was led by Crossroads Care and had been in place for about two and a half years, making a terrific difference for carers in Rotherham. It picked up carers at the beginning of their caring role, recognising their different needs over time. Due to the funding it was limited to carers of people with dementia but a bid was being developed, working with the Local Authority, to the Social Investment Bond to try and roll out to older carers as well and ideally it should be for all.

Funding bids needed supporting evidence to back them up, meaning there was a need for statistics and data. The VCS would be working with the Single Point of Access to pick up data on carers to support bids.

### **Young Carers Service Delivery**

- 55 young carers and their families supported this quarter
- 169 face to face contacts
- 13 Group sessions
- 14 cases brought to closure
- Young people included 17 Male and 38 Female
- 9 young people came from BME communities, equating to 17% of young people supported

Members were informed that the Young Carers Service delivered by Barnardo's had recently moved from Doncaster to the Rotherham branch. It would become more of a partnership arrangement looking at all the current services delivered in Rotherham and whether they meet need, asking questions around what young carers required and how best to do it. Young carers were all individuals, all with different issues in their lives so services were needed that could respond to individual needs and create independence not dependency on services.

Since September Barnardo's had asked the national Barnardo's audit team to look at how the service operated so that nothing was overlooked. They had also had support for a Theory of Change workshop from the University of Bedfordshire. It had been a good time to take stock of current services, especially improving links to other agencies as before Barnardo's had operated more in a silo. It had been a positive start but they were only eight weeks in.

**Achievements so far ....**

- Carers Week 2017
- Crossroads Care Garden Party
- Grassroots Giving winner
- Carers Rights Day 24 November 2017
- The service continues to raise awareness of the Young Carers' Card in schools. At present this is mainly done through contact and visits with Head of Year contacts within schools.
- Supported by the Voice & Influence Partnership to host an event at the Carlton Park in July 2017 which enables young people to voice their feelings and hopes for the children and young people in Rotherham.
- Young Carers Council continues to be active members of the Different but Equal Board.

**Next steps ...**

- Carers Forum – Sustainability Plan
- Events and Activity Plans
- Consolidation of a carers offer – real and tangible
- Strengthen the Caring Together Delivery Group to increase the distance of travel against the action plan

As the Carers Forum was comprised of people who were carers first and foremost there was a worry about whether it would continue if the present people were no longer involved and it was a struggle to get people involved and do things. An aim would be for it to become self-sustaining and not dependent on a small number, but resourcing back office functions was difficult.

One of the key aims of the strategy was reaching out to hidden carers and although the virtual side was good they would like to undertake more physical outreach going out to where carers are. It would be good to free up some time for people to go out and do events or some outreach work, which helped to raise the profile of carers. The Forum was also an umbrella organisation where other groups such as Headway, Carers for Carers and the Rotherham Parent Carers Forum could come together.

The Strategy steering group was ready for a refresh against the Terms of reference as membership had changed over time with people joining and leaving. Dialogue was taking place with Children and Young People's Services and Barnardo's in order to have the right mix of partners involved and be accountable.

A lot had been included in the delivery plan and it was a case of trying to group the 21 actions into key themes and drilling down what was needed in terms of actions. Some actions would still be red or amber on RAG ratings and it was about converting more of these into green and looking at the reds and exploring reasons why. It was a work in progress and

needed a refresh. Some elements had movement, especially qualitative ones like events, but the quantitative measures needed to be worked on and partners were realistic about the current position.

Questions ensued with the following issues raised by Members:-

How much information did you get back from GPs on carers as in my practice I have never been asked about being a carer, or seen any information?

- All surgeries had a register of carers so it was interesting that you had not been asked. The registers needed to be worked on and kept up to date and by having workers in there every week the message was going out.

Regarding outreach, Maltby Town Council held information days so there would be an opportunity there.

Would it be feasible to set up carers base groups in other areas of the borough for carers who could not travel into Rotherham i.e. locality based smaller groups?

- This would be a good way forward and had been talked about but it came down to resources. It would be great to encourage local satellite groups to collect, share and channel information and make more hidden carers come forward and feel they had a voice. Back filling for carers would be key.

You mentioned supporting 55 young carers – how were young carers identified and what was the role of Early Help?

- Conversations had taken place between the previous manager of the Barnardo's service, children's commissioning and heads of service in Early Years around the strategy and there had been input from the Early Help team. Children's commissioning had spoken with Early Help earlier that week about work taking place to increase the number of Early Help assessments and identification of young carers. One of the main themes for the work that will come out of the review of the current Barnardo's service is the importance of assessment and identifying the needs of young carers. There was a clear plan with Barnardo's going forward as part of a partnership arrangement and within that the voice of young people would be included, as the service was a key element of children's services.
- The Young Carers Council (YCC) had been supported by Barnardo's for many years. Two representatives from Barnardo's had attended the most recent Carers Forum meeting, including one longstanding practitioner, and had first-hand knowledge of representing those young people's views. Regarding detection or recognition of unknown young carers GPs surgeries would be a good place to bolster that to ask for those children to be actively searched for and also questions to schools asking them about identification.

Who represented young carers on the Carers' Forum, did they not represent themselves?

- Not at present as it met during school time, which was an issue and was why they wanted to make sure that in the first instance they had representation from someone who worked very closely with young carers. The issue had been raised by Barnardo's who were passionate about getting the real voice round the table and it was important to have a clear way in and to maximise the expertise of the YCC in the whole process.

The voice of the child was essential to every strategy in Rotherham and if the meetings were at a time when young people could not attend then perhaps the times of the meetings, or some of the meetings, should be changed.

What input had young carers themselves had to this strategy?

- The officers present had not been involved in the development phase of the strategy but were aware of conversations to ensure that their voice was captured. Invites had gone out to Barnardo's and children's services but there had not been any children in attendance at strategy group meetings, which were all day time meetings.

You mentioned working with carers whose caring role is coming to an end, do you offer any support post-caring as there might be carers who might then need care themselves?

- Two years ago lottery funding had been obtained for five years for building carer resilience but it needed to be sustainable. Carers benefited from peer support in activity groups and when caring came to an end if they had not been involved in any activities they often became isolated. Carers had a lot of experience and also often transferable skills and there were opportunities to volunteer to support other carers. Carers also formed friendships and could form their own groups.

Did the work with GPs include ones whose practice was registered outside the borough but with patients who were Rotherham residents on their list?

- The service was funded to work with every GP in Rotherham and if the carer was registered with a Rotherham GP but lived over the border they would still be supported. Services were tied only to the practices in the borough.
- Officers would follow up with Rotherham CCG for clarification on this issue.

The action plan mentioned reducing exclusions for the young carer cohort. How big an issue was this?

- If a student with a Young Carer's Card was late for school due to their caring role this would be taken into consideration and it was recognised that some young carers had very complex lives.

- There were no statistics to hand so this would be followed up with a response.

What is meant by cases coming to closure?

- The number of cases that Barnardo's had worked with where it had been agreed after a period of time with the young person, their family and the referring agency that all signposting and adjustments had been completed. For example liaison with school to make relevant staff aware that the child may occasionally be late and could show their card rather than explaining everything from scratch again.

Regarding governance, what arrangements were there for oversight of the strategy and action plan?

- Governance was key and as mentioned earlier the terms of reference needed to be revisited, including a review of where the strategy group were feeding into. From an adult social care perspective there was the improvement group with a governance structure there to feed into but a clear steer was needed overall given the complexity with the various partners involved. It was agreed that this was something that needed to be worked on.

Was Barnardo's now part of the delivery group?

- Yes they were again now.

Actions 15-21 had no timescales or performance measures, so would these be added otherwise how would it be evidenced what work was taking place?

- This would be part of the refresh and it needed to be more of an accountable document. Actions flagged as ongoing were also a concern as it was unclear if they were part of an action plan to deliver an agreed action plan to deliver a specific piece of work or routine activity.

Partners were thanked for their presentation and contributions.

Resolved:-

(1) That the action plan be updated to become SMART with clear lead officers, performance measures and timescales for all actions.

(2) That a clear focus be given to ensuring the voice of young carers is captured and informs implementation of the strategy, including by linking in with the Young Carers Council.

(3) That further work with GPs be undertaken to ensure they are identifying young carers and including them in their carers register.

(4) That work with schools continues to identify and support young carers.



(5) That a detailed progress report be presented to the HSC in March 2018 on implementation of the delivery plan.

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

The Health Select Commission received a short verbal update from the Scrutiny Officer.

**Hyper acute stroke**

The Joint Committee of Clinical Commissioning Groups (JCCCG) met on 15<sup>th</sup> November 2017 to consider the business case and make a decision on the proposals for hyper acute stroke services. The executive summary of the business case, link to the full business case and powerpoint presentation to the JCCCG meeting had been included in the Members' information pack.

The unanimous decision was to support the proposed option to cease providing hyper acute stroke services at Barnsley and Rotherham hospitals. There would be a phased implementation to ensure patient safety and to ensure that the changes were manageable for the hospitals. Implementation would be closely monitored by the JCCCG and by the JHOSC. The service would be decommissioned in Rotherham from July 2018 and in Barnsley by January 2019 with hyper acute stroke services provided in Sheffield, Doncaster, Chesterfield and Wakefield. The new model required approximately £1.8m investment for tariffs and patient transport and the pathway would include thrombectomy.

**Hospital services review**

The purpose of the review was to explore how services could be delivered to ensure local people had access to safe, high quality care provided by the most appropriate healthcare professionals and in the best place. The key was future proofing and sustainability of services. It was very important to reiterate that the review was not looking at closing any of the current general hospitals in South Yorkshire, Bassetlaw or Chesterfield.

The five services in scope were:

- Urgent and Emergency Care
- Maternity
- Gastroenterology including endoscopy
- Stroke care - early supported discharge and rehabilitation
- Hospital services for children who are particularly ill

Consultation had commenced in the summer and there would be a public event on 6<sup>th</sup> December 2017 at The Source, Meadowhall. There would also be other opportunities for local people to get involved, including an event for Elected Members in January 2018.

**JHOSC**

The next meeting would take place on 11<sup>th</sup> December 2017 and the agenda would include progress on implementing the changes in children's surgery and anaesthesia agreed earlier in the year; an update following the decision on hyper acute stroke care; and an update on the Hospital Services Review.

The agenda would be published on 1<sup>st</sup> December 2017 and HSC members were asked to submit any questions to the Chair by 7<sup>th</sup> December.

**52. HEALTHWATCH ROTHERHAM - ISSUES**

There were no issues to report.

**53. DATE OF NEXT MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 14<sup>th</sup> December, 2017, commencing at 10.00 a.m.

**HEALTH SELECT COMMISSION  
14th December, 2017**

Present:- Councillor Evans (in the Chair); Councillors Andrews, R. Elliott, Jarvis, Marriott, Rushforth, Sansome, Short, Whysall and Williams.

Apologies for absence were received from Councillors Bird and Ellis and Robert Parkin (Rotherham Speakup).

**54. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

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

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

**56. COMMUNICATIONS**

The Chair informed the Commission that The Rotherham Foundation Trust (TRFT) would be holding a stakeholder event on 31<sup>st</sup> January to discuss their quality priorities for 2018-19. Further details would follow.

The Joint Health Overview and Scrutiny Committee meeting scheduled for 11<sup>th</sup> December 2017 had been cancelled due to the inclement weather so there would be no updates until the new year.

**57. REFRESH OF THE HEALTH AND WELLBEING STRATEGY AND THE INTEGRATED HEALTH AND SOCIAL CARE PLAN**

Councillor Roche, Cabinet Member for Adult Social Care and Health and Terri Roche, Director of Public Health delivered a detailed presentation on the Rotherham Health and Wellbeing Strategy 2018-25 and the Integrated Health and Social Care Place Plan (IHSCP). Ian Atkinson and Lydia George from Rotherham Clinical Commissioning Group were also in attendance to provide additional information regarding the IHSCP.

The IHSCP was Rotherham's local plan within the wider South Yorkshire and Bassetlaw (SY&B) Sustainability and Transformation Plan, now known as the Accountable Care Partnership (ACP).

***Rotherham Health and Wellbeing Strategy 2018-25***

**Purpose of session**

- Provide an overview of the current strategy and why a refresh is needed
- To outline key data and intelligence
- Present a framework for the refreshed strategy for scrutiny to consider

- Provide an overview of how the Integrated Health and Social Care Place Plan aligns to the new strategy
- Present a timeline and next steps

### **Health and Wellbeing Board (HWBB)**

- Statutory board since 2011 – sub-committee of the council
- Includes statutory members, plus providers on the Rotherham board
- Duty to prepare Joint Strategic Needs Assessment (JSNA) and local Health and Wellbeing Strategy (HWBS)
- Duty to encourage integrated working between health and social care commissioners
- Provides a high-level assurance role; holding partners to account for delivery

Membership of Health and Wellbeing Boards (HWBB) varied across the country and Rotherham HWBB was deliberately quite large in order to develop the partnerships with all local key providers. The Council had previously been criticised for its lack of partnership with health partners, which had been addressed with excellent relationships now with the Clinical Commissioning Group (CCG) and Rotherham Hospital.

The JSNA summarised key features about Rotherham and informed the local HWBS.

Integrated working was going exceedingly well, with joint posts and joint commissioning developing, for example in midwifery.

The role of the HWBB was now primarily a strategic one, although it did provide high level assurance. The board focused on what was best for Rotherham rather than coming from individual organisational perspectives.

### **Health and Wellbeing Strategy**

- Sets strategic priorities of the HWBB
- Not intended to include everything that all partners do
- Based on intelligence from the JSNA and other local knowledge
- Enables commissioners to plan and commission integrated services
- Service providers, commissioners and local voluntary and community organisations all have an important role to play in identifying and acting upon local priorities

### **Health and Wellbeing Strategy 2015-18 Principles**

- Shared vision and priorities
- Enables planning of more integrated services
- Reduces health inequalities
- Translates intelligence into action - JSNA and information from partners. One example last year was partners sharing concerns about care homes and this area was now working better, for example with a nominated GP attached to each care home.

From when Commissioner Manzie had been in post there had rightly been a strong stress on children, and children would still be a key part, but other elements and health inequalities needed to be worked on and included.

#### **Need for a refresh ...**

- Existing strategy runs until end of 2018 – but number of national and local strategic drivers now influencing the HWBB
- An early refresh ensures the strategy remains fit for purpose, strengthening the board's role in
  - high level assurance
  - holding partners to account
  - influencing commissioning across the health and social care system, as well as wider determinants of health
  - Reducing health inequalities
  - Promoting a greater focus on prevention
- LGA support to the HWBB:
  - Self-assessment July 2016
  - Stepping Up To The Place workshop September 2016
  - Positive feedback given about board's foundation and good partnership working
- The current strategy was published quickly after the board was refreshed (September 2015)
- Now in stronger position to set the right strategic vision and priorities for Rotherham

The refresh would help to move at a faster pace with greater emphasis on prevention and early intervention, which was the key to what the HWBB were trying to do. For example, weight management at Tiers 3 and 4 was high cost but if this was tackled earlier it was both more effective and cheaper and achieved more long-term benefit.

The Place Board was one of the key drivers for the change and as partners in Rotherham worked well together it was decided to bring things together under the HWBB rather than the Place Plan being a separate entity.

#### **Joint Strategic Needs Assessment**

- Ageing population – rising demand for health and social care services
- More people aged 75+ living alone, vulnerable to isolation
- High rates of disability, long term sickness (more mental health conditions) and long term health conditions e.g. dementia
- Need for care rising faster than unpaid carer capacity
- High rates of smoking and alcohol abuse, low physical activity & low breastfeeding
- Rising need for children's social care, esp. related to safeguarding
- Relatively high levels of learning disability
- Growing ethnic diversity, esp. in younger population, with new migrant communities

- Growing inequalities, long term social polarisation
- High levels of poverty including food and fuel poverty, debt & financial exclusion

### **Inequalities in Life Expectancy**

Graphs showing Life Expectancy at Birth and Healthy Life Expectancy for Rotherham and England – males and females.

### **Proposed refreshed strategy**

- Sets strategic vision for the HWBB – not everything all partners do, but what partners can do better together
- Includes 4 strategic ‘aims’ – shared by all HWBB partners
- Each aim includes small set of high-level, shared priorities
- Which the Integrated Health and Social Care Place Plan ‘system’ priorities will align to

### **Strategic aims**

**Aim 1.** All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood

**Aim 2.** All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

**Aim 3.** All Rotherham people live well and live longer

**Aim 4.** All Rotherham people live in healthy, safe and resilient communities

### **Consultation and engagement**

- HWBB received proposal for refresh September 2017 and framework November 2017
- IHSC Place Board received an update September 2017
- New framework shared with HWBB sponsors and theme leads for comments
- Health Select Commission December 2017
- All partners to consider taking through their own governance structures Nov – March 2018
- VAR audience with to take place January 2018
- Consider what other stakeholder engagement may be needed...

The final version of the strategy was due in late February 2018, and would go to Cabinet for endorsement before the final approval from the HWBB on 14th March. It would be a living document but not undergoing a full refresh for three years.

***Integrated Health and Social Care Place Plan***

**Integrated Health and Social Care Place Plan (IHSCP)**

Current Place Plan agreed November 2016

Work taking place to re-align with the refreshed HWBS

**How the Rotherham Health and Wellbeing Strategy and Integrated Health and Social Care Plan will align**

- Structure for overall strategy and delivery
- Structure charts for strategic HWBS aims 1,2 and 3 and the HWBS priorities under each aim and how these then linked to the Place Plan Transformation Groups and their respective priorities to help deliver. Prevention and early intervention were key elements in everything. Aim 1 merged the previous two aims for children in one.
- Structure chart for strategic HWBS aim 4 and the HWBS priorities under each aim and how these link in with other workstreams/strategies as they are not directly aligned with the Place Plan.

The Rotherham Care Record (RCR) shared between partners would be a key step forward in integration. The governance arrangements were key in ensuring integration and communication between partners and working effectively together. As part of the delivery of the IHSCP, which was a true partnership approach, there were three transformational groups chaired by very senior managers to ensure this work happened. It was an integrated approach and integrated effort to deliver effectively together.

**HWBS Aim 1** – All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood

HWB Priority 1 Ensure every child gets the best start in life (preconception to age 3) – includes pre-conception, healthy pre-pregnancy and pregnancy – lifestyle including smoking and alcohol consumption, health, diet and seeing a midwife early (cross reference to Marmot).

HWB Priority 2 Improve health outcomes for children and young people through integrated commissioning and service delivery – linked back to previous HSC work when the under 5s and school nursing services were brought together in the integrated 0-19 service, delivered through effective health visiting and school nursing, bringing in other services as appropriate.

HWB Priority 3 Reduce the number of children who experience neglect – lot done on safeguarding and looked after children and now the focus would be on neglect as this can lead to children and young people becoming looked after, with support offered at an early stage.

HWB Priority 4 All children and young people are ready for the world of work - universal proportionalism and the need to be brave in terms of what level of resource goes to different groups of people. Everyone gets

some resource but some groups might get more to help them to achieve at school and feel confident and enabled to get into good employment. The transformation group, chaired by Ian Thomas, would oversee delivery of the 0-19 contract (but not undertake contract management), ensuring real added value.

Children's acute and community integration – 14-16 year olds having a choice of admission to an adult or children's ward and ensuring that either was able to meet their clinical needs as Rotherham hospital is too small to have an adolescent ward.

HSC already had a good knowledge and overview of implementation of the local CAMHS transformation plan which needed to continue.

Embedding children's voice - reality not tokenism. Linked in with Children and Young People's (C&YP) Partnership Board.

**HWBS Aim 2** – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

HWB Priority 1 Improve mental health and wellbeing of all Rotherham people

HWB Priority 2 Reduce the occurrence of common mental health problems

HWB Priority 3 Improve support for enduring mental health needs including dementia

It was important to note this was mental health not mental illness as good mental health was an enabler and helped to promote good quality of life. Levers included the Better Mental Health for All Strategy and the Suicide Prevention Action Plan and also good work at a local level. Dementia still needed to be included. It involved early identification and treatment of common mental health problems and support for people with enduring conditions. The key was getting more people behind it to commit to delivery.

The Suicide Prevention Action Plan needed to include communities so people were confident to ask questions, knew where to refer people and could talk about mental health in a much more open way. HSC were already familiar with the Rotherham Doncaster and South Humber (RDaSH) transformation plan and changes at Woodlands. It was about a good balance across prevention, early intervention and treatment at the right level.

**HWBS Aim 3** – All Rotherham people live well and live longer

HWB Priority 1 Prevent and reduce early deaths from the key health issues for Rotherham people such as cardiovascular disease, cancer and respiratory disease - reflected lifestyle related issues and the industrial legacy. It included working with primary care to ensure people attended



screening and to catch people earlier, both to prevent ill health and to ensure treatment was more effective.

HWB Priority 2 Promote independence and enable self-management and increase independence of care for all people – social care offer to enable people to remain more independent but being confident about self-care knowing they had access to support/advice when needed.

HWB Priority 3 Improve health outcomes for adults and older people through integrated commissioning and service delivery ensuring the right care at the right time – through working with the CCG there were already seven joint commissioning posts. Partners were looking to commission things more effectively together, so no silos and no residents slipping through the gaps. Levers included Making Every Contact Count (MECC) with all front line staff being confident to have some of these conversations about lifestyles and knowing where to signpost people. The Wellness Service would be a one stop shop for that as well.

Priorities that sit under the transformation group, with prevention and early intervention key to all were:

- Improving the reablement and intermediate care offer so that people had their physio and were back in their own environment
- Integrated locality model roll out – HSC would be scrutinising the evaluation in January - what had worked well, what needed to be done differently and how we could make that happen
- Single point of contact for care needs – hub
- Autism – further deep dives into needs analysis needed
- Transforming Care – not easy but partners were trying to overcome barriers around who pays for what and different targets, including by seeking advice from elsewhere and lobbying central government to reduce some of the restrictions
- Expand Integrated Rapid Response - so people had a timely, quick response when needed
- Integrated Discharge Teams - Home First Home Safe
- Co-ordinated approach to care home support

**HWBS Aim 4** – All Rotherham people live in healthy, safe and resilient communities

HWB Priority 1 Increase opportunities for healthy sustainable employment  
HWB Priority 2 Ensure planning decisions consider the impact on health and wellbeing

HWB Priority 3 Ensure everyone lives in healthy and safe environments – influencing the housing strategy and making sure people are in warm, sustainable and safe homes. Domestic abuse was a priority for the Safer Rotherham Partnership and it was important that front line staff were aware of the signs and how to access support.

HWB Priority 4 Increase opportunities for all people to use green spaces – new Cultural Strategy included sport, leisure and green spaces.

No prevention was possible without working on the environment as a whole, as the wider determinants of health were a key reason behind the inequalities in life expectancy, so aim 4 was important, as was having housing fully on board.

Priority 1 was about getting people into employment but also ensuring that employment was as sustainable and health promoting as it could be. Funding had been obtained through Sheffield City Region for employment support workers working in a holistic way with people facing barriers to work to try and help them into work. They would also be working with people at risk of losing employment through musculo-skeletal or mental health conditions to try and keep them in work. Terri Roche chaired the local implementation board and it was a good opportunity to work with people in a different way. Work can have a massive role in improving people's health but with the changes in benefits it was important to ensure people were getting a reasonable wage and in sustainable employment.

**What next ...**

- Full draft of strategy and IHSC Place Plan to be presented to HWBB 10 January 2018
- Continue to gather comments and feedback from stakeholders up to March 2018
- CCG Governing Body, IHSC Place Board and Cabinet to endorse strategy and IHSC Place Plan February/March 2018
- IHSC Place Board to sign off IHSC Place Plan March 2018
- HWBB to sign off strategy by April 2018

**Questions for scrutiny**

- Are the strategic aims and priorities clear about what they mean?
- Is there anything missing or needs more emphasis?
- Reducing loneliness and isolation is an emerging issue in the JSNA – how do we ensure this is addressed through the strategy?
- How can elected members, partners and residents work together to help deliver the strategy aims within neighbourhoods?

**“Prevention Matters”**

- The Local Government Association (LGA) will be running a workshop looking at how elected members can improve the health of their communities
- Taking place over two half days: 15<sup>th</sup> and 16<sup>th</sup> February 2018 - ideally people would attend both sessions as the first would be the LGA talking about prevention and public health and the second would focus on the local ward profiles.

Discussion ensued on the presentation with the following questions and issues raised:-

Whilst agreeing with the principles, my concern is the achievability of the aims, which are deep and demanding, including concerns around the finance available and the level of achievability. On a rating of one to ten what was the likelihood of achievability?

- There had been financial cutbacks but the key funding for the HWBB priorities was from the CCG not the Local Authority. There were also Better Care Fund and Improved Better Care Fund (IBCF) monies of around £20m. As the SY&B ACP was a pathfinder extra money was also available to drive that forward. The belief was that the aims were deliverable but the pace could alter depending on funding availability. For example, whether locality working would move to seven health villages across the borough all at once or on a staggered basis. Other health partners were eligible to bid for funding that the Council could not, for example for mental health. Undeniably there was a lot to do but it was a good team and a good partnership. 8.5 out of 10.
- Aims should be ambitious and the important point here is that if we were talking about outcomes based accountability it was what were we going to do to turn the curve? The strategy would run until 2025 and some of the issues, such as the difference in life expectancy, would take much longer, even generations, to turn around. On delivery it was finding the key things that could be done that would make the most difference and committing with partners to address those, things that would be amenable to change over time. For example, breastfeeding also included longer term health benefits and we were working with the midwives and the hospital trust to see how breast feeding could be improved and then we would need to work with our communities to see how people could be helped to sustain breastfeeding. We would not be able to achieve absolutely everything but it was important to agree on some key things to take us on that journey. It was a case of whether the committee felt we should have ambitious aims with clear plans underneath of how we would work towards them.
- IBCF money did come to the Council but the key metric was reducing Delayed Transfer of Care (DTOC), and although the main driver was the hospital, if the targets were not met money was taken away. Targets had easily been met this year and confirmed by NHS England.
- Within the system everyone was under financial pressure but the step change that we were witnessing in the borough, with the strength of our HWBB and also our place-based approach, was that increasingly we were seeing "how could we best use the Rotherham pound?", whether the money was flowing down from the local authority or the CCG, in terms of how we deliver our strategy. So we were not pulling away from each other on strategy but aligning that and trying to make the resource follow. That did not provide an answer on deliverability but provided assurance on working increasingly together on both the

commissioning side and the provider side in trying to achieve our plan.

It was really pleasing to see the aspiration and the depth in these aims and it was good to aim high. Aspiration should be built into everything we do in Rotherham and it was a positive sign that the work of the HWBB in putting this together reflects that. HSC would be giving this due consideration and scrutiny and the Chair requested that the committee see the final draft, which would probably be in February.

You mentioned life expectancy in Hellaby ward, would the forthcoming boundary changes skew the health data at ward level as the changes mean losing part of Wickersley which is a more affluent area?

- Yes, the formulae would have to be recalculated again following the boundary changes as data was at ward level. Measuring life expectancy was a statistical calculation and when the populations changed recalculations would be made as soon as possible, as the changes will bring together some very affluent and some very deprived areas. Similarly the gender profile would need to be recalculated.
- Recognising that pockets of real deprivation existed in wards not classed as deprived overall, it was important to try and capture data below ward level.

How do we manage or challenge fast food outlets and schools to ensure greater influence or governance regarding what we want to achieve on obesity?

- Other Local Authorities have implemented planning rules which say no fast food outlets within a certain distance from schools. It was suggested here but challenged successfully on appeal by a fast food company. It had been raised again with Planning and the Strategic Director was looking at other ways to tackle this. Some evidence did suggest there was a limit as to how far people would be prepared to walk to get fast food so if fast food outlets were located beyond that they would be less likely to go. Creating a healthy environment overall to help people make healthier choices was covered in the strategy in aim 4 but it would be a challenge going forward as some of the big fast food outlets had very robust legal support.

Would the Autism Strategy be coming back to HSC?

- It was under development with a working group established that included Healthwatch. It was still early days but there was no reason why it could not come to HSC if the committee wished to see it.

From the previous HWBS, to what degree are we reinventing the wheel and is there a need to look at what we were doing previously and what we are doing now to try and pull them both together to have a strategy that is achievable?

- The draft proposals did take account of the existing strategy and what was still relevant and needed to be taken forward or needed further work, so it was not a case of reinventing the wheel. Many of the aims would have happened anyway, for example we needed to influence the SEND and CAMHS plans and although there were a number of other strategies the intention was to bring them together through an integrated approach with all services working together. The C&YP partnership plan would have existed without the HWBB but now it was part of it this allowed that integrated approach.
- This was a refresh of the strategy so people familiar with the current one would see aims that needed to continue because some of the things we still needed to do and were not going to change. It was hard but needed to be there. It was a refresh building on what we had before and learning from that rather than starting again. The key was consistent effort on some key priorities over a longer period of time

With regard to older people's aspects and reducing loneliness and isolation, what approach would be taken to contacting people who we think this might apply to without causing offence? And how do older people also fit in with green spaces and age friendly Rotherham?

- Loneliness was becoming increasingly important as seen in the Jo Cox report and the impact on health approximated to smoking 15 cigarettes per day. It was felt important to talk to partners first to check what was already happening and Members were recently given a leaflet from Rotherham Older People's Forum about their activities. Befriending services, social prescribing and luncheon clubs were happening but not everyone knew what was available. Information collation would take place followed by a meeting early in 2018 to consider what was in place and the gaps, then what to do. Funding from the IBCF from April onwards would help take this forward.
- Reviewing the evidence showed trigger points such as key life events such as retirement or bereavement could make people more lonely, and more awareness raising was needed about this with people needing to be confident and better at talking about, it in the same way as for mental health. In addition to the mapping work there was also ward work such as that in Wingfield where loneliness had been prioritised. An asset based approach with communities and the powerful impact of word of mouth about activities taking place was important and this was also perhaps a challenge back to Elected Members in their ward role. Loneliness was intergenerational, not only affecting older people, and carers also experienced isolation.
- In terms of age friendly borough, activities within the child friendly borough workstream were complementary for older people and would be revisited. Actions on loneliness, having the conversations and community cohesion would play a part.

- Some places had introduced a badge system saying “you can talk to me”. Befriending was an important step but not a long-term answer, hence the need to change a person’s long-term involvement in things and the community approach.

How did the carers’ strategy dovetail with the HWBS and how did you see the two joining together?

- It was probably not as explicit as it ought to be and consideration was needed about how it was embedded in the assurance process, for example how the HWBB and HSC worked together, but it could be stronger within it.
- Cllr Roche also agreed it could be strengthened but stated that it needed to go back to the HWBB.

Referencing the work done by HSC last year, it would be nice to see more detail around the housing strategy and specialist housing, including what percentage would be specialist housing.

- This came under aim 4 and it was still early days but the HWBB had received a presentation from Housing and discussed how this fitted in, including decent homes and housing design fit for purpose for the life course, such as wheelchair access. The right design helped to save on adaptations later and contributed to the key aims of increasing independence and choice.
- Improving Places Select Commission led on scrutiny of the implementation of the Housing Strategy and any key issues would be fed back to HSC.

Has there been an opportunity yet to consider the impact of universal credit as this keeps cropping up in housing, health and on Improving Lives?

- It was early days but with the pilots prior to roll out officers were trying to calculate the numbers of people potentially affected and how the Council might be able to mitigate for that when it was a national programme coming in.
- Members had been briefed on the key aspects and it was a concern. As were possible changes to funding for housing to support people experiencing domestic abuse which were going through parliament.

Looking at gathering data on reducing loneliness and isolation, how many partners were you looking at? Could parishes be involved as they did a lot of good work and had a number of groups?

- More people who could suggest things so this could grow as a movement was good. After the small sharing event by starting working in communities hopefully more people would become involved in like a ripple effect. We could also work with others such as hairdressers and publicans in the long term so they feel confident about this. Parishes would be a good group to consider.

Loneliness is a big issue for retired people and people who are out of work. Volunteering can be a good opportunity to improve mental health and people in our community have a lot of skills that are often under-used.

- Agreed and we had seen elsewhere and in the past examples of older people going into schools and passing on their skills and experience. Another example being considered from the Netherlands was where university students had a room free of charge in a care home in return for some time spent each week talking with and befriending the residents, so everyone benefitted.

Education and awareness raising with residents on the health and care system.

Councillor Roche and the officers were thanked for their presentation and contributions.

Resolved:-

(1) That the final draft Health and Wellbeing Strategy be circulated to the Commission in February 2018.

(2) That Aim 4 should strengthen and embed becoming an age-friendly borough.

(3) That the links and governance for delivery of the Carers' Strategy be strengthened and made more explicit within the Health and Wellbeing Strategy.

(4) That partners consider working with Parish Councils on tackling loneliness and isolation.

(5) That information on the implementation of the Housing Strategy with regard to specialist housing be reported back to the Commission from Improving Places.

(6) That the Autism Strategy is considered at a future Health Select Commission meeting.

## **58. RCCG COMMISSIONING PLAN 2018-19**

Ian Atkinson, Deputy Chief Officer, Rotherham Clinical Commissioning Group gave a presentation on the review of the CCG's Commissioning Plan for 2018-19. Extensive consultation had been undertaken when the 2015-20 plan had been developed but the CCG had a statutory duty to update its plan.

After earlier discussion of the strategic priorities across the Rotherham health and care system with the HWBS and the IHSCP, this focused on the CCG's plans and how Members would see joined up working on how the CCG planned to prioritise spending the healthcare pound across the borough.

**Presentation Overview**

- 1) Where we are now:
  - Financial position
  - Demographic Challenge.
  - Our Current Priorities, Delivery and Performance
- 2) The plan, and how we put it together
- 3) Review of priority areas
- 4) PPG Feedback

**Finance Allocation**

- 17-18 £399 million
- Savings of £75million over 5 years 2015-20
- 17-18 savings of £15.9million
- 18-19 and beyond awaiting settlement following Autumn statement

There was an efficiency challenge but no cuts in allocation and the CCG expected a small uplift for next year, although final confirmation would be in the new year.

**Where we spend our money**

48% Acute Care – hospital based, planned or urgent  
 12% Prescribing - nearly £30m p.a.  
 10% Primary Care  
 9% Mental Health  
 9% Community – district nursing, physiotherapy and occupational therapy  
 9% Joint commissioning including the LA and CHC  
 2% Corporate  
 1% Central Budgets

The CCG were seeing a reduction in spending on acute care which had previously been around 51% and was in line with the strategy to provide more care in a community based setting. Spending on mental health had increased around national requirements linked to the parity of esteem agenda.

**System efficiency**

Graph showing 2017-18 efficiency schemes

£75m over 5 years, £15m 17-18

2017-18 efficiency schemes were:

- Corporate savings
- Planned care - reducing unnecessary referrals to hospital and improving pathways and guidelines through GP colleagues. Introduction of clinical thresholds. Reducing unnecessary follow up activity where best practice suggests it was not needed.
- Urgent care - wrapping care around the person, reducing urgent admissions and where possible supporting people in the community.
- Mental health
- Medicine management – waste management and repeat prescribing schemes, but challenged by drug costs which were volatile.
- Continuing healthcare



- Hospital payment system – national tariffs were set for each hospital episode with inflation included and then the efficiencies taken out that the hospital had to make.

The efficiencies were on track so the CCG expected to deliver a balanced position.

### **Changing demographics**

- Rotherham is the 52nd most deprived out of 326 districts
- 50,370 Rotherham residents (19.5%) live in the most deprived 10% of England (this has increased)
- Rotherham has 8,640 residents (3.3%) in Ferham, Eastwood, East Herringthorpe and Canklow living in the most deprived 1% of England.

### **2015-20 Priority Areas**

Strategic aims – The CCG strategic aims seek to address all five Health and Wellbeing Board Strategic Aims across all life stages and for all communities, both geographical and communities of interest.

- 1 Primary Care
- 2 Unscheduled Care
- 3 Transforming Community Services
- 4 Ambulance and Patient Transport
- 5 Clinical Referrals
- 6 Medicines Management
- 7 Mental Health
- 8 Learning Disabilities
- 9 Maternity and Children's Services
- 10 Continuing Health and Funded Nursing Care
- 11 Palliative Care
- 12 Specialised Services
- 13 Joint working – local and regional
- 14 Child Sexual Exploitation
- 15 Cancer

Most priorities fed directly into the IHSCP although the CCG also had a wider remit, like other statutory organisations, on other areas that were less closely linked to the place plan such as palliative care, cancer targets, and continuing health and funded nursing care. A delivery plan and key performance indicators sat below and were monitored quarterly.

### **Strategy delivery**

- Planned Care - contained growth in referrals and our system is in the top 10% nationally for 18 week performance.
- Urgent Care - New Urgent and Emergency Care Centre now open and now refining the model and ways of working. Focus on improving performance
- Primary Care - 31 practices now inspected by CQC, 27 rated good four require improvement. Primary Care access data suggests best in South Yorkshire. Update due to HSC in March.

- Mental Health – Talking Therapies (referred to as IAPT) high performing in access, treatment and outcomes, having moved into top quartile. Dementia diagnosis rates highest in Yorkshire & Humber and now it was a focus on onward care and care in the community as Rotherham still had rather a historic model.
- Child and Adolescent Mental Health – CQC rated as good. Improved access times, ongoing journey of improvement with HSC having a good oversight and recommendations progressing.
- Delayed Transfer of Care – System wide success, although it had been a challenge and performance was currently 1.8% (national target below 3.5%). IBCF monies have supported some real transformational work.

### **The plan and how we put it together**

- RCCG has to have an up to date commissioning plan
- Our GP Members, the 31 practices, recommend the plan for approval by our Governing Body
- This year we are aligning the Rotherham Place Plan & Health and Well Being Strategy.
- In the process, we include: CCG member practices & stakeholders, patients and the public
- Our Governing Body and Clinical Executive have already reviewed the existing Plan and have endorsed the continuation of existing priority areas

The review did highlight support for care homes to prevent hospital admissions and a need for better coordination between the various services commissioned that supported care homes.

### **Refreshing our plan**

To date GP Members, Patients groups and the PPG forums have supported the CCG in giving feedback around many of the 15 priority commissioning areas;

In particular we would welcome further views regarding our proposed approach for the following strategic priority areas:

- Urgent care – National drive to integrate, linking 111/Out of Hours and urgent access to Primary Care – Urgent Care Model for centre by 2020.
- Primary care – 7 day Access – big push for 7:7 and evenings. Capital development at Waverley and new GP. Workforce - issues with GPs and a need to utilise the wider skill mix.
- Mental health
  - Talking Therapies
  - Crisis care, known as Core 24, in the urgent care centre and community crisis care.
  - Dementia - community diagnosis by GPs is positive. The follow up is through the memory service provided by RDaSH but it could be

GPs for ongoing care if trained appropriately. Support for carers of people with dementia.

- End of life care – Care in Community. Work with hospice, hospice at home services across the borough and into care homes to keep people in the community setting as far as possible.
- Maternity and children – Better Births national strategy, probably consultation in next year or so across SY&B.
- Care homes – Support to prevent admission

Things had moved on in the last two years with the publication of the Five Year Forward View for Primary Care and the Five Year Forward for mental health plus the system changes at local level. These were the main proposed changes with a detailed consultation document underpinning these that could be circulated so the HSC could go into the 15 priorities in more depth. It covered what the CCG had said it would do, what it had done and what it planned to do.

### **Other sections in the plan**

The following list are areas not covered in the presentation but are very important to the CCG, feedback is welcome:

- Health & Wellbeing Strategy
- Joint Strategic Needs Assessment
- Medicines Management
- Continuing Care & Funded Nursing Care
- End of Life Care
- Ambulance & Patient Transport Services
- Specialised Commissioning
- Public Involvement & Promotion of Choice
- Health Inequalities
- Statutory Responsibilities
- Efficiency
- Finance
- Information Management & Technology
- Communication
- Performance & Assurance
- Risk
- The prevention of Child Sexual Exploitation will remain a priority

### **What does this all mean?**

- Increasing and significant financial challenge for local health and social care economy.
- RCCG will work with partners across the Rotherham Place, to best meet the needs of the Rotherham population.
- Generally, and where this is better for patients, RCCG wants to move services from Secondary (hospital) to Community/Primary Care.
- CCG wants to commission services in Rotherham.
- Where patient quality and outcomes can be improved, we will consider commissioning on a geographical area

**Feedback from stakeholders**

The CCG welcomes all feedback and any comments can be sent via the CCG email address [Rotherhamccg@rotherham.nhs.uk](mailto:Rotherhamccg@rotherham.nhs.uk)

The current 2016/17 Commissioning Plan is available at <http://www.rotherhamccg.nhs.uk/our-plan.htm>

The first draft version of the 2018/19 Commissioning Plan will be circulated to stakeholders for comment mid-January.

CCG transformation capacity is finite so it is important that if new initiatives are prioritised some exiting initiatives are stopped.

The following questions were raised by Members following the presentation:

Could you update us on how we are performing against the 4-hour A&E target even though it is still early days for the new centre? And if we are not meeting the target what were the problems associated with it?

- It had been a challenge to meet the 95% target as under the previous configuration before the new centre opened they had worked for the last two winters out of a decanted ward. Although the new centre opened in July they were still challenged, averaging around 85% year to date but the focus was there to get performance up. They had seen improvements in the last couple of weeks, averaging 90% in line with other hospitals in South Yorkshire and nationally.
- Key challenges were bedding in a new facility and new ways of working with triage and flow through of patients. Flow in and out of the hospital was closely scrutinised. The A&E Delivery Board met monthly and had significant focus and support across the system to improve performance.

Would it be possible to have information on the CQC ratings for the 31 GP practices so that Members could look at the surgeries in their own wards and see how they were doing?

- All the information was in the public domain and a summary for the 31 practices would be provided.

With regard to DTOC, could savings from one area go elsewhere in the system, for example to mental health, or were they ringfenced?

- What they were trying to do was improve the flow of patients through the hospital so that as soon as they were well they would go home to their normal place of residence or to other supported care if required.
- When patients were admitted to hospital there was a tariff for each admission of between £1000 and £2000 and the key was reducing the length of stay when someone was medically fit, prioritising patient health and the quality of care. By that point the payment had already been made within the system so the focus was on the patient flow, both for the quality of care for the patient and for other patients who

needed to come in to the hospital. In terms of driving efficiency there were efficiencies if the length of stay could be reduced but taking out money directly around length of stay would certainly be a challenge.

What was the level of savings from actions taken on medicines management following the conference approximately 18 months ago?

- The three areas involved were medicines waste, practice repeat prescribing and using the most cost appropriate drugs at any one time. The £3m referred to was an aggregate of savings across all three and the breakdown was in the public domain as savings were reported to the governing body.
- All three were considered successful including positive feedback from the public on the first two as many people had unwanted stocks of medicine due to unnecessary automated prescriptions.

Did the primary care budget include claims for compensation?

- The budget was for the core GP contract and any additional enhanced services provided by GPs. To discuss further following the meeting.

Following previous scrutiny work by HSC on improving access to GPs can you tell us if access has improved?

- This had been a focus with extended hours and the three Saturday satellite hubs established in response to local need and the national direction. The CCG's primary care committee was considering how this could be extended to seven days to include Sundays and their work would conclude in the new year.
- As mentioned earlier we are high performing and data could be provided on the availability of slots, although this will be covered in more depth in the March update.

Can you give an update on the new GP for Waverley as with increased houses going up this is creating additional pressure on the existing GP practice?

- This is currently out to tender and the procurement process is due to close shortly. Mobilisation would follow but the precise date would have to be confirmed as it linked in with the new building, but there would be a new practice within the next 12 months.

Ability to provide seven day cover if there were only two GPs in a practice.

- The 2000 responses received for the recent CCG survey was positive in terms of engagement. With the workforce challenges we could not expect all GPs to be 7:7, either locally or nationally. Proposals would be more at scale in the system based around the hub model to ensure seven day population cover. Plans are being developed and will be reported back in March.

With the reduction in nursing home places compared to residential care places, would patients be able to be placed appropriately in residential care homes if these did not have nurses on site?

- This was a challenge within our system and the strategy for both nursing and residential care was about supporting people in the community and in the care setting as far as possible, working with the local authority. Pressures on nursing homes to have beds and available beds was significant. The challenge regarding nursing capacity in the system was acknowledged including for step up/down, to avoid hospital admissions and support hospital discharge.

Would there be a need to keep revisiting capacity for dementia follow up post diagnosis?

- With high diagnosis rates and population projections we would expect to diagnose more people with dementia, so part of the strategy is to work with primary care colleagues to do that, placing it at the heart of community care. The existing resource for dementia follow up is not insignificant but we may need to change how families and carers are supported. We probably would need to invest in post diagnostic support in the community, using GPs and community services to deliver that. For more complex needs central provision would still be needed to try and keep individuals within their community setting and their homes. Dementia is central to mental health and is frequently discussed.

Did the RCGG plan support the aims of Public Health for prevention?

- The Rotherham pound was finite but where the CCG could it would invest in and support on prevention. It was very clear from the Place Board that prevention was at the heart of the place plan.

Could you give an update on the Rotherham Care Record?

- This was a positive development and was a clinical system interface that would enable clinicians to have appropriate access to patient records. For example if a patient came to the Urgent and Emergency Care Centre, with appropriate permissions, clinicians would be able to see some of the activity from primary care or mental health, providing a good understanding of the patient's needs so they could offer the best support.
- The information governance and IT behind developing the record was significant. The right information governance for data sharing was in place, privacy impact assessments had been undertaken and the data sharing agreement developed, which had been endorsed by the Place Board in September. The CCG, RMBC, TRFT and RDaSH were taking the agreement to enter into the RCR through their governance processes by the end of December 2017 with a view to starting to flow data in February.

There had been a significant performance improvement on DTOC in the last few months, how had this been achieved so rapidly?

- We had been at 6% earlier in the year making us an outlier in the Yorkshire and Humber. RMBC commissioned an external review providing an independent view of our system which resulted in all partners signing up to a range of actions and recommendations. The Council also committed a significant part of the IBCF to supporting DTOC, which was positive for the system as it was seen as new money.
- Key things worked on were information sharing, looking at flows of patients and integration of discharge teams from care and health, which were bedding in well. The issue was to sustain this position over winter, which would be a challenge.

Ian was thanked for his presentation.

As the commission had become inquorate during the meeting, Members agreed rather than resolved to:-

(1) Note the six strategic priority areas.

(2) Receive the final draft of the 2018-19 Rotherham Clinical Commissioning Group Commissioning Plan in January 2018.

**59. DATE AND TIME OF NEXT MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 18<sup>th</sup> January, 2018, commencing at 10.00 a.m.

**IMPROVING LIVES SELECT COMMISSION  
31st October, 2017**

Present:- Councillor Cusworth (in the Chair); Councillors Beaumont, Cooksey, Jarvis, Khan, Marles, Marriott, Pitchley, Senior and Julie Turner together with Co-opted Member: Joanna Jones from Children and Young People Voluntary Sector Consortium.

Also in attendance: Councillor Steele (Chair of Overview and Scrutiny Management Board). Jules Hillier, Chief Executive, Pause and Ellen Marks, Director of Practice and Learning, Pause, Ian Thomas, Strategic Director for Children and Young People's Services and Jenny Lingrell, Acting Head of Service, Transformation Lead, Early Help and Family Engagement for Item 90.

Apologies for absence were received from Councillors Brookes, Clark, Fenwick-Green, Hague, Ireland and Watson (Cabinet Member for Children and Young People's Services).

**85.       DECLARATIONS OF INTEREST.**

There were no declarations of interest.

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

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

**87.       COMMUNICATIONS**

**Corporate Parenting Panel (CPP)**

Councillor Cusworth provided Members of the Select Commission with a written summary of the last meeting of the CPP to be circulated by email.

**Health Select Commission**

Cllr Evans extended an invitation to members of the Committee to attend the next meeting of Health Select Commission on November 30<sup>th</sup> at 10.00am for the agenda item on the Carers' Strategy to raise issues relating to young carers. Details would be circulated by email.

**88.       MINUTES OF THE PREVIOUS MEETING HELD ON 12TH SEPTEMBER, 2017**

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 12<sup>th</sup> September, 2017, be approved as a correct record for signature by the Chair subject to the following correction:

Present: Councillors Cusworth.



**89. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That under Section 100(A) of the Local Government Act 1972, the Public be excluded from the meeting for Minute No. 90 on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of schedule 12(A) of such Act indicated, as now amended by the Local Government (Access to information) (Variation) Order 2006.

**90. OUTCOMES FROM THE PAUSE ROTHERHAM SCOPING EXERCISE**

The Chair welcomed Jules Hillier and Ellen Marks from the Pause Project who gave a presentation outlining the work of Pause, its aims and impact. Also in attendance was the Strategic Director for Children and Young People's Services and Acting Head of Service, Transformation Lead, Early Help and Family Engagement, who reported the outcomes of the scoping exercise undertaken in Rotherham.

The presentation referred to evidence about the number of women who have children removed from their care in a repeating pattern of care proceedings. The experience of practitioners in Rotherham indicates that this pattern of recurrent care proceedings was present locally; this has been confirmed by the scoping exercise.

Whilst Children and Young People's Services will intervene to protect the child and seek the best long-term outcomes, there is often little or no cohesive support for the women who are affected following the removal of a child

Pause was a national charity that supports a network of local Pause Practices across the country, working with local authorities and other agencies. Pause is a voluntary programme which works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated pregnancy. As a condition of beginning this voluntary programme, women agree use an effective form of reversible contraception for the 18 month duration of the intervention.

In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care in Rotherham. The scoping report provides robust information upon which to base decisions about how to respond locally to this issue.

Jules Hillier, Chief Executive and Ellen Marks, Director of Practice & Learning outlined the findings of an independent evaluation commissioned by the Department for Education (DfE). The remit of the evaluation was to assess the impact of programme delivery and processes across seven Pause Practices for 125 women. The findings

indicated that Pause generally had a positive and significant impact on the women engaging with the project, with the analysis suggesting that Pause was extremely effective in reducing the numbers of pregnancies during the intervention.

Who are the women who work with Pause?

- As of September 2017 167 women had completed the Pause programme and a further 173 were going through it;
- Between 1 and 13 children removed (average 3.2);
- Age of women: between 21 and 43 (average 31);
- 53% of women were under 20 when they had their first child.

The Pause Practitioners observed the following improvements in women participant's lives:-

- 89% of those who identified skills and employment as a goal have made progress towards this goal;
- 73% of those women with mental health problems have seen an improvement;
- 88% of those with domestic violence issues have seen an improvement in the situation;
- 65% of those who had an issue with substance misuse have seen stabilisation or made reductions;
- 73% of women with housing problems at the start have seen improvements in the stability of their housing situation;
- 60% of those who had issues around contact with their children have seen improvements in the quality of contact;
- 67% of all Pause women were accessing support from the appropriate specialist agencies after 18 months/at point of closure.

As part of its scoping work, it was outlined that Pause works with partners to examine the feasibility of establishing a local practice. This would involve analysing case files and data to identify a cohort and the cost benefit of delivering the intervention. Further support is given to participating authorities to implement the project and develop local pathways for delivery, including recruitment, practice and learning development, data analysis and support to strategic boards.

The Strategic Director for Children and Young People's Services and Acting Head of Service, Transformation Lead, Early Help and Family Engagement drew attention to the outcomes from the scoping exercise.

Using evidence from case files, between 1st April 2014 and 31st March 2017, 130 women in Rotherham had 434 children removed. The average number of children removed per woman is 3.3. In other scoping exercises nationally, the number of children removed per woman ranges from 3.0 to 3.6. These women have many complex and often inter-linking needs. In Rotherham, 60% of the cohort was identified in social care records as having experienced domestic abuse; 45% had issues with drug or alcohol

abuse; 32% had a diagnosable mental health problem and 25% are recorded as having been in care as children themselves. Many women experienced multiple issues. The Rotherham picture was comparable with other Pause projects elsewhere.

The Pause analysis indicates that without intervention, 20 women within this cohort would be likely to give birth to 5 children each year. Over the duration of the programme this equates to 7.5 children. Based on this information and local practice and associated costs, the cost benefit analysis shows a gross saving of £1.09m based on an intervention with twenty women. The cost of delivering a Pause practice for this cohort is estimated to be £450,000. Therefore a conservative estimate of the net cost saving (to Children's Services alone) is £0.64m.

It was noted that the cost benefit analysis does not include costs incurred by the National Health Service, public health, housing, adult social care, South Yorkshire Police or the criminal justice system. There are also wider human costs to be considered. It was reported that the mother is likely to have already experienced significant trauma in her life, and is then further damaged by the removal of a child from her care. Services would seek permanency for child as soon as possible following removal however, some level of disruption is inevitable. Children who do not experience the best start in life may struggle to thrive and achieve positive outcomes.

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

Clarification was sought on what made Pause "radically different" compared with other projects. The project has an intensive approach which works with women to build resilience and self-esteem, and empowers the women to identify their own outcomes. Pause adopts a "whole system approach", working with partners, family members, friends and other professionals. The lives of the women Pause works with are typically characterised by their own experiences of neglect, abuse, sexual exploitation, and other social, emotional, and health related challenges. Pause intervenes at a time when a woman is not pregnant or has no children in her care to prevent these patterns being passed on again. If she has a child or is expectant; the child becomes the focus of the intervention rather than focussing on the specific needs of the woman.

Engagement in Pause is entirely voluntary and the women agree to take part once they have identified that Pause is positive for them. None of the women are compelled by a court order or assessment process to participate. It was outlined that support is developed collaboratively, which will look at choice, teaching life skills, developing and maintaining positive relationships etc.

It was explained that all the women that Pause work with have poor self-esteem, which is often compounded by their previous experience of services, repeat failures and messages they receive about themselves.

This low self-esteem often results in dependency (whether on services/others/substances) and is a barrier to them moving forward and bringing about change to their life and patterns of behaviour.

The local practice leads are recruited from a wide background, including youth and community work, social care, health or criminal justice. Each Pause worker has a caseload of between 6-8 women; this gives the worker the flexibility to work intensively alongside women to address their needs and support them to make positive changes.

Whilst the women often have a poor level of engagement with other agencies (typically defined as “hard-to-reach”), levels of engagement with the programme remains consistently high with a ‘drop-out’ rate of around 7% (out of almost 170 participants).

The Pause team is involved in the scoping and set-up of local projects. Whilst there is fidelity to the model and core principles underpinning Pause, there is flexibility to adapt to local circumstances and priorities. For example, another local authority is exploring the feasibility of targeting women who are care leavers as part of its priority cohort.

Further details were asked about working with different communities and cultures and if there are examples of Pause Practitioners working with a similar demographic to Rotherham. Examples were given of strength-based approaches which had been delivered in Derby.

Most Pause practices are located in Children’s Services, and of those, the majority funded through Children Services (or equivalent). One programme is funded by Public Health, and it appears that this funding is secure because the project has demonstrated value for money and return on its investment. There is a range of funding models in operation; with different degrees of partner contributions or charitable investments depending on local circumstances. The majority of programmes are in the first or second cohorts so it is difficult to make a judgement about longer term sustainability.

Further examination of the cost avoidance was undertaken in respect of its potential impact on reducing budget pressures. It was felt that the outline analysis was robust. Questions were asked regarding the cost benefit to other public agencies. At the time of the scoping exercise, it had not been possible to establish the cost to health agencies, for example in relation to special baby care or drugs or alcohol detoxification.

Further explanation was sought as to how Pause contributed to positive outcomes for women. Reference was made to the presentation and the observed improvements as detailed above. In addition to the reduction in pregnancies and associated care proceedings, it was demonstrated that Pause had had a positive impact on self-esteem and psychological well-being of the majority of participants. There were also positive indications of the Pause cohort seeking skills training or employment and securing

housing. Whilst it clarified that Pause did not offer parenting assessments or provide support for women to get their children back, there were examples of women establishing better relationships with their children and in small number of cases, having children returned who had not been permanently placed or adopted.

Further details were explored regarding participation in Pause being dependent upon the woman's agreement to take a long-acting reversible contraception (LARC) for the duration of the programme. It was explained that if the woman had an ethical or faith based objection to taking a LARC but still wanted to participate in Pause, Pause would work with the woman to explore natural birth control. To date, none of the participants in any of the projects had requested this. It was further explained that as a significant proportion of the cohort had experienced coercive control in their relationships it was unlikely that the abusive partner would co-operate in this approach and therefore, it may not be successful.

Questions were asked to establish what factors would hinder the successful implementation of Pause. It was felt that it a key factor in its implementation was to ensure that there was a strategic multi-agency partnership board in place; that had sufficient influence and "buy-in" to ensure that systems across agencies worked together to support individuals. The scoping exercise had established that there was a commitment to the board from key partners in Rotherham should it proceed.

Enquiries were made on the impact of neglect/abuse on siblings groups. Data showed that sibling groups were often taken into care when the mother was pregnant with later children (on average the mother would have three children). The older child or children may have experienced considerable neglect or harm by the stage that care proceedings were initiated. This meant that the children would have more complex needs and would likely experience much poorer outcomes. Based on the DfE evaluation and programme analysis, women who had engaged in the programme had far fewer subsequent pregnancies; therefore 'disrupting' the pattern of care proceedings.

The scoping exercise identified 130 women who may fit the Pause criteria and suggested a cohort of 20 women to work with. Whilst it was accepted that the intensive programme would benefit those involved, further details were asked about what would be in place to support the 110 women who fell outside this cohort. It was outlined that development in Early Help services including Edge of Care provision would assist in the longer term. It was requested that further consideration be given to this area.

Questions were asked about the accuracy of data within the scoping exercise. It was reported that all data had been taken from case files, some of which were from a number of years ago. Any discrepancy in recording would date from this period and assurance was given that current records were all compliant and up-to-date.

The Chair thanked Ms Hillier and Ms Marks and officers for their presentation and input. In summing up, the Chair outlined that the learning from other programmes had demonstrated that for those women who have accessed Pause, there were positive outcomes for their own health and well-being as well as evidence of a significant reduction in pregnancies. As demonstrated by the scoping exercise, without this intervention, there is likely to be a cumulative increase in costs relating to repeat care proceedings to the local authority and other partner agencies in addition to poorer outcomes for the children taken into care and the birth mother. Whilst the initiative would require resourcing, the cost-benefit analysis indicated that there would be a return on this investment which required further exploration.

**RESOLVED:**

1) That Improving Lives Select Committee recommends to Cabinet and Commissioners that consideration is given to initiating the Pause Project in Rotherham subject to budget requirements being met.

2) That should approval be given:

- That discussions take place to explore partnership contribution given the potential of wider savings to the public purse;
- That partner input is sought on the identification of the priority cohort;
- That proposals be drawn up to detail how women who fit the criteria but are not part of the immediate cohort are supported;
- That this Committee receives regular updates on its progress and impact.

3) That the decision of Cabinet and Commissioners on these recommendations is reported back to this Committee.

**91. DATE AND TIME OF THE NEXT MEETING - TUESDAY, 14TH NOVEMBER, 2017 AT 5.30 P.M.**

**RESOLVED:-**

That a further meeting be held on Tuesday, 14<sup>th</sup> November, 2017, commencing at 5.30 p.m.

**IMPROVING LIVES SELECT COMMISSION  
14th November, 2017**

Present:- Councillor Clark (in the Chair); Councillors Beaumont, Cooksey, Cusworth, Elliot, Fenwick-Green, Ireland, Jarvis, Marles, Marriott and Julie Turner.

Also in attendance: June Lovett, Rotherham Safeguarding Adults Board Member (Assistant Chief Nurse (Vulnerabilities) , The Rotherham NHS Foundation Trust) and Jackie Scantlebury the Safeguarding Adults Board Manager for Item 96. Christine Cassell, Independent Chair of Rotherham Local Safeguarding Board and the Deputy Strategic Director – Safeguarding, Children and Young People’s Services for Item 97.

Apologies for absence were received from Councillors Brookes, Khan, Senior and Short and Councillor Roche (Cabinet Member for Adult Social Care and Health) and Sandie Keene (Independent Chair of Rotherham Safeguarding Adult’s Board) for Item 96 and Councillor Watson (Cabinet Member for Children and Young People’s Services) for Item 97. .

**92. DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

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

**94. COMMUNICATIONS**

There were no communications.

**95. MINUTES OF THE PREVIOUS MEETING HELD ON 31ST OCTOBER, 2017**

The Chair advised that these would be circulated with the next agenda.

**96. ROTHERHAM LOCAL SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2016-2017**

The Chair welcomed June Lovett from the Rotherham Safeguarding Adults Board (RSAB) and the Safeguarding Adults Board Manager.

The Care Act 2014 requires each Safeguarding Adults Board (SAB) to publish an annual report as soon as is feasible after the end of each financial year. The report focusses on:

- What the SAB has done during that year to achieve its objective;
- What the SAB has done during that year to implement its strategy;

- What each member has done during that year to implement the strategy;
- The findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year).

The report introduced both the achievements of Rotherham Safeguarding Adults Board (RSAB) for 2016/17 and comments on some of the key points of inter-agency working arrangements and positive partnership.

Key priorities for 2017-18 include:

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible.
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults.
- Where abuse does occur, enable access to appropriate services and have increased access to justice, while focussing on outcomes of people.
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately.
- The whole community understands that abuse is not acceptable and that it is 'Everybody's business'.

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

Is there confidence that the RSAB is holding partner agencies to account? The peer review and audit processes had provided an opportunity to highlight good practice but also identify areas for improvement across different partner agencies. Further examples were asked about how this could be evidenced; the Safeguarding Adults Board Manager gave details of working with the police about referral processes to make 'safeguarding personal'.

Clarification was sought to establish how the customer voice is captured? There have been two Safeguarding Adults Review (SAR) and both are completed and available on the RSAB's website. There have been regional safeguarding events which have focused on learning. The RSAB is working with Healthwatch to support customers to attend the Board should there be issues they wish to raise. The Independent Chair and Safeguarding Adults Board Manager were also willing to attend groups to discuss safeguarding as appropriate. Further work has been undertaken to develop a performance 'dashboard'. The service had also chosen a number of cases at random which had been considered by the RSAB, and had spoken to the customer or families about the processes. It was clear that further improvements should be made to communications to raise awareness of reporting routes.



A further explanation of the term 'zero tolerance' was requested and how this was applied to safeguarding issues. The term is commonly used and signals the agency's commitment to prevention and taking action should safeguarding issues be raised.

What were outcomes from the two SARs and how has the learning been fed into practice? The action plans arising from the reviews are monitored by the Performance Sub-Group

Clarification was sought on partner engagement and attendance at meetings? It was outlined that some partners have a regional or sub-regional spread and therefore did not have the capacity to attend each local SAB. However, each receive papers and action points and are involved in relevant sub-groups. The Independent Chair has approached voluntary sector partners to explore non-attendance and how this can be improved. Details were also given of information sharing through the voluntary sector newsletter.

What has been the learning from the dementia care initiatives? There are lead nurses for dementia care and learning disabilities; systems are improved to ensure that patients with conditions are flagged to ensure that their needs are met and the ward environment is appropriate. Further details were given on dementia screening and the dementia care pathways.

Further questions were asked of the case-study in the respect of financial abuse and if any work was undertaken with the perpetrator to ensure that other people are not at risk of financial exploitation. It was acknowledged that this was an area of work requiring further exploration. It was suggested that the Commission factors this into its work programme to establish how the respective safeguarding boards work with the Safer Rotherham Partnership to prevent repeat victimisation by perpetrators.

Following last year's consideration of the RSAB annual report, concerns were raised about the quality and timeliness of performance information presented to the Board. The Board Member assured the Committee that the issues raised were being addressed and each partner agency was fulfilling their obligations in this area.

Further details were asked about impact of the training package delivered by the Independent Domestic Abuse Advocates? No details were available but the Chair committed to pursue this as part of the Commission's work programme.

How is information and support shared with communities who did not have English as a first language? In the first instance, awareness raising through posters and leaflets had been produced in English, however it was recognised that this would be an area of development.

Clarification was sought on the Deprivation of Liberty Safeguards (DOLS) and the effects of the change in legislation. There has been a quality assurance review which identified areas of improvements and changes in processes. However there are challenges because of the rise in number of applications and the capacity of staff to undertake the assessment. There is a specific sub-group to oversee how agencies respond to DOLS.

In respect of the domestic abuse case study, clarification was sought to establish if the level of support was typical in cases which did not involve children? The Safeguarding Adults Board Manager was unable to comment on whether this was a 'typical' case as each case would be unique.

How does the delays in re-assessment in care packages may have impacted on adult safeguarding? One of the learning reviews would examine backlogs in assessment and where improvements can be made to processes.

Clarification was sought on whether there was any collation and analysis of data in respect of repeat Section 42 referrals. This is on the Performance and Quality work plan and resources have been allocated to examine data in greater depth.

How is increased mortality for people with learning disabilities monitored locally? Working closely with the CCG and NHS England, deaths of learning disabled people are reported and processes are embedding.

The Chair thanked Ms Lovett and Safeguarding Board Manager for their attendance and contribution to the meeting.

Resolved:

- 1) That the Improving Lives Select Commission receive the RSAB Annual Report 2016-17;
- 2) That in the presentation of the RSAB Annual Report 2017-18:
  - details are provided to evidence how the customer voice is heard;
  - data is provided in respect of repeat Section 42 referrals and how this is being addressed;
- 3) That a meeting of the Improving Lives Select Commission is scheduled as part of its 2018-19 work programme to establish how the respective safeguarding boards work with the Safer Rotherham Partnership to prevent repeat victimisation by perpetrators.

**97. ROTHERHAM LOCAL SAFEGUARDING CHILDREN BOARD - ANNUAL REPORT 2016-17**

The Chair welcomed Christine Cassell, the Independent Chair of Rotherham Local Safeguarding Children Board, to present the Board's annual report for the year 2016-17.

The context for this report is one of increasing demand for family support and child protection services both locally and nationally whilst all public sector budgets are reducing. The role of local safeguarding children boards in this context is particularly important in requiring assurance that local services are appropriately targeted and resourced to ensure that children are protected.

The Independent Chair outlined that drawing on single and multi-agency audits and reviews and from inspection monitoring, that the safeguarding system in Rotherham, with the local authority as the lead agency, is becoming more compliant with statutory requirements and is beginning to improve in the quality of the assessment, decision making and planning for children at risk. Rotherham Safeguarding Children Board will continue to monitor the improvements in the quality of safeguarding practice and will focus in particular on the quality and compliance of multi-agency meetings which are held when a child is considered to be at risk of harm.

During the course of the year the Children and Social Work Act gained Royal Assent which has considerable implications for the role of the Board. The Act abolishes the requirement for a Local Safeguarding Children Board (LSCB) but does not abolish the requirement for partners to work together. Responsibility for co-ordinating safeguarding activity is now jointly shared between the local authority, the Chief Police Officer and the local Clinical Commissioning Group.

The report detailed the Board's activity in relation to the priority areas outlining areas of improvement and concern. This activity focussed on monitoring and improving responses to child sexual exploitation, neglect, early help and the safeguarding of children who are looked after by the local authority. The LSCB has sought evidence that agencies are individually and collectively listening to children and young people and taking account of their views both in plans for individual children and in wider strategic planning of services.

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

Clarification was sought on a series of issues raised in the 2016-17 Voice of the Child Lifestyle Survey in relation to bullying, alcohol use and sexual activity. The Independent Chair had met with the Youth Cabinet who had identified that bullying remained a concern. The expectation was that schools would take the lead in this work. There were ongoing discussions with the Youth Cabinet to ensure that the work of the Board reflected the voice of young people. Alcohol use had not been identified as a priority

issue by the LSCB but the Deputy Strategic Director gave assurance about action taken by school nurses and Public Health to raise awareness. It was outlined that the survey was self-reported, therefore services were triangulating evidence from case-files and partners (e.g. referrals to Accident and Emergency Departments or reports of anti-social behaviour relating to alcohol misuse) to establish if this required further action. Similarly, in respect of unprotected sexual activity, further investigation of data had identified that there had not been a rise in teenage pregnancies although there were concerns about a rise in numbers of care leavers who were becoming parents. Action was being taken with this cohort to understand the reasons behind this and how it can be addressed.

The Chair reminded the Committee that the most recent Voice of the Child would be considered in the new year.

Clarification was sought about action taken by South Yorkshire Police (SYP) to address the issues raised in the PEEL review about the low-numbers of staff who had not received specialist child abuse investigator training. The Independent Chair outlined that SYP had been recently inspected and expected an update on the issues once the results are published.

A question was raised in respect of the low proportion of early help assessments undertaken within timescales. The Deputy Strategic Director explained that the target had been set locally and was not a statutory target. Whilst there had been a slight improvement, this target was proving difficult to meet consistently and work was underway to establish the reasons behind this. Although timeliness of assessment is a concern, the Deputy Strategic Director stressed the importance of the quality of the assessment and building relationships with clients which may not always be possible within the timescales. The LSCB has monitored quality and how the voice of the child is reflected in this work.

An update was requested in respect of the Section 47 investigations and the concerns raised in the Ofsted Monitoring Visit of February 2017. The Independent Chair outlined that the LSCB continues to monitor this critical area. The Deputy Strategic Director detailed actions taken to improve practice including the adoption of signs of safety methodology. A recent audit had established that 97% of Section 47 investigations had identified that children were at risk of or experiencing harm confirming that the investigations were appropriate. The Independent Chair also outlined the role of partner agencies in reaching good decisions based on the presenting issues.

The views of the Independent Chair were sought on the rising number of Looked After Children and the Authority's sufficiency strategy. The Independent Chair was satisfied that the right decisions were being taken in respect of children being in care. The Deputy Strategic Director outlined that the majority of children were in care because the Courts had directed

that this was appropriate and therefore thresholds were being met. Increasing numbers of children were being placed in extended families and work is underway to return more children home safely, with parental support in place. Other initiatives such as Edge of Care and Family Group Conferencing were having an impact on reducing numbers of children taken into care and this would be monitored further. The national shortage of quality placements was also reflected in Rotherham, however, examples were given of steps taken to minimise disruption in placements and assurance given in respect of the increasing numbers of permanent arrangements in place.

Clarification was sought on actions taken by SYP in relation to inspection feedback which highlighted that its response to victims of domestic abuse was inconsistent. The Independent Chair outlined that the LSCB had looked at multi-agency responses to domestic abuse where there was a child affected. It had conducted an audit over the summer which had highlighted good practice and areas of improvement. The LSCB was also undertaking a longitudinal study of responses. The Independent Chair expected the findings of the recent inspection of SYP and any actions arising to be fed into the Board in due course.

Questions were asked about what further actions had been put in place to address the additional vulnerabilities of disabled children. A further report would be submitted to the Performance and Quality Assurance sub-group. The Deputy Strategic Director outlined that there was a specialist team in place to work with disabled children to ensure that any additional needs would be addressed.

Further details were sought in respect of the work undertaken by the CSE and Missing Group to disseminate information to different communities about the risks of CSE and if this work was having an impact. Positive examples were given about engagement and different approaches which were being adapted to the needs of individual communities. The Chair requested that a further update be brought back to this committee in six months' time.

Views were sought on the potential impact of the unsuccessful bid for funding on post-abuse support for survivors of CSE. The Independent Chair drew the distinction between support for victims and survivors who are children which are the responsibility of LSCB and the focus of the bid to support adult survivors who are not. The wider response is of concern and from the LSCB's perspective, whilst it does not directly relate to its work, the failure to secure this funding will have a negative impact.

The Deputy Strategic Director was asked to clarify adoption figures and if the lower numbers were due to lack of prospective adopters. The variance was due to case law interpretation however, the importance of finding adoptive families for older children and sibling groups was reiterated.

The Independent Chair was asked for her observations on areas of improvements and any areas that caused her concern. The major improvement has been the move from compliance to improving practice. There is positive partner commitment to safeguarding and a shift in staff confidence and enthusiasm. The Independent Chair gave assurance, as demonstrated through the report, that the LSCB will continue to challenge at a strategic level about the level of resourcing, support to staff and if services are being commissioned appropriately in addition to challenging services through case audits.

The Chair thanked the Independent Chair for her attendance and comprehensive report.

Resolved:

- 1) That the Improving Lives Select Commission receive the LSCB Annual Report 2016-17;
- 2) That a further update be provided on the impact of the work of the CSE and Missing Sub-Group in six months' time.

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

Resolved:-

That a further meeting be held on 12<sup>th</sup> December, 2017 at 2.00 p.m.

**IMPROVING LIVES SELECT COMMISSION  
12th December, 2017**

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

Apologies for absence were received from Councillors Brookes, Hague, Ireland, Marles, Senior and J. Turner; and also from Commissioner P. Bradwell, Councillor Watson (Cabinet Member for Children and Young People's Services) and Mrs. S. Wynne (Rotherham Rise).

**99. DECLARATIONS OF INTEREST**

Councillor Jarvis declared a personal interest in Minute No. 103 (**DOMESTIC ABUSE UPDATE**) as she is an unpaid trustee for Rotherham Rise.

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

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

**101. COMMUNICATIONS**

**Visits to Barnardo's ReachOut and the Multi-Agency Safeguarding Hub (MASH)**

The Senior Adviser (Scrutiny and Member Development) reported that a visit to the ReachOut Project would take place on Tuesday 9<sup>th</sup> January 2.00-4.00pm.

Members had been contacted by email to seek expressions of interest for the visit to the MASH which would take place in February. Confirmation of details would be communicated in due course.

**102. MINUTES OF THE PREVIOUS MEETING HELD ON 31ST OCTOBER AND 14TH NOVEMBER, 2017**

Resolved:- That the minutes of the previous meetings of the Improving Lives Select Commission, held on 31<sup>st</sup> October, 2017 and 14<sup>th</sup> November 2017, be approved as a correct record for signature by the Chair.

**103. DOMESTIC ABUSE UPDATE**

Cllr Hoddinott, Cabinet Member for Waste, Roads and Community Safety introduced this item, with Detective Chief Inspector (DCI) Lee Berry, South Yorkshire Police. Sue Wynne (Rotherham Rise) was to provide further details of how the voice of the victim was being reflected in the strategy and its implementation, but unfortunately could not attend due to illness.

Cllr Hoddinott outlined to the Committee that tackling domestic abuse remained a key priority for the Council and its partners, through the Safer Rotherham Partnership (SRP).

This report followed a previous report made to Improving Lives Select Committee (ILSC) on the 25th July 2017. Since the Commission last considered this issue, work had commenced on the development of a Domestic Abuse Strategy which had been approved by the Safer Rotherham Partnership. The strategy was underpinned by a delivery plan, supported by an active Domestic Abuse Priority Group. Cllr Hoddinott reported that in developing the strategy they had undertaken in-depth work to identify gaps and areas of weakness; this included the Local Safeguarding Children's Board conducting a number of audits into cases of domestic abuse where children have been present and actions arising from a Domestic Homicide Review. Immediate action had been taken to address waiting times for services at Rotherham Rise.

Cllr Hoddinott summarised the gaps and areas of weakness as follows:

- Responsibility for tackling abuse does not sit with one agency with the police, local authority, health and voluntary sector partners having different roles. Whilst there were pockets of good practice (with Rotherham Rise and Council's Housing Services cited) this was not sufficiently co-ordinated. It had been the priority of the Community Safety Manager to bring this work together with the Domestic Abuse Priority Group (DAPG).
- Use of risk assessments was inconsistent amongst partners. Whilst high risks cases were handled well, this was not always the case for those identified as a lower or medium risk or in cases requiring escalation/de-escalation. The Community Safety Manager was developing a Domestic Abuse Charter to establish expectations about information sharing and service standards.
- There was a lack of clarity about which services/support are available and the pathways for the receipt of services should they be required. Mapping work had commenced to address this.

Cllr Hoddinott and DCI Lee Berry gave further details of progress in relation to the following areas:

- Voice of the Victim; previous feedback from this Committee had identified that the "voice of victim" was not routinely captured in the strategy. Led by the voluntary sector, work has commenced to ensure that the views of people using domestic abuse services were fed into the strategy and SYP have committed that police officers will also meet victims and survivors to inform improvements.
- Peer Review; Bradford City Council had been engaged to undertake the peer review of the strategy and direction of travel. This would take place in January 2018 and the Committee was requested to participate in the peer review.



- Perpetrator Programme; the programme had been commissioned jointly with Sheffield and Doncaster Councils and funding identified for a two year programme, commencing in March 2018. Learning from recent work had identified that it was often difficult to distinguish between the perpetrators and victims, as roles may not be clearly defined within abusive relationships. SYP had introduced a new vulnerability strategy to ensure that the right response was given to the victim (making every contact count) and alongside this a complete victim care package had been introduced. In addition, a police officer has been located in Rotherham Rise to address offending behaviour of perpetrators at an early stage.
- Women’s Empowerment/Education; it was recognised that this area was least developed and the Committee’s input was requested.
- PEEL Review; direct face-to-face training has been undertaken by police officers and rolled out across the force and further work has been undertaken on civil orders to safeguard victims and families. An outline of satisfaction levels were given to the Committee and further details provided of the work undertaken to improve these. SYP were aware of the number of domestic abuse incidents which were outstanding and levels of vulnerabilities. An awareness campaign, ‘Cut the Strings’, was being rolled out to increase reporting.
- Peak Period Action; additional funding had been provided by the local authority to identify repeat victims and high-risk perpetrators to ensure that there was a timely response. This service is provided by Rotherham Rise and SYP. This would be rolled out in the run-up to Christmas.

Cllr Hoddinott concluded that the report, strategy and delivery plan demonstrated the progress made and positive direction of travel.

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

How would the “voice of the victim” be reflected in the strategy? – It was outlined that the strategy would be adapted to reflect the feedback from victims and survivors and the outcomes from the peer review.

The delivery plan referred to ensuring appropriate access for all communities and individuals including to “those less able”. Clarification was sought on if it was understood who were “less able” in order to ensure that services were targeted appropriately. - This had been identified as an area for further development to understand who was accessing services and any gaps in provision and risks.

In relation to the perpetrator programme, what were the measures to ensure that value for money was achieved? The tender would be shared with members.

Further details were sought on how agencies would make every contact count and avoid 'missed opportunities' to work together to identify victims and risks. – It has been identified that not all frontline workers may recognise domestic abuse when they have contact with the public or know how to refer issues on. The DAPG has a key role in ensuring that each partner agency has identified gaps and ensure that staff were trained appropriately and issues assessed consistently. Work was underway to develop pathways to ensure that victim's details were provided once and information shared with relevant agencies, including with schools where children were involved.

How confident were SYP and the Cabinet Member about the level of referrals from dentists and if training they had received was effective? – This would be referred to the DAPG for further exploration.

How did the redesigned pathway relate to the 'one front door'? – These issues were linked; there was a previous lack of clarity about how referrals were made and what services can be accessed. The work to develop the pathways would address this gap.

Clarification was sought on the work in schools and uptake of training. – It was recognised that this was an area for development. The compulsory delivery of Personal, Social and Health Education was welcomed. It was suggested that further questions could be asked about positive relationships in the annual "Voice of the Child lifestyle survey".

In relation to the perpetrator programme, a further explanation was sought about the pre-conviction intervention and if work be undertaken with other agencies to identify potential perpetrators? – If a related domestic incident has been reported (but no crime committed) and the individual has indicated that they wish to change behaviour, a referral would be made to the perpetrator programme. Work was also underway to reduce re-offending behaviour. This intervention was intended to stop incidents escalating at the earliest possible point. Referrals were received from other agencies.

The Chair requested that the Deputy Director for Safeguarding, CYPS liaises with the Community Safety Manager to identify the relevant accountable officers in relation to the delivery plan actions focusing on Early Help and Education.

In concluding, the Chair thanked Cllr Hoddinott and DCI Berry for their attendance and for the progress made.

Resolved:-

- 1) That the Committee contribute to the Peer Review, if required by the Assessment Team.

- 2) That an update is provided to this Committee in 6 months to include information about how the voice of the victim is captured in the strategy and its implementation.

#### **104. VIRTUAL SCHOOL HEADTEACHER REPORT 2017**

The Interim Virtual Head Teacher introduced the Annual Virtual School Head teacher Report 2017. The report outlined:

- the purpose and role of the Virtual School;
- places the school in its national and regional context;
- the current school age population;
- the key achievements of the last school year;
- progress since the last inspection;
- the main challenges for the future;
- the Attachment Friendly Schools' Project; and
- the use of Pupil Premium Plus.

It was stated that in September 2017 there were 337 looked after children, attending 194 different schools in 32 different local authority areas. A member of the Virtual School team would attend the each of the termly Personal Education Planning meetings which gave good oversight of the issues and progress of each child or young person.

It was explained that there is a major educational gap in the educational outcomes of children and young people in care and their peers who are not looked after. Intelligent interpretations of the outcomes of children and young people in care needed to take into account the numerous risk and protective factors which impact on educational attainment and progress.

These risks included:

- The high level of turnover of the virtual school population as a result of admissions and discharges;
- The disproportionate number of children & young people with special educational needs;
- The significant number of young people attending non-mainstream educational settings;
- The type and number of care placements;
- Recency of care; and
- Emotional wellbeing.

The analysis of GCSE outcomes for Rotherham LAC in 2017 showed that the biggest risk factor, in terms of progress, was type of care placement and recency to care. Of those who made less than expected progress between Key Stage 2 and Key Stage 4, 5 out of 10 had been in care for less than 3 years and only 4 out of 10 were in foster care placements.

The greatest single challenge for the Virtual School, the schools that LAC attend, their carers, their social workers and other professionals is how to re-engage approximately 25 young people (at any one time), predominantly in Years 10 and 11 who are not in receipt of 25 hours education, and those who are not in education, employment or training (NEET) post-16. Related and interconnected challenges were reducing fixed term exclusions and reducing persistent absence.

Work to address these challenges included:

- Developing a Creative Mentoring scheme;
- Exploring a wider range of alternative and complementary provision;
- The Attachment Friendly Schools' Project;
- The promotion of Emotion Coaching;
- Developing the use of the Solution Focused Staff meetings in schools.

Another significant issue faced by the Virtual School and its partners was the increased numbers of children and young people in care. Between March 2016 and March 2017 the number of LAC increased from 430 to 484 and the rate/10,000 of the under 18 population had increased from 68/10,000 to 76/10,000. This was higher than the regional trend and presented significant challenges in terms of the resources and their deployment in the Virtual School Team.

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

Further details were asked to establish if schools were using 'informal' exclusions to manage behaviour? – The Virtual School Team was undertaking work to ensure that fixed term exclusions adhered to the legal process.

Further clarification was sought about the use of Pupil Premium Plus and how this is accounted for. - The Virtual Head could determine how resources were used to achieve the best educational outcomes in accordance with the child's PEP. Examples were provided about input from educational psychologist and the engagement of creative mentors to work with young people. In addition, the Virtual School Governing Body maintained oversight of spend in schools to ensure that resources are used effectively to maximise outcomes for children and young people.

In respect of ensuring that a looked-after child attended a good or outstanding school, what consideration was given if a child had strong attachment to a school which was judged poor or requiring improvement? - It was explained that in such circumstances it would be established if the placement was in the best interest of the child. If the placement was to continue in a school not rated good or outstanding, attention would be

given to how any educational disadvantage could be 'compensated', for example by the use of extra-curricular support or activities.

(Cllr Cusworth assumed the Chair temporarily)

It was noted that there was a higher proportion of looked after children with Education, Health and Care Plans (EHCP) compared to the wider non-looked after population and many of those were in a non-mainstream educational setting. Are mainstream placements sought for looked after children with EHCPs? - It had been established through research that educational outcomes were better for looked after children who attended mainstream schools. Every effort was made to maintain mainstream placements wherever possible, which included the introduction of specialist training to schools to understand trauma and attachment so they could better support looked after children. Each child's PEP was reviewed termly and the most appropriate educational placement would be determined on this basis.

Clarification was sought on what changes had been made since the last Ofsted judgement in 2014? Assurance was given that the standard of work was much higher and the systems and processes underpinning the Virtual School team were robust.

Details were asked to establish the level of take-up of the attachment training in schools across maintained and multi-academy trust schools. – Take-up had been high and has been successfully implemented, with the support of headteachers and senior leaders. A more detailed analysis of take-up would be provided.

What work was undertaken with the designated governors for looked after children? – There was not a designated governors' network (although there were networks for designated teachers). There is a training session for school governors in February 2018 where this issue could be raised. It was suggested that the issue is referred to the Virtual School Governing Body for consideration.

Given the rise in number of looked after children, how confident was the Virtual Head in the capacity to support looked after children? – The rise in number had placed a pressure on resources, although this was mitigated to an extent through the use of the Pupil Premium Plus. However, recent changes to legislation brought post-adoption children and children who have special guardianship or residence orders under the remit of the Virtual School. It was suggested that a further update be provided to the Committee on the implications of the Children and Social Work Act 2017 once statutory guidance is issued. Further work was underway to examine how additional numbers could be managed on a risk-based approach.

Resolved:-

- 1) That the Committee accepts the report and endorses the key actions outlined in Section 3.
- 2) That the role of the Designated Looked After School Governor is raised with Virtual School Governing Body and its response is reported to this Committee
- 3) That a further update is provided to this Committee on the implications of the Children and Social Work Act 2017 once statutory guidance is issued.
- 4) That information is provided on the take-up of training by maintained schools and schools in multi-academy trusts.

(Councillor Clark resumed the Chair)

**105. REGIONAL ADOPTION AGENCY**

The Deputy Strategic for Safeguarding, Children and Young People's Service gave a verbal update on developments in respect of the Regional Adoption Agency.

At the meeting of Cabinet and Commissioners of 14 November 2016, approval was given for Rotherham Council to explore the potential to establish a South Yorkshire Regional Adoption Agency (RAA). It was reported that the Government saw Regionalising Adoption as a key strategy to meet its aims of adoption reform.

Since approval was given, negotiations had taken place between Rotherham, Barnsley, Sheffield and Doncaster Local Authorities (LAs); and the Doncaster Children's Service Trust (DCST) to form part of a wider regional approach. It was reported to the Committee that because of legal and pension complexities, progress has been slow and therefore further details of the business case could not be provided at present.

A model has been in development and RMBC officers have negotiated a position underpinned by the following principles; that value for money was secured; outcomes for children and young people were improved and staff terms and conditions were maintained. However, because of concerns about the financial implications and the risks attached to the business case, further discussions were required. It was stated that these discussions were to conclude by the end of the 2017/18 financial year and a further report would be provided in due course.

Resolved: That the update is noted.

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

Resolved: That the next scheduled meeting be held on Tuesday, 23<sup>rd</sup> January, 2018 at 5.30 p.m.

**IMPROVING PLACES SELECT COMMISSION**  
**15th November, 2017**

Present:- Councillor Mallinder (in the Chair); Councillors Albiston, Buckley, B. Cutts, Elliot, Jepson, Jones, McNeely, Reeder, Sheppard, Walsh and Wyatt.

An apology for absence was received from Councillor Taylor.

**84.            DECLARATIONS OF INTEREST**

Councillors Allen and Sheppard both declared an interest in the report on Neighbourhood Working (Minute No. 88 due to their participation in the Neighbourhood Working Group.

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

There are no questions from members of the public and the press.

**86.            COMMUNICATIONS**

The Chair had been to Coventry on some training and a report will follow.

Quarterly meetings have been held with Councillor Beck – Cabinet Member for Housing and Councillor Denise Lelliott, Cabinet Member for Jobs and the Local Economy along with Councillor Hoddinott in relation to collection of waste.

The Chair has been looking at a strategy plan for housing and that will come back once it is formulated.

Housing Information Day – 17<sup>th</sup> January. If Members have any questions or topics they would like including in the event, please send them to Christine Bradley, Scrutiny Officer.

**District Heating.** A brief update was provided by Councillor Sheppard a conclusion has been reached on this issue and resulted in the tenants receiving the lowest district heating. A proper consultation was undertaken and there's a much more positive relationship between tenants and the Council. An exercise is underway to test fuel efficiency in homes; the results will be shared with all tenants.

The Chair thanked Councillor Allen for her involvement in the Neighbourhood Working Group.

**87. MINUTES OF THE PREVIOUS MEETING HELD ON 20TH SEPTEMBER, 2017**

Councillor Walsh referred to page 9 “zero cost to the rate payers” and asked if this could be changed to “zero cost to the public purse”.

Page 7 Item 2 – in relation to the report on Emergency Planning and the report begin forwarded to the Overview and Scrutiny Management Board. Councillor McNeely enquired if OSMB had raised the same concerns as this committee including the need to speak to Sheffield regarding attendance at joint meetings. Christine Bradley to follow up.

Resolved:- That the minutes of the meeting held on 20<sup>th</sup> September, 2017, be approved as a true record.

**88. REVIEW OF NEIGHBOURHOOD WORKING UPDATE**

The Chair introduced the report by stating the importance of it and the changes it will mean to the workings of Councillors in their communities.

The Council’s Corporate Improvement Plan has a specific improvement theme of “strong, high impact partnerships”. This includes “active ward Councillors working within neighbourhoods to build community and citizens capacity”. The objective was the introduction of “a new model of citizen engagement and neighbourhood working linked to a review of Area Assemblies”. To give effect to this improvement priority the Council decided on 19th May 2017 to endorse a new vision for neighbourhood working:

**“Putting communities at the heart of everything we do by Councillors working with their communities on what matters to them, Listening and working together to make a difference and Supporting people from different backgrounds to get on well together . . . to help make people healthier, happier, safer and proud”**

- To support delivery of the vision the Area Assemblies were replaced with a new ward based model of neighbourhood working with the following characteristics:
- Production of Ward Profiles and Action Plans for all 21 wards identifying local issues, priorities and opportunities.
- The assignment of dedicated officer support at 2.5 days per week per ward to implement the new model.
- An allocated devolved budget for each ward to address and respond to local Ward Plan priorities and support community involvement and development.



- Training and support provided by the Local Government Association on ward planning and new ways of neighbourhood working. This will include “Ward Walks” in each ward and joint officer and member capacity building seminars, and training on using social media to engage with residents.

The review is a councillor led process and implementation over a 12 month transitional period, is being driven by a member group chaired by Councillor Yasseen, Cabinet Member for Neighbourhood Working and Cultural Services. The group will oversee the transitional arrangements leading to the embedding of the model.

Other related matters the group will address will be the production of a new Neighbourhood Strategy that will see the ward as the “building block” to enable partners and communities to work together to improve local outcomes, make the best use of resources and local assets, and develop innovative approaches to enable more people to help themselves and each other.

### **Key Issues**

The review sought to address a number of key issues originally raised in the RMBC Corporate “Fresh Start” Improvement Plan (26th May 2015). These were to:

- Determine why working at a neighbourhood level is important
- Describe the outcomes of improved neighbourhood working
- Highlight the added value of a neighbourhood approach to locality working

The expected outcomes of the review of neighbourhood working are to:

- Improve local democratic engagement and community leadership by describing the way in which councillors, officers and partners will interact with the local community.
- Identify the support that could be expected by Elected Members from the Council and its key partners.
- Clarify the role of the Council and partners in addressing neighbourhood based issues.
- Determine how other services run by the Council and its partners can be tailored to and benefit from neighbourhood approaches.
- Highlight the role of the community, voluntary and faith sectors in supporting local based organisations to deliver services in neighbourhoods.

Shokat Lal, Assistant Chief Executive, gave a brief outline of the report and the reason for bringing the report to this Commission was to provide an update on the work undertaken so far by the Neighbourhood Working Group, over the past six months.

- The work undertaken to date by the group
- Neighbourhood Working Group established and
- Ward Plans/Profiles have been completed for all Wards in the Borough.
- Promotion of neighbourhood working via an established Twitter account. Further work is to be undertaken with Members on this aspect.
- Ward Walks led by officers from the Local Government Association are taking place. A report will be produced by the LGA on the findings from the Ward Walks once they have all taken place.
- Dedicated officer support – two and a half days officer support for every ward – this has been agreed and Members will know who their officer is
- Further training for Members is to be identified as part of this transitional year.
- Devolved Budgets
- Developing a new structure alongside the Neighbourhood Strategy

Councillor Yasseen

- The issue of devolved budgets has been sticking point in the development of neighbourhood working. One proposal is to have a four year devolved budget along with simplifying the budget process which will allow for improved planning of larger capital works within Wards.
- Consistent approach by Council Officers to the model of Neighbourhood Working.
- The aspiration is that neighbourhoods are the core and central part of the councils work lead by members of their communities.
- This transitional year has provided much information and learning regards this new way of working.

Councillor McNeely asked for clarification with regards to

- Carryover of any unspent finance from 2017 into 2018, due to the devolved budgets not being approved until six weeks into 2017.
- Receipt of report from the LGA in relation to the Ward Walk in Boston Castle Ward.

With regards to finance, Finance need to be more flexible in the way they approach Neighbourhood Working overall and Shokat Lal has been tasked with resolving any anomalies in this area. With regards to capital expenditure, funding only needs to be allocated against a project for it to be classed as spent, regardless of completion of the works.

Two reports have been received so far from the LGA for Sitwell and Wingfield. Zafar Saleem will liaise with the LGA for further completed reports.

Discussions took place around the involvement of Area Housing Panels and the associated budget within Neighbourhood Working, this role is to be clarified along with involvement of other partners and groups.

Support was given to the neighbourhood way of working by Councillor Wyatt and that it was working well in the Swinton Wards including working with the Area Housing Panel.

Councillor Wyatt asked for confirmation of what the Ward Walks were expected to achieve.

Councillor Yasseen outlined that there are many newer Councillors in the Council and this support was offered by the LGA to work with local councillors, if they wished to and also to share findings and experiences between different wards along with providing an independent view.

Councillor Wyatt queried the value of these ward walks unless members of the LGA are willing to spend much more time in the local wards. Overall it's about sharing best practice about the borough and identifying the best practice happening in Rotherham.

Councillor Walsh wanted to know what the plan was for working with partner organisations, who would be responsible for building these relationships.

Councillor Yasseen said the idea was to redefine working relationships with organisations at borough level and then for relationships to be built locally by Ward Members, one example given was working with Parish Councils.

In relation to promotion of NW are the blogs live on the Council's website and will training be provided to Members on this topic? Training will be provided in relation to social media which will be fronted by Leona Marshall the Interim Head of Communications, to look at branding for this area of work and the facilities to be available for each Ward.

There has been a delay in launching the individual sites and the preferred option is to go live with the websites once all Wards are at a similar level.

Councillor Walsh suggested that in relation to Ward Walks an element of diplomacy is adopted as in some areas as Parish Councillors are experienced in this area of working. Councillor Yasseen confirmed that it is up to the discretion of Ward Councillors if they are involved in the Ward Walks and all Parish Councillors are aware of the NW through the Parish Council Liaison Group.

Councillor Albiston shared her view in that the neighbourhood way of working could be seen as a postcode lottery based on the effectiveness of Councillors working in each area. It may appear unfair that some wards have better deal than others

What kind of protection is in place against this to ensure there is no detrimental impact to residents and how is this measured in terms of equality across the Borough.

Councillor Yasseen reported that it is based on how Members define quality as the needs of each ward are different. Consistency of approach is achieved through the work and support provided by the officers and the involvement of senior officers where appropriate.

Councillor Albiston is concerned that approx. £1m has been spent on adopting the neighbourhood way of working without any consideration given to other potential approaches. Another concern is that staff has been moved around without any skills assessment to what is needed and are the right people in post. A restructure is taking place currently and this issue has been identified by the NWG. The question is the level of involvement by Members. Job descriptions and specifications will be made available in the New Year in relation to the required structure to implement NWG.

Councillor Jepson appreciates that this is a transitional year in this new way of working, however it has been a difficult process in creating ward profiles, knowing about the Ward Walks and setting the budget and would welcome a discussion with Cllr Yasseen outside of the meeting. The involvement of the staff in the process was welcomed.

Councillor Turner, the Ward walk has been completed and welcomes the chance to see the completed report, which will be circulated via Shokat Lal. Councillor Turner also welcomed support and further information regarding devolved budgets. Councillor Yasseen agreed to provide the information with Councillor Mallinder requesting that this information be shared with all Councillors.

Councillor Buckley reported that despite differences with other ward colleagues work was progressing well as the focus of what is being done is for the local community. The budget has already been allocated and Cllr Buckley is interested in receiving the report from the LGA about their Ward Walk. The point that this is a transitional year in this new way of working and time needs to be spent evaluating the learning points and also finding out the views of the public regarding this new approach bringing all the learning points together in a review meeting.

Councillor Cutts enquired if there were any external costs associated with this piece of work. The external organisation involved in this work is the LGA who are providing their support free of charge. With regards to when the Ward Walks take place, Councillor Cutts suggested that evening walks would be appropriate. This is an option also they were available for

the walks to take place on Saturday evening. Councillor Yasseen pointed out that this was a learning point from the pilot project.

Councillor McNeely raised the point that it has taken 3 months to do 12 Ward Walk and 9 have to be completed within 2 weeks, which was considered to be a tight timescale.

A question was asked in relation to the NWG and can the members of that group be identified and this information shared to avoid issues of conflict of interest.

Zafar Saleem, the Neighbourhood Partnerships Manager confirmed that all the walks apart from 6 have been scheduled to take place.

Councillor Jones did not support the abolition of the area assemblies and he welcomed the report presented to the meeting, to identify what progress had been made to date regarding NW to which he was disappointed.

Councillor Jones identified points which related to potentially the miss or non-communication of how the new process is being introduced across the borough with members of the public. Other points raised included:-

- Communication across the project is seen as an issue, with members of the public, representatives from other partner organisations and Members.
- The skill sets for Council Officers will need to be varied due to the skills set of the Members they are matched to work with.
- Rotherham West has not allocated the budget devolved to it.
- Seemingly the pilot project has worked in the four pilot areas, but the findings have not been shared

Councillor Yasseen offered support to Rotherham West to resolve some of the identified issues and did not share Councillor Jones' experience of NW in this time of transition, but was happy to report back to this Committee regarding the meeting with Councillor Jones.

The Chair suggested that any Members with concerns about the NW to meet with Councillor Yasseen and find a solution to any queries.

Councillor Yasseen reiterated that this new process allows Members to work with the public at grass roots level and support work happening in local areas.

A reminder that work was being undertaken as part of the improvement journey as the previous model was not fit for purpose and there was no option other than to identify a new way of working. 100% commitment from Members will provide something beneficial for the people of Rotherham.

Councillor Albiston had a further question, but due to time constraints Councillor Mallinder asked if she would meet with Councillor Yasseen outside of the meeting.

Resolved:- (1) That the progress made in the first phase of the review - May 2017 to 31st October 2017, be noted.

(2) That a further update report on progress on the second phase of the review 1st November 2017 to 30th April 2018.

(3) That an information/learning/sharing best practice day take place in the New Year and be arranged by the officers involved in the project for all Members.

## **89. YOUNG TENANT SCRUTINY REVIEW - UPDATE**

Asim Munir, Tenant Involvement Co-ordinator, presented the report outlining the main points as identified in Appendix 1.

The Council has commissioned Rother Fed to undertake two scrutiny reviews per year to inform service improvement and quality. The RotherFed Tenant Scrutiny Working Group was formed in April 2016 and their first review was to consider the engagement of young tenants in Council housing. This topic was selected as it had been established that younger tenants, aged between 16 and 34, were on the whole more dissatisfied with housing services.

This scrutiny review was agreed by Improving Places Select Commission (IPSC) on 5<sup>th</sup> April 2017 and it was agreed that an action plan be brought back in six months detailing progress against the recommendations. Progress against the recommendations outlined in the action plan is set out at Appendix 1. The action plan has been agreed by the Housing Involvement Panel and the Housing and Neighbourhood Senior Management Team.

The majority of the actions in Appendix are identified as being either amber or green on the “rag” rating, which is testament to the people involved in achieving the actions.

Councillor Sheppard suggested a follow up non mandatory event for the young tenants to share their experience from the process – which was detailed to inviting some young people to this meeting the next time it is on the agenda.

Young people have had input into consultations regarding customer care training, shared accommodation, the Housing Strategy and the Housing Revenue Account.

Councillor McNeely asked in relation to items E, F and G on page 29 of the papers.

Mobile telephone numbers for Housing Officers should not be given to tenants due to the many cases they have to deal with. The special number for Housing should be used by customers after which their enquiry will be passed onto the relevant Housing Officer.

In relation to items E and F regarding tenancy workshops the Financial Inclusion Team are working with the Housing Options Team. Housing Officer will be involved in providing any issues identified by the tenants.

Recruitment in relation to the Housing Income Team should be completed by the end of November.

Councillor Mallinder asked for any information regarding the tenancy workshops to be shared with this commission.

Lillian Shears, Co-opted Member asked regarding the progress made in relation to the Housing App.

Requirements in relation to the website and the Housing App should be clearer by the end of 2018 financial year.

Page 31 (M) Councillor Sheppard suggested that the young people taking part in the Tenancy Workshops may benefit from being shown around all the on-line services that are available which may assist them in the future.

Further work is needed on the web site in relation to the digital offer made to tenants around accessing services. Feedback has been provided by young people to improve the offer.

Cllr McNeely (M) page 29 and the Tell us Once service and how this could be implemented due to data protection issues. Asim Munir said this is an important question in relation to all customer services and for them to know who to contact.

Councillor Elliot (B) p28 would like to see some element of "Mystery Shopper" being included in this element. Asim will provide details of outcomes from such exercises.

Councillor Cutts raised concerns that tenancy were being offered to potential tenants as young as 16 and would these young people be in a position to pay the rent.

Post meeting note. Information was circulated to IPSC Members and there are no people aged 16 currently with a tenancy agreement with the Council.

Asim Munir noted that the Council no longer offers lifetime tenancies only fixed term tenancies. All aspects of holding a tenancy agreement are examined prior to a tenancy being offered. Other options available to 16 year olds are single bedroom tenancies and shared tenancies.

Councillor McNeely noted that any person under the age of 18 requires a guarantor to sign on their behalf.

Councillor Albiston's view was that the Action Plan although for young people was not sufficiently young person friendly and that young people do not specifically use the telephone as a way of communicating.

Asim Munir said further work is required in this area and that other options need to be explored in relation to social media, however social media apps do have limits.

Lillian Shears told of previous findings in that young people identified receiving letters as a preferred way of communicating alongside communicating via apps.

Councillor Albiston answered a question from Lillian Shears regarding the action plan not being young person focussed. Councillor Albiston would prefer to see an action plan with the actions being delivered by the young people rather than just a generic action plan. Additional information was provided by Lillian and Asim in relation to the involvement of young people in the process so far and to note that this is the start of a new journey for some young people but it is positive that the Council and Rotherfed are engaging with young people.

Councillor Mallinder asked if the Housing Magazine could be circulated to Members of IPSC

Resolved:- (1) That the Action Plan and the progress made to date be noted.

(2) That the Action Plan be brought back in a further six months updating on progress against the recommendations.

#### **90. EMERGENCY PLANNING TASK AND FINISH GROUP RECOMMENDATIONS**

Sam Barstow, the Head of Community Safety, Resilience and Emergency Planning, introduced Ajman Ali, the Interim Assistant Director, Community Safety and Street Scene for the next six months.

Sam Barstow presented the report which details the recommendations made by the Task & Finish Group made up from Members of this Commission. The review was completed in August 2017 and the report highlights the progress during this short time against the recommendations along with the refresh of the Major Incident Plan.

Councillor Wyatt, who chaired the review into the Emergency Plan, thanked Sam for responding so quickly to the review and accepting the recommendations in full.



Councillor Wyatt went onto highlight the next phase of the work relates to the monitoring of the recommendations in particular the refresh of the Major Incident Plan on a bi-annual basis. Councillor Alam, Cabinet Member for Corporate Services and Finance, has seen the report and shared the same concern as to how the progress of the MIP is undertaken.

A decision has been made to take the recommendations from the review and put them into an action plan which will continue to be updated and presented to Councillor Alam. The MIP will be updated on a continual basis as new learnings are identified.

Councillor McNeely page 33 of the report relates to training/update sessions scheduled for 28<sup>th</sup> November and 5<sup>th</sup> December. Confirmation was requested if Members need to attend one or both sessions and if notification could be sent to Members informing them of any such sessions.

Sam Barstow confirmed that notification of any future dates would be sent to colleagues in Democratic Services to then inform Members and that it would be satisfactory for Members to attend only one of the training sessions.

Councillor Walsh, referred to mandatory training mentioned in the report, if training is mandatory, will attendance be logged and if any consequences will be felt for non-attendance.

Councillor McNeely requested an update in relation to a facilitated meeting/away day involving the emergency services and Rotherham M.B.C Major Incident staff to promote team working on 6<sup>th</sup> November 2017

Also in relation to under the Shared Service Agreement, that funding is secured for a Community Resilience Worker, questioning where this officer will be based.

P35 – What was the outcome of the meeting held by the Joint Committee on 25<sup>th</sup> October 2017; how well was it attended and who is the representative from Rotherham who can provide feedback to this Commission.

P35 without IT how can we be confident that the information on the website is updated where appropriate

Sam Barstow provided a response to the questions raised. In relation to IT, this means that computers and IT will be used, but it will not be a bespoke system for Emergency Planning. A database and manual system will be used and the relevant information updated on the website and available to the public

An Elected Member from both Rotherham and Sheffield attended the meeting which is what is required for the meeting to be quorate. Officers from Rotherham have raised this as a concern. A meeting has been arranged with a strategic lead from Sheffield in January 2018 with regards to attendance at these meetings.

With regard to the future workings of the shared service, questions need to be asked about service provision and any answers will need approval from both Rotherham and Sheffield.

The Local Resilience Forum meeting which took place on 6th November 2017 was to identify what exercises the Local Resilience Forum, (LRF) intend to do for 2018 along with picking up learning points from recent disasters in Manchester and Grenfell Towers incident.

Councillor Jepson asked if it was usual for staff working on the Emergency Plan to go out into wards in the Borough to familiarise themselves with the locations and when an application for industrial premises etc. is received by the Council's Planning Officers is any relevant information shared with the Emergency Planning staff for their consideration.

There are two applications with the Council relating to fracking in the borough and Councillor Jepson wanted reassurances that these are being considered from an emergency planning perspective.

Sam Barstow reported that there is a Gold Command Structure in place to deal with any appropriate response to issues should they arise.

EP is not a statutory consultee in relation to planning applications, however the Fire & rescue Service is and they will notify EP staff of any relevant information.

EP staff do go out and visit various wards to review the community risk register along with identifying any facilities that are available in the wards should they need for them to be used in an emergency situation. However it is unusual to see EP staff visible on a regular basis in the local areas.

Resolved:- (1) That the updates in respect of the recommendations made be noted.

(2) That the Select Commission schedule bi-annual reviews of the Major Incident Plan, in line with the first recommendation.

(3) That the tracking of the Action Plan be monitored on a regular basis by the Select Commission.

**91. PROPOSED ROTHER VALLEY COUNTRY PARK CARAVAN SITE**

Councillor Yasseen presented the report on the proposal for the caravan site at Rother Valley Country Park.

Extensive work has been undertaken to develop outline proposals for a new caravan site at Rother Valley Country Park and to assess its business potential. Financial projections suggest that such a development could enable the park to generate a significant net revenue stream for the Council, particularly if it were operational by the time that Gulliver's opens in 2019. It would also improve greatly the availability of affordable overnight accommodation in Rotherham and enhance Rotherham's reputation as a welcoming and enjoyable visitor destination. In particular, it would meet Gulliver's requirement for a caravan site within the vicinity of their major new visitor attraction on the adjacent Pithouse West site.

Much consultation has taken place to date, around the proposal which will provide an AA 5 pennant Standard accommodation with 129 caravan pitches either with one or two shower blocks. The financial projections over the first 5 years of operation are included in the report. This is a capital project for which RMBC will borrow funds which will extend the availability and quality of overnight accommodation in Rotherham.

Councillor Albiston asked why the proposal will take so long to implement. A response was provided by Phil Gill, Leisure and Green Spaces Manager, Culture, Sport and Tourism, that advice has been sought from Asset Management on the timescale for completion of the project, and that it is, in fact, an ambitious but achievable programme, taking into account the need to obtain planning permissions, building regulations permissions and undertake a tendering process in accordance with procurement requirements.

Councillor Elliot questioned the use of the caravan site, should it be called a caravan and camping site. Not everyone with a tent has a car but there are potential users who are cycling the trans Pennine trail. Also the allocated space on the map is the same regardless of whether it's for a caravan or tent.

The Project Team are developing a marketing plan and will need to ensure that the facility appeals to all regardless of what form of transport they use. The research done to date shows that the caravan market is what is most likely to generate most business.

Councillor McNeely explained that the Caravan Club and the Caravan and Camping Club are two separate organisations who should be consulted with equal importance.

Page 44 (12) implication for partners and directorates. Councillor McNeely highlighted possible impact on Transportation, including the need for tourist road signs to the attraction. This should emphasise the fact that the attraction is based in Rotherham and not Sheffield.

In reply Phil Gill noted that whilst contact had been made with both caravanning clubs in the past, it is the intention of the Council to operate the caravan site at Rother Valley itself as this offers the greatest potential financial return.

Councillor McNeely suggested that both organisations should be approached again regarding possible promotion of the site to their members. All the suggestions put forward by Councillor McNeely can be considered further in the development of the marketing plans.

Councillor Cutts made reference to point 4.1. Asking if it is feasible for Rotherham MBC to operate the site.

Various options for the operation of the site are considered in the report. The most favourable option for the Council to achieve its objectives and to maximise the return on investments is to manage the site in house, utilising existing business systems and experience at the park.

Councillor Cutts showed support for this project and the fact that RMBC were looking to manage it, but questioned then why it could not manage care homes and crematoriums also.

The response from Councillor Yasseen was that three examples provided by Councillor Cutts were not comparing like with like services.

Observations put forward by Lillian Shears made reference to the site map in that

- there were no pot washing facilities shown;
- that the toilet blocks appear to be a long distance from the tent area and
- the informal tent areas are to have electrical hook ups.

Phil Gill explained that two toilet blocks are proposed, one of which is near the reception block and tent area. He also noted that these are draft plans, drawn in a small scale that does not allow all the details to be shown. He will check if the pot washing facilities have been included and the specification of the pitches.

Councillor Reeder was pleased to hear that RMBC were proposing to operate the site and if this was to change could Members be notified prior to any changes being made public.

Councillor Mallinder went on to read the Exclusion of Press and Public notice and the meeting went into closed session to discuss the exempt papers.

Discussion took place covering several aspects of the proposal with Members sharing their views and ideas with Officers.

Resolved:- (1) That the recommendation made to Council to include the RVCP Caravan Site project within the Council's approved Capital Programme as an invest-to-save initiative be noted.

(2) That, subject to inclusion of the project within the Council's approved Capital Programme, a further report be submitted to the Improving Places Select Commission when tenders for construction of the facility have been evaluated and the preferred contractor has been selected.

**92. DATE AND TIME OF THE NEXT MEETING:- WEDNESDAY, 3RD JANUARY, 2018 AT 1.30 P.M.**

Resolved:- That a further meeting be held on Wednesday, 3<sup>rd</sup> January, 2018, commencing at 1.30 p.m. with a pre-meeting briefing at 11.30 a.m.

**IMPROVING PLACES SELECT COMMISSION  
29th November, 2017**

Present:- Councillor Mallinder (in the Chair); Councillors Allen, Atkin, Elliot, Jepson, Jones, McNeely, Reeder, Taylor, Vjestica and Walsh.

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, was in attendance for Minute No. 96.

Apologies for absence were received from Councillors Buckley, B. Cutts, Price, Sheppard and Wyatt.

**93. DECLARATIONS OF INTEREST**

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

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

There are no declarations of interest.

**95. COMMUNICATIONS**

There are no items to be considered.

**96. EVALUATION OF THE 'TIME FOR ACTION' ENHANCED ENFORCEMENT PILOT**

Cabinet Member for Waste, Roads and Community Safety, Councillor Hoddinott introduced the report

Tackling environmental crime is a corporate and public priority: fly-tipping, litter and dog fouling blight communities and are a strain on public resources. Removal and disposal of fly-tipping alone costs the Council in excess of £250,000 per year. Street cleansing, litter picking, environmental enforcement activity, and engagement increases the annual cost of dealing with environmental crime significantly to around £1.7 million.

Over the past few years, the focus on tackling littering and dog-fouling has declined through re-engineering of the function. Whilst Wardens continued to issue fines where offences were witnessed whilst carrying out statutory work around nuisances, this role was supplementary rather than a priority. Subsequently, the Council only issued 344 fines for littering and dog fouling during the three years prior to the 'Time for Action' initiative

On 12<sup>th</sup> September 2016, the Cabinet and Commissioners' Decision Making Meeting adopted a 'Time for Action' initiative to deal with the problem, demonstrating a desire to strengthen enforcement activity around littering, dog fouling and fly-tipping.

Following this at the Cabinet and Commissioners' Decision Making Meeting of 9<sup>th</sup> January 2017, a number of options were considered to deliver enhanced enforcement and it was agreed that a shared service with Doncaster Metropolitan Borough Council is progressed, to deliver enhanced environmental crime and parking enforcement within Rotherham.

A pilot exercise in Rotherham has been underway since 26<sup>th</sup> April 2017 to test the effectiveness of any potential future contractual arrangements to enhance the Council's enforcement approach to environmental crime. This pilot is to end on 24<sup>th</sup> January 2018 with the formal termination of the agreement.

The pilot has proven to be successful having delivered an unprecedented number of environmental offences being dealt with by the Council. Moreover, patrols and actions to tackle littering and dog fouling offences have been delivered across all wards in the Borough.

Up until 19<sup>th</sup> November 2017, 4,716 environmental crimes had been dealt with: 99.40% were littering offences; 0.60% was for dog fouling. In addition, some 164 parking offences were tackled. Of the littering offences identified, 54.26% were in the town centre and 45.74% across other wards.

The desire to deliver shared service arrangements is to ensure that enforcement of environmental crime offences is enhanced, which in turn will provide a deterrent and in the long term influence behavioural change. Shared service will provide for increased flexibility, with staff from other areas being drawn on to enhance project and hot spot work, along with ensuring effective and immediate cover for leave and sickness issues. Additionally, shared service arrangements ensure synergy of enforcement across Borough boundaries and consistency of approach, administration, and tolerances.

Whilst it is difficult to measure any long term effects in relation to deterrent or reducing street cleansing costs, the short term aim of increasing enforcement against environmental crime offences can clearly be demonstrated. Consequently, it is considered appropriate to ensure that further progress is made to deliver enhanced enforcement.

It was considered that this initiative was probably not the most appropriate way of dealing with fly tipping.

Councillor Hoddinott sought the views of the Improving Places Select Commission on the pilot project and to identify any suggestions for taking the initiative forward.

Councillor Walsh questioned the need to enter into a shared service agreement with Doncaster Metropolitan Borough Council, when the information provided on the pilot project showed that contracting directly with Kingdom provided the required results.

The decision was made after exploring different options of delivering this service; the “do nothing option”, in house delivery, and contract direct with Kingdom or enter into a shared service with Doncaster Metropolitan Borough Council. The preferred option being to agree to a shared service contract with Doncaster MBC, mainly as it will assist with the management of the contract utilise existing support services and provide an element of economy of scale.

Being part of a shared service arrangement does result in some loss of control over service provision, however, the longer term focus of this issue is about changing behaviours and attitudes to environmental crimes which are not acceptable in Rotherham and therefore once this message has been received the need to issue fixed penalty notices to such an extent may not be required. Being part of a shared service agreement is the best option. An overall aim is through changing behaviours is to reduce the amount spent by the Council on environmental crime which is currently estimated at £1.7 million. Penalising initially is a solution to the issue.

Councillor Walsh questioned the IT cloud based provision as part of the current contract with Kingdom in that it appears to be better. Damien Wilson, the Strategic Director for Regeneration and Environment was unable to comment on the IT provision. The risk attached to this does include an element of people who will not pay the fines issued to them. Under a shared service arrangement this risk will be shared with the partner who has, in this instance got procedures in place.

Councillor Jones noted that Doncaster has recently been seen as one of the authorities with the highest rate of fines been issued for littering, in particular cigarette ends. This could be seen by the public as them being overzealous.

Has there been any benchmarking against other authorities.

Damien Wilson, the Strategic Director for Regeneration and Environment, replied that over a period time, it is expected that the rate of fines will decrease as the behaviour changes once the public realise that littering is not appropriate behaviour.

Councillor Hoddinott noted that already as part of the pilot the number of fixed penalty notices issued are decreasing as behaviour changes. This has been noted by the officers working in Rotherham Town Centre and is also reflective of what has happened in Doncaster Town Centre.

Councillor Jepson questioned whether the outlying areas of the borough would be part of this initiative as these areas experience a high level of littering, fly tipping and parking offences-including parking on grass



verges, which is another big issue. Councillor Jepson welcomed a high visible presence of wardens in the outlying areas to help combat environmental crimes. Councillor Jepson suggested that the initiative is promoted widely and not just through the local press.

Councillor Hoddinott no fixed penalty notices have been issued for fly tipping and this is not the most appropriate way to deal with this issue as it is usually carried out by organised groups. Fly tipping is being dealt with as a priority by the Council and outlined some of the actions undertaken.

Councillor Hoddinott welcomed the opportunity to include car parking as part of any future contract and highlighted existing ways that the Council are currently dealing with car parking nuisance.

Lewis Coates confirmed that fly tipping such as localised littering of bags of rubbish is being dealt with under the existing contract, however the more serious issue of organised fly tipping along with cross authority border investigation is underway. At the half year point in 2017, the Council were involved in 20 prosecutions for fly tipping.

Damien Wilson confirmed that enhanced car parking actions have already been started by the Council for example in Wellgate, where vehicles have been removed. Notification of other hotspots in relation to vehicle nuisance were welcomed.

Councillor Jepson outlined some of the environmental issues outlined in his and neighbouring wards.

Councillor Reeder raised concerns regarding entering into a shared service arrangement with Doncaster in particular around the possibility of income targets not being met and that an adequate number of staff would be working in the Rotherham area.

Assurances were given by Damien Wilson that these were points that would be considered as part of the contract negotiations. With regard to income levels. This is uncertain and based on assumptions. The idea is to reduce the number of fixed penalty notices issued as the changes in behaviour are adapted. The term of the contract needs to be addressed as too long a time period may result in paying for a service that is no longer required.

Councillor Hoddinott pointed out that if the Council were to provide the service in house there are a whole host of support services required to deliver this project, all of which would be funded from the income from the project. However with a shared service Doncaster Council would provide these as part of the contract.

Following a question from Councillor Reeder, information was provided around the Public Spaces Protection Order which is currently in operation. Fixed Penalty Notices have been issued but PSPO, deals with slightly different issues such as street drinking and foul and abusive behaviour rather than environmental enforcements. At present Kingdom are not part

of the PSPO but expectations are that they would become part of any future contract.

Councillor Atkin supported the opportunity of working under a shared service contract, along with adding to a point raised earlier in the meeting regarding car parking on grass verges. No Council (other than London Boroughs) have the power to stop this happening, this comes under the remit of the Police. Councillor Hoddinott is aware that other areas have looked into the option of car parking on verges being included in the PSPO and suggested that this may be an issue Improving Places Select Commission may wish to discuss.

The Council has used powers under the Anti-Social Behaviour Order to deal with certain issues of parking offences.

Councillor Atkin asked what is the appetite from RMBC wardens to be trained to the standard of Kingdom officers to undertake some of their duties. Lewis Coates confirmed the involvement of RMBC Wardens to deal with environment offences but their statutory function is around statutory nuisance and housing between 30/40 fixed penalty notices have been issued.

Damien Wilson noted the fact that he had been out on duty with some of the Enforcement Officers from Parking Services and there is an issue of them being assaulted whilst carrying out their duties, hence joint duties with Officers from South Yorkshire Police. The Enforcement Officers do wear body cameras and focus on "hotspot areas"

Councillor Vjestica supported the option of entering into a shared service arrangement, but noted that over 50% of fines are issued in Rotherham Town Centre, which he then required assurances that the outlying wards in the borough receive an equal amount of resources. Damien Wilson agreed to take this into account as part of the contract negotiations if the Cabinet decides a shared service contract is the best way forward.

Councillor J Turner asked for clarification regarding the length of time the contract would run for and if a three contract could be reduced or extended. The term of the contract can be any length of time, however from a cost effective perspective and obtaining the best possible deal a longer term contract would be beneficial.

Councillor Allen asked for clarification over two areas mentioned in Appendix A, Parkgate and Woodall and if these were private areas of land. Woodall does relate to Woodall Service Area and in the initial part of the pilot a high number of Fixed Penalty Notices were issued. Once the fact was realised that it was private land, the service was stopped at this location as it was felt it was not beneficial for the residents of the borough. Parkgate does include Parkgate Retail World. The law does state that any land that is open to the public if you drop litter it is an offence. The provision of this service could be available to the owners of Woodall Service Station at a cost to them and as part of a separate contract.

Councillor Allen asked for a further breakdown of the statistics provided to show the social demographic detail to ensure that the most vulnerable people in society are not being targeted. Assurances were given that all fines are reviewed via the body cam by a supervisor. At least 12 fines have been cancelled on grounds of mental health issues. Officers have been made aware not to fine the homeless or people with mental health issues. Statistics show that 60% of fines are issued to males and in the age group covering 20 to 29 year olds 20% of fines were issued to this cohort and 2% to 70 to 79 year olds. Regarding ethnicity the fines issued are proportionate to the different ethnic groups in the town.

Councillor J. Elliot asked if more resources could be put into resolving the issue of dog fouling. During the pilot no specification or targets in relation to the different elements were outlined.

There are two Kingdom Officers who patrol between 07:00 and 09:00 specifically target hotspots identified by Members and the public. There have been about 28 fines issued but this does not reflect the commitment of resources applied to this issue. It is reflective of previous experiences in that dog fouling is more difficult to detect as the act of fouling needs to be witnessed and the owner of the dog walk away.

Councillor Jepson asked for details of how the officers from Kingdom operate, in so far as are their operations covert or do they openly advertise their presence and which is the best way to operate. The Kingdom staff approach in an unmarked vehicle. Each day there is a patrol route for the officers to work, which will be across the borough.

Any new hotspots identified will be worked into routes as soon as possible. The patrols are flexible and will respond to any issues or concerns. There is a code of conduct issued for Kingdom Officers which supports them working in an open way and operating as a deterrent. Councillor Hoddinott welcomed the views of the Commission on which way they felt was most appropriate for Kingdom Officers to work.

Councillor Allen reported of a recent walkabout with Kingdom Officers along with Councillor McNeely. The Kingdom Officers were badged with the logos of both Rotherham Metropolitan Borough Council and Kingdom. Views of the public are varied about the role of the Kingdom Officers and Councillor Allen suggested that they should patrol more often. Lessons will be learnt from the pilot project and there may be a need to change shift patterns of the officers and the number of times they patrol areas. The statistics from the pilot project will inform any future programme.

Councillor Taylor asked what learning can be taken from the initiative in Doncaster and how they are ensuring they remain efficient/effective in dealing with environmental issues. Doncaster have adapted their ways of working based on data received as to the location, type and frequency of environmental crimes being committed.

Councillor Allen asked if during the pilot project, had the effectiveness of staff being available in Rotherham been tested.

The flexibility of the staffing arrangements with Kingdom has been tested. Other areas such as Doncaster and Barnsley contract with Kingdom to provide such services and adequate management arrangements are in place. Details of such requirements will form part of any contract regardless of who it is with. Any move away from fulfilling the details in the contract will leave them in breach.

Has there been any training package put in place now to take into account points learnt to date and have Kingdom been approached to see if they would be happy to implement a Rotherham MBC Code of Conduct.

The Code of Conduct presented in the report relates to a public facing code of conduct which is slightly different from the internal RMBC Code of Conduct and outlines what the public can expect from officers working on their behalf. Assurances were given that Kingdom are working to the RMBC Code of Conduct. Specific learning points identified in the report around email communications have been dealt with. Other areas of the project where clarity is needed is around what happens when a fine is issued to you along with the appeals process.

What is the strategy for publicising the latest “hotspots” and where/when patrols will be taking place? One option is to put a press release out confirming where the Kingdom Officers have been working. Damien Wilson outlined his concerns in relation to publicising the areas where the Kingdom Officers were due to work as this seems to defeat the objective of their work.

Clarification was asked for by Councillor Allen in relation to point 3e on Appendix B “Targetted resources will be focused on higher risk enterprises and activities, reflecting local and national priorities. These are targeted areas where you expect to see enhanced littering.

Councillor J Elliot supported the prospect of officers carrying out enforcement duties if they were clearly “badged up” so that members of the public knew who they were and were aware of their remit.

Councillor Reeder noted that the UK Independence Party does support being part of shared services, but the details written in the contract need to ensure all risks to Rotherham Metropolitan Borough Council are mitigated against especially from a financial perspective. Assurances were given that the contract would be worked through diligently by the appropriate officers to ensure the best deal possible.

Councillor Atkin asked if the Kingdom officers are trained in the initiative of “See something say something”. Confirmation of the fact that training is received on this and covers issues wider than child sexual exploitation.

Councillor McNeely, enquired what happens when a person issued with a fine refuses to pay it and is the consequences of not paying explained to them. All consequences are outlined to individuals and could result in a court appearance.

Reference was made to 8.3 of the report in that the statutory maximum fines that can be levied in relation to littering will increase from £80 to £150 in April 2018. This intimates that there is a minimum figure and what is that figure and are these to be enforced by RMBC staff as item 7.1 in the report says that the shared service wouldn't start until May/June 2018

The Council has decided to levy the maximum fine possible for all environmental crimes. If maximum fine increases another decision will be required as to whether the maximum amount is levied.

The timescale of entering into a contract with Doncaster Council, means there will be a due process to follow and this is anticipated to start in June of next year.

Legislation changes in April 2018 identifying an increase in the maximum amount of fines that can be levied. It is for the Council to decide what level of fines they work to.

9.2 replacement of dog control order with PSPO. The PSPO is under review in March.

Town Centre PSPO is approved for a period of three years and at the recommendation of Overview and Scrutiny Management Board was to look at vehicle nuisance and whether that would need to be included after 6 months. Additional elements can be introduced to the PSPO such as dog fouling.

The borough wide Dog Control Order (DCO) came into operation in 2009, which replaced the Dog Fouling of Land Act.

The DCO will change to become a separate PSPO and only relate to this issue. The Anti-Social Behaviour Act 2014 allows this change to take place.

Councillor Shepard submitted a written question to the meeting asking if the option of providing this service in house or contracting directly with Kingdom?

If a shared service is entered into with Doncaster MBC, what powers will be delegated to Doncaster?

What are the implications for RMBC?

£370,000 worth of fines were collected from the pilot project. £37,240 is the estimated income to be generated as a percentage of the fines issued.

Councillor Hoddinott replied to these questions by explaining that there are other options available to deliver this service, including the ones highlighted in the question.

To operate a shared serviced agreement, changes will need to be made to the Council's Constitution and Scheme of Delegation to give permission to allow Doncaster MBC to issue fines on our behalf.

This year the budget savings to be made of £100,000 is likely to be met from the fines already issued. The £37,240 is an estimated revenue amount likely to be received from a shared service arrangement.

Part of the contract to run a shared service, from any income received by the Council, services provided by Doncaster Council will need to be paid for. These arrangements will be dealt with as part of the contract.

Councillor Allen asked for an explanation of the statement "Any budget shortfall will need to be met from savings in respect of statutory enforcement and regulatory functions"

Where would any potential savings be made from?

The response by Damien Wilson was that at this stage of the budget workings it is not clear to say, however, any shortfall identified within a department will need to be made by the service. It is hoped that when the contract is issued, the same level of exposure will not be seen. This highlights a potential risk which if materialises will need to be discussed with Councillor Hoddinott in order to resolve it.

The Chair asked the meeting for their views after hearing the information provided.

Councillor Vjestica reiterated the (5.3) that the preferred option is to deliver enhanced enforcement of environmental crime is agreed in that direction is given to undertake a shared service with Doncaster Council, of which he supports with the caveat that the learning points from the pilot project is incorporated into any future contract.

Councillor Reeder asked for clarification on why Doncaster Council had been chosen as a partner in this project.

Due to the proximity with Doncaster Council, the Council has worked closely with them and who have a successful model in place to operate this service.

Councillor Walsh noted that it was not clear in the report as to the advantages of entering into a shared service arrangement with Doncaster, this fact only became clear after hearing the discussions at this meeting and could such points be noted when writing future reports.

Damien Wilson replied that previous reports in September 2016 and January 2017 provided details about the shared service option and that the report currently under discussion related to the findings of the pilot project.

Councillor McNeely questioned whether it was possible to link into other current contracts with Barnsley and Doncaster Councils around waste services.

There is an existing contract between the three authorities however this proposed enforcement contract is only partnering with Doncaster and it would be difficult to build into an existing contract.

It was suggested that in future years can the tri-partite service be explored.

The reason for working with Doncaster Council for the enforcement contract, relates to the provision required in Rotherham is very similar, whereas the contract provided by Kingdom in Barnsley is on a more localised contract at ward level.

Resolved:- That the outcome of the “Time for Action” trial and proposals for a shared service with Doncaster be noted.

(2) That that Improving Places Select Commission recommend the following

- a) Extend the service to include issuing of parking fines.
- b) A communication plan be developed to promote the initiative borough-wide
- c) Service provision is distributed equally across outlying areas and Wards.
- d) Members are notified when Enforcement Officers are working in their Wards
- e) Branding is clearly identified and is included as part of the communications plan
- f) Explore extending service provision to private sector areas.
- g) Contractors work to Rotherham MBC’s Code of Conduct.
- h) When fines are issued that clear and consistent information is provided about the process and what happens next.
- i) Details of the contract covering the shared service arrangements should be presented to Improving Places Select Commission.
- j) Six monthly monitoring and evaluation reports are to be presented to Improving Places Select Commission to include details regarding social demographics.

**97. DATE OF THE NEXT MEETING - WEDNESDAY 3RD JANUARY, 2018**

Resolved:- That a further meeting be held on Wednesday, 3<sup>rd</sup> January, 2018, commencing at



**EARLY RELEASE/FLEXIBLE RETIREMENTS PANEL  
11th December, 2017**

Present:- Councillor Alam (in the Chair); Councillors Cowles, Read and Watson.

**EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following 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).

**FLEXIBLE RETIREMENT REQUEST - CHILDREN AND YOUNG PEOPLE'S SERVICES**

The Panel considered an application for flexible retirement from an employee in Children and Young People's Services

Resolved:- That the application be approved.

**EARLY RELEASE/FLEXIBLE RETIREMENTS PANEL  
15th January, 2018**

Present:- Councillor Alam (in the Chair); Councillors Beck, Cowles and Watson.

An apology for absence was received from Councillor Read.

**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).

**FLEXIBLE RETIREMENT REQUEST - ADULT SERVICES AND HOUSING**

The Panel considered an application for flexible retirement from an employee in Adult Services and Housing.

Resolved:- That the application be approved.

**FLEXIBLE RETIREMENT REQUEST - FINANCE AND CUSTOMER SERVICES**

The Panel considered an application for flexible retirement from an employee in Finance and Customer Services.

Resolved:- That the application be approved.

**FLEXIBLE RETIREMENT REQUEST - ADULT CARE AND HOUSING**

The Panel considered an application for flexible retirement from an employee in Adult Care and Housing.

Resolved:- (1) That the application be approved.

(2) That the temporary arrangement to backfill the loss of the two day secondment time be reviewed in one year.

**BARNSELEY, DONCASTER AND ROTHERHAM JOINT WASTE BOARD**  
**4th December, 2017**

Present:- Councillor C. McGuiness (Doncaster MBC in the Chair); Councillors E. Hoddinott (Rotherham MBC) and P. R. Miller (Barnsley MBC) together with Mr. A. Ali, Mrs. L. Baxter and Mrs. R. Fleetwood (Rotherham MBC), Mr. M. Bell (Barnsley MBC) and Mr. L. Garrett (Doncaster MBC).

Apologies for absence were received from Councillor S. Allen (Rotherham MBC), Mr. P. Castle (Barnsley MBC) and Mrs. G. Gillies (Doncaster MBC).

**17. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

**18. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH OCTOBER, 2017**

Consideration was given to the minutes of the previous meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board, held on 13th October, 2017.

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.

**19. BDR JOINT WASTE PROJECT - MANAGER'S REPORT**

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 September-October, 2017:-

- The contractor was on target to achieve the 12.5% recycling performance by the end of the financial year
- Table of recycling tonnes processed April-October 2017
- The issue of moisture loss and its inclusion in the recycling rate would continue to be pursued with DEFRA
- Significant changes had been made to the equipment and the method that was applied to fly treatment. Work was also taking place with the Environment Agency. Renewi was working with one particular resident who was experiencing issues
- Discussions were ongoing with the contractor with regard to the fire protection work which was programmed for July 2018. It was felt that, given the issues that had been experienced, this was too long a timescale
- Issues affecting the transfer station at Grange Lane, Barnsley

- The Community Education Officer was assisting Rotherham Council's consultation material and working with Communications on a video around plastic
- The results of the waste compositional analysis were currently being worked through
- The last Steering Group had suggested, and considered by the Workforce Management Board, that the contract of the Legal Locum be extended given the amount of work
- Resources and staffing

Agreed:- That the BDR Manager's report be received and its contents noted.

## **20. CURRENT ISSUES**

There were no current issues to report.

## **21. 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 thirteen risks were registered with none to be added or deleted since the last Joint Waste Board meeting held on 13<sup>th</sup> October, 2017.

Agreed:- That the updated information on the risk status report, as now submitted, be received.

## **22. HOUSEHOLD RECYCLING CENTRE CONTRACT**

The Barnsley, Doncaster and Rotherham Joint Waste Manager reported that the Joint Waste Team had been working up the Household Waste Recycling Centre Contract. One of the questions that been asked was whether or not it should be governed under the inter-authority agreement.

Agreed:- That the progress on the Household Waste Recycling Centre Contract be reported to this Joint Waste Board

## **23. DATE, TIME AND VENUE FOR THE NEXT MEETING**

Agreed:- That a further meeting of the Barnsley, Doncaster and Rotherham Joint Waste Board take place in March, 2018, date to be determined.