

## **ORANGE BOOK FOR INFORMATION**

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

**Wednesday, 23rd January, 2019**

**Time: 2.00 p.m.**

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

1. Health Select Commission (Pages 1 - 30)
2. Improving Lives Select Commission (Pages 31 - 56)
3. Improving Places Select Commission (Pages 57 - 84)

**HEALTH SELECT COMMISSION**  
**18th October, 2018**

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Jarvis, Keenan, Rushforth, Short, Taylor, Williams and Wilson.

Councillor Cusworth, Chair of Improving Lives Select Commission, was in attendance at the invitation of the Chair.

Councillor Watson, Deputy Leader, was in attendance at the invitation of the Chair.

An apology for absence was received from Councillor John Turner.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**38.           DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**40.           MINUTES OF THE LAST MEETING**

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 6<sup>th</sup> September, 2018.

Resolved:- That the minutes of the previous meeting held on 6<sup>th</sup> September, 2018, be approved as a correct record.

Arising from Minute No. 30 (Update on Health Village and Implementation of Integrated Locality Working), information had been received with regard to the number of readmissions to hospital. The pilot had achieved a number of its objectives including identifying patients at high risk of hospital admissions and using targeted interventions to reduce admissions, similarly, targeting patients on discharge to identify those at risk of readmission and offering support and interventions to reduce readmission. The GPs Long Term Conditions meeting membership had been expanded to give a more holistic approach to patient care. There had been no marked increase in readmissions seen and Rotherham continued to have a very strong performance on the readmission rate nationally.

Arising from Minute No. 30 (Locality Working):-

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(a) information had been received with regard to the timescales for the implementation of locality working. The TRFT were working on refreshing the programme/project plan and had brought additional resources to do so. Although the entire plan could not be shared at the present time as it was still a work in progress and had not been agreed by all partners, the following gave an indication of timescales:-

<b>Programme Element</b>	<b>Programme Delivery</b>	<b>Approvals</b>	<b>Implementation</b>
Introduce Trusted Assessor Role	October-December 2018	January 2019	February-March 2019
Review MDT and Case Management Framework	October-December 2018	January 2019	February-March 2019
High Intensity Users	October-December 2018	January 2019	February-March 2019
Integration Plan (including co-location)	October-December 2018	January-February 2019	April-September 2019

(b) with regard to the capturing of more qualitative data, a Friends and Family test was used for the Health Village. A staff workshop had been held on 19<sup>th</sup> September in relation to integrated localities and had included representatives of TRFT, RMBC, VAR, GPs, Mental Health and the CCG.

(c) with regard to the speed of blood tests and staffing levels in laboratories, this was not something considered within the pilot and there was no specific activity to prioritise diagnostics for those patients. Some diagnostics such as ECG, Spirometry etc. could be processed quicker as a result of integrated working moving forward if role developments were explored but this was not a feature at the present time.

If delivered from GPs, the tests would be sent to Barnsley where the centralised testing facility was based from the partner laboratory. The number of staff working in Blood Sciences just employed by Rotherham was 76.

Arising from Minute No. 32 (Drug and Alcohol Treatment and Recovery Services), the SY&B ICS funding could not be used to fund local plans in their entirety. However, a share of the funding could be used to fund the following topic areas which should be present in local plans:-

- 1) Reducing suicide and self-harm in Mental Health Services
- 2) Reducing self-harm in Community and Acute Services
- 3) Suicide prevention in men and/or work with Primary Care

Each area had been asked to draw up a driver diagram and accompanying briefing notes to outline their local plans to spend the funding. A small working group of partners from the Rotherham Suicide Prevention and Self-Harm Group was carrying this out.

The likelihood was that the funding would be split 80/20% (locality/ICS) with the 80% of locality funding further split based on the rate of suicide across the 5 areas. Rotherham and Bassetlaw had the highest rates in the ICS area so would receive more funding. A decision would be made by the South Yorkshire and Bassetlaw Mental Health and Learning Disability Steering Board.

Arising from Minute No. 33 (The Rotherham Foundation Trust Quality Priorities 2019-20) it was noted that due to the TRFT having had a CQC inspection recently, the background information/rationale requested for choices on the longlist had not been received as yet. This would be followed up.

#### **41. COMMUNICATIONS**

##### **Improving Lives Select Commission**

Councillor Jarvis gave a verbal report from the last meeting of the Improving Lives Select Commission on the Early Needs update. The main issues had been the reduced a number of buildings without actually affecting the amount of services, reconfiguration of locality teams, development of locality based family hubs, introduction of Borough-wide evidence based intervention, further investment in Family Group Conferencing, proposed reduction in the Heads of Service posts, increased integration of the Youth Offending Team and a proposed reduction in the number of Youth Centres and Early Help Team bases from 11 – 6 whilst maintaining effective delivery of youth work.

##### **Visits**

Janet Spurling, Scrutiny Officer, gave an update on the following proposed visits:-

Adult Care Single Point of Access, Health Village and Care Co-ordination Centre – 13<sup>th</sup> November 12.50-16.30 p.m. to speak with staff about the impact of closer working and expansion of the MDT approach

Carnson House – follow up visit to be confirmed but probably the week commencing 19<sup>th</sup> November

RDaSH Quality Sub-Group – 3<sup>rd</sup> December

**42. SOCIAL EMOTIONAL AND MENTAL HEALTH STRATEGY PROGRESS REPORT/CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE**

Councillor Watson, Deputy Leader, introduced both the Social Emotional and Mental Health Strategy Progress Report and the Child and Adolescent Mental Health Services Update which would be considered together.

**Social Emotional and Mental Health (SEMH) Strategy Progress Report**

Jenny Lingrell, Joint Assistant Director of Commissioning, Performance and Inclusion and Pepe Di'lasio, Assistant Director of Education, gave the following powerpoint presentation:-

What is working well?

- Pupil Referral Unit provision re-configured
- Quality of teaching and learning improved
- SEMH Partnerships were well established
- SEMH Graduated Response document was used consistently
- Shared commitment to working together
- Joint work on Trailblazer bid
- Good practice modelled in some areas

What are we worried about?

- Slight increase in permanent exclusions last year
- SEMH Partnerships less well established at primary
- Challenge of matching increasing demand with available resources (within the Borough)
- The multi-agency landscape of provision was not well enough understood

What needs to happen

- Co-production of a Strategy taking into account progress on CAMHS Local Transformation Plan and Five Steps to Collective Responsibility.
- Areas of focus:
  - SEMH Sufficiency: developing a better understanding of need
  - SEMH Partnerships: ensuring arrangements were consistent and transparent
  - Developing alternative and flexible provision to meet need
  - Developing and communicating a multi-agency graduated response to match need and avoid duplication or confusion
  - Supporting the workforce
  - Delivering value for money
  - Learn from Young Inspectors inspection of the exclusion experience
  - Re-imagine the graduated response to ensure that it was holistic and multi-agency

- Ensure that Services were aligned to meet the needs of children, young people and families  
Co-location, flexible provision, integrated points of access etc.
- Review the local authority traded offer
- Ensure that there was a shared understanding of need and an appropriate provision landscape
- Ensure that SEMH Partnerships have a consistent ethos and operating model
- Test new and innovative approaches

Discussion ensued with the following issues raised/clarified:-

- Aspire had new leadership management/governance and were working with a whole range of stakeholders
- Rowan had been Ofsted inspected March 2018 and found to be “Good”
- SEMH was high on the national agenda. As a result a review of exclusions and SEMH support had been commissioned across the country. Rotherham had been selected as area for the pilot
- Although not embedded across the Authority, there were some very good examples of supporting children with SEMH issues, getting them into education and providing them with therapeutic care
- A common issue for parents when their child was excluded from school was that they did not know who to talk to
- Although there was the desire, the SEMH approach was less established in primary schools partly due to the struggle to get that many Head Teachers together and formation of a strategy. All agreed that early intervention and support at primary level was better than being reactive at the secondary stage
- A close eye was needed on the capacity in the PRUs. The reintegration pathway needed to be considered with some flexibility as to how the PRU delivered their provision e.g. 2 days a week within a PRU and 3 days in a mainstream setting. The needs of the children needed to be fully understood; if they could be maintained in school by providing them with the right support but with some flexibility and services wrapped around the children
- The Rainbow Project currently worked with a number lesbian, gay, bisexual and transgender (LGB&T) young people, aged 11-18 years old, some of whom had been excluded from school. The young people stated that it was impossible to access services. Currently there was only the Tavistock Centre in London that offered any kind of support but there was a 18-24 month waiting list

- It was acknowledged that there was a growing concern in the mainstream schools' offer to LGB&T young people. That was the real importance of working across all the different parts of provision within Early Help Services. There was some really effective work taking place with the groups and individual support for children delivered through the Early Help offer. The Inclusion offer needed to take account of the work in Early Help, rather than separate pieces of provision, and ensure that the right support was in place and everyone knew what the pathways were including the young people, parents and workforce
- There was a strong LGB&T young people's group that had really good attendance and commitment from the young people. It met on a weekly basis as well as providing individual support. Some of the older young people who had been part of group were now peer mentors. The group had very close links with the Rainbow Project and there were leaflets and information for other young people
- Sometimes victims of bullying were the ones that were excluded from school
- Exclusions should be a last resort but were a failure as the school had not been able to put in the place the level of support the young person required. They should never be seen as something labelled against the child
- Home schooling was a national issue at the moment and was one of the key issues that been taken up by the Timpson Review. It was also a key issue identified by Ofsted and would be a theme in their inspections. RMBC undertook quality assurance
- Last year the demographic breakdown for exclusions with regards to ethnicity had reflected the ethnicity of the Borough. However, with regard to the reasons for exclusion, officers needed to get underneath the exclusion and ask the question why
- The Green Paper was awaited together with the promised extra Mental Health support in schools. It was a growing issue in schools in terms of Mental Health presenting itself much more than previously and not having the resources/specialist resources they would want. Head Teachers were having to make cuts in terms of pastoral support so the support was no longer available
- Environmental factors and childhood trauma may have an impact and needs a therapeutic response even if a diagnosable mental health issue was not present. Schools were receiving improved support from Child and Adolescent Mental Health Services (CAMHS.)

### **Child and Adolescent Mental Health Services Update**

Becky McAllister, Commissioning Manager, CYPS, Nigel Parkes, Rotherham CCG and Barbara Murray, RDaSH, gave the following powerpoint presentation:-

#### What's working well

- CAMHS Needs Analysis completed in April 2018
  - Data on levels of service to schools from Rotherham Barnsley Mind and Maltby MAST
  - Impact of CAMHS locality advice and consultation
  - School survey of Mental Health support completed in January 2017
- CAMHS Green Paper Partnership Group April 2018
  - Partnership response to Green Paper consultation
  - Focussed on non-clinical school-based Mental Health support
  - Good representation from schools
  - Incorporated whole school approach
  - Trailblazer bid with Doncaster CCG
- Specialist CAMHS
  - Participation Voice and Influence programme
  - Care Co-ordinator to smooth transitions with Adult Services
  - Locality Advice and Consultation model now embedded
  - Waiting times from initial contact to assessment had reduced to below 6 weeks on a more consistent basis

#### What are we worried about

- Physical integration of Early Help and CAMHS single point of access
- Slow progress on wider workforce development
- Increased demand for ASD assessments
- Support for families who did not get an ASD diagnosis after waiting for assessment

#### What needs to happen next

- Lead to be identified for non-clinical CAMHS workforce
- Review of ASH/ADHD Pathway due to conclude March 2019
- Implementation of Trailblazer if successful – if not bid again in January 2019
- Development of a Trauma Pathway
- Mapping of sensory support and gaps in service
- Work together to identify opportunities for integrated points of access

Jayne Fitzgerald and Sarah Alexander from the Rotherham Parent Carers Forum were also in attendance.

Discussion ensued with the following issues raised/clarified:-

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- The Rotherham Parent Carers Forum worked very closely with Council and CCG colleagues and represented over 1200 families and saw over 100 of those face to face. RPCF had live experience to help shape provision.
- Autism/ADHD/neuro developmental issues were classed as mental health but were very much separate to the work CAMHS did around young people experiencing mental health difficulties. Training staff to develop therapies to adapt to people with Autism was raised. Another key issue was how to support families where there had not been a diagnosis and RDaSH were reviewing the pathway
- The Green Paper on the Trailblazer site was quite prescriptive. The aim of the Mental Health Support Teams was to develop a role for Education Mental Health Practitioners, part of whose role would be to support families and children around their emotional regulation etc. which would fit within Autism work. The bid included work, particularly within primary schools, to be more aware of issues, picking things up and understanding the wider issues for those young people. It may reduce the numbers that came through for a full neuro development assessment through better understanding of needs that were not necessarily Autism. Although the neuro development assessment process was not part of the bid but an offshoot it may result in a more informed workforce regarding presentations of young people and what there might be in addition to autism
- The Early Intervention in Psychosis Team worked with people from the age of 14 years. For those who had a psychosis or early psychosis presentation, CAMHS would work very closely with Early Intervention on that provision. Alongside that there was a new and developing At Risk Mental Health State Service which was an additional resource within the Pathway to identify very early on, and crossed over with, those that had clear psychosis and emerging personality disorder presentations. There were additional specialist therapeutic interventions within that Pathway.
- The CAMHS services had been involved in the Children and Young People Improving Access to Psychological Therapies (IAPT) programme which allowed them to have staff additionally trained in specialist interventions for children around Cognitive Behavioural Treatment (CBT), Systemic Family Practice (increased number of practitioners) and Integrated Psychotherapy Therapy treatment for adolescents particularly for those with depression. There were also new roles of Psychological Wellbeing Practitioners who had been trained in a very formal and focused way around CBT-based intervention for those with mild to moderate anxiety and depression
- The retention of CAMHS staff had significantly improved and were all permanent staff

- Approximately 97.4% of CAMHS referrals were seen for assessment within a 6 week period. The majority of clients would commence an element of their treatment at the first appointment; it would be very difficult for someone to carry out an assessment and understand their needs without giving them some advice, support and ideas of what to do. RDaSH'S internal referrals for specialist therapies e.g. CBT therapies involved a 6 week wait. Sometimes someone may have an advice and consultation approach which would be stepped up to a more individual approach if that was not felt to be working
- The concerns with regard to ASD assessment and intervention were shared in that services were not managing to meet those needs in a timely way. It was not just a case of increasing financial resources as there were not the wider resources outside RDaSH available for the service to utilise and it was very reliant on clinical psychologists and there were none who were agency staff. There was no quick answer to this issue hence the review of the pathway. RDaSH had been part of a national research project looking at the cost of Autism and Autism assessments.
- Sometimes there were challenges to people not having a diagnosis of Autism and being able to get help they required but it should not make any difference. The SEMH Strategy should not be about diagnosis but about what their needs were
- The Parents Forum was working closely and had worked with the Local Authority for the last 10 years on genuine partnerships, was nationally recognised and had worked with Ofsted and CQC around the Framework; it was about giving the practitioners the capacity and the resources to deliver when they had other targets. Ministers at the DfE had acknowledged the lack of a measure in the inspection framework around partnership working and capacity as a priority rather than an educational attainment target. What was happening in Rotherham was quite innovative
- Autism diagnosis was very important. For the mental health of that individual it was vitally important that they understood they were Autistic especially for people not diagnosed until adulthood and that and there were a number of people they could meet up with and be no different and they saw it as a positive impact on their mental health and wellbeing. Even if their needs were met along the way the diagnosis was still an important part but one would like to see needs met whilst awaiting diagnosis
- The response to the School survey had been 23%. Surveys were perhaps not the best way to find out the information but were quick and easy to respond to. Consideration would be given as to alternative methods of collecting information within the context of the SEMH Strategy particularly if the Trailblazer bid was successful; there needed to be a more detailed understanding of the current picture

within the schools as to how they could use the Trailblazer resources as an additional service

- Tavistock Centre was the only agency for LGB&T young people under the age of 19 years and they had a 2 year waiting list. In this month alone over 100 people in the Rotherham area had tried to access their services. Porterbrook in Sheffield had a 61 weeks waiting list and again only took young people from the age of 17 years. There was clearly a gap in services
- The Tavistock provision was a gender identity service and, therefore, had a specific remit and was a nationally commissioned service. Although not excluded from the Service, CAMHS probably did not do enough with regard to support for LGB&T young people but the young people were linked into other local services and signposted to that support
- The Parents Forum, working with Early Help colleagues, families and volunteers, had identified that there was no service for young people aged under 13 years except Tavistock. One of the Forum's peer support workers, working alongside her Early Help Worker for her own child, had set up a befriending service
- There was optimism that the Trailblazer bid would be successful due to a request being received for revised figures. If not successful, wave 2 of the funding regime could be bid for in the New Year
- There was an Early Help Review currently taking place and also significant work to do looking at the Early Help and Social Care Pathway and the CAMHS Service. Account needed to be taken of all the factors and ensure that they all matched up. Work was required to look across the whole of the provision and considered from the point of view of children and young people and their parents and having a single point of contact

Resolved:- (1) That the progress made to address the need for children with social, emotional and mental health needs be noted.

(2) That the development of a multi-agency SEMH Strategy be supported with a final draft in place by January 2019.

(3) That consideration be given to having a lead case worker for families as their dedicated single point of contact.

(4) That consideration be given to provision and support for young lesbian, gay, bisexual and transgender (LGB&T) people.

(5) That consideration be given a particular focus provision for those young people from LGBT backgrounds.

(6) That the monitoring of progress against the key themes outlined in Appendix 1 of the Child and Adolescent Mental Health Services be noted.

(7) That the report being prepared by RDaSH regarding the ASD pathway come back to the Commission for discussion once finalised.

**43. SOCIAL EMOTIONAL AND MENTAL HEALTH STRATEGY - PROGRESS REPORT**

Please see Minute No. 42.

**44. HEALTH SELECT COMMISSION PERFORMANCE SUB-GROUP FEEDBACK**

The Commission received the notes from the Health Select Commission Performance Sub-Group held on 26<sup>th</sup> September, 2018, which had focussed on the provisional year end performance of the Adult Social Care Outcomes Framework.

The key area that had emerged for the Select Commission to consider was a more in-depth piece of work on reablement/enablement. The Sub-Group had made some recommendations regarding future performance reports to which a positive response had been received.

A further meeting was to be held in January 2019 to scrutinise the final year end report with Yorkshire and Humber and national benchmarking data.

Resolved:- (1) That the information provided from the Sub-Group session and the way forward for future reports be noted.

(2) That further scrutiny of reablement/enablement services later in the year be approved.

**45. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**46. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE**

Attached to the agenda pack was the presentation and Strategic Outline Case presented to the CCGs and hospitals recently which had been developed following stakeholder feedback to the Hospital Services Review report.

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Members had also been provided with a copy of the agenda papers for the meeting of the JHOSC to be held on 22<sup>nd</sup> October regarding the South Yorkshire and Bassetlaw Integrated Care System and the Hospital Services Programme.

Any issues Select Commission Members would like raising at the meeting should be forwarded to the Chair or Scrutiny Officer by 9.00 a.m. on the day of the meeting.

**47. HEALTH AND WELLBEING BOARD**

No issues had been raised by the Cabinet Member for Social Care and Health

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

Resolved:- That a further meeting be held on Thursday, 29<sup>th</sup> November, 2018, commencing at 10.00 a.m.

**HEALTH SELECT COMMISSION  
29th November, 2018**

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Ellis, Jarvis, Keenan, Short and Williams.

Councillor Roche was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Rushforth, Taylor and Robert Parking (SpeakUp).

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**49. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**51. MINUTES OF THE LAST MEETING**

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 18<sup>th</sup> October, 2018.

Resolved:- That the minutes of the previous meeting held on 18<sup>th</sup> October, 2018, be approved as a correct record.

Arising from Minute No. 40 (TRFT Quality Priorities 2019-20), it was noted that a collated response from the Select Commission had been sent to the Trust after Members had received the additional information and prioritised the long list. Overall the 5 priorities under clinical effectiveness had been emphasised the most particularly the Dementia Unit. The Quality Sub-Group would be able to ask further questions on the priorities when it met in January.

Arising from Minute No. 41 (Visit to Carnson House), it was noted that the visit was to be rescheduled as it had coincided with a CQC inspection.

Arising from Minute No. 42 (Child and Adolescent Mental Health Services Update), it was noted that the outcome of the Trailblazer bid was not known as yet.

**52. COMMUNICATIONS**

**Improving Lives Select Commission**

Councillor Jarvis gave a brief summary of the agenda items considered at the last meeting of the Improving Lives Select Commission as follows:-

- Increased numbers of Looked After Children
  - Possible reasons for the increase
  - Initiatives coming into place to counteract the numbers
  - Increased management oversight
  - Right Child Right Care
  - Edge of Care Panel
  - Foster parent recruitment
  - 63 Initiative
- Education Performance Outcomes
  - Actions more aspirational rather than targets, so officers had been asked to come back with something sharper

**Visits**

Councillor Williams gave a verbal report on the visit to the Health Village, Doncaster Gate, Care Co-ordination Centre, Rotherham Hospital and the Adult Care Single Point of Access that had taken place on 13<sup>th</sup> November, 2018.

It was quite clear that all 3 teams had a passion/dedication for the role they were undertaking and the work they were providing. Clear benefits from having people from different teams together, included quick immediate help and advice and developing people's awareness and there was clear belief in this approach and that it was making a difference.

**53. UPDATE ON ROTHERHAM INTEGRATED CARE PARTNERSHIP AND IMPLEMENTATION OF THE ROTHERHAM INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN**

Sharon Kemp, Chief Executive, Chris Edwards, Rotherham Clinical Commissioning Group and Louise Barnett, The Rotherham Foundation Trust, gave the following short powerpoint presentation on Rotherham Integrated Care Partnership (Rotherham ICP) and the implementation of the Rotherham Integrated Health and Social Care Place Plan (IH&SC):-

**Rotherham ICP Partners**

- NHS Rotherham Clinical Commissioning Group
- Rotherham Metropolitan Borough Council
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Connect Healthcare Rotherham CICI

Rotherham ICP Place Governance

- Rotherham Together Partnership
- Rotherham Health and Wellbeing Board
- Rotherham ICP Place Board
- Rotherham ICP Delivery Team – Children and Young People, urgent Care, Community, Learning Disability, Mental Health

Rotherham ICP Place Plan: 'Plan on a Page'

- Vision
- Gaps
- Challenges
- Transformation
- Enablers
- Principles
- Partners

Rotherham ICP Place Plan Priorities

- Children and Young People  
Implementation of Children and Young Peoples Mental Health Services Transformation Plan  
Maternity and Better Birth  
Oversee delivery of the 0-19 health child pathway services  
Children's Acute and Community Integration  
Special Educational Needs and Disability (SEND) – Journey to Excellence  
Implement 'Signs of Safety' for Children and Young People across partner organisations  
Preparing for Adulthood (Transitions)
- Mental Health and Learning Disability  
Deliver improved outcomes and performance in the Improving Access to Psychological Therapies Service  
Improve Dementia diagnosis and support  
Deliver CORE 24 standards for Mental Health Liaison Services  
Transform the service at Woodlands 'Ferns' Ward  
Improve Community Crisis Response and intervention for Mental Health  
Better Mental Health for All Strategy  
Oversee Delivery of Learning Disability Transforming Care  
Support the implementation of the 'My Front Door' Learning Disability Strategy  
Support the development and delivery of Autism Strategy
- Urgent and Community  
Creation of an Integrated Point of Contact for Rotherham  
Expansion of the Integrated Rapid Response Service  
Development of an integrated Health and Social Care Team to support the discharge of people out of hospital  
Implementation of integrated locality model across Rotherham  
Develop a reablement and Intermediate Care offer  
Develop a co-ordinated approach to care home support

#### Key Achievements

- Urgent and Emergency Centre  
Opened July 2017 delivering an innovative integrated model to improve co-ordination and delivery of urgent care provision
- Rotherham Health Record  
Enables health and care workers to access patient information to make clinical decisions
- Delayed Transfers of Care  
Successful reduction in Delayed Transfer of Care to below national target  
Supported by the integration of TRFT Transfer of Care Team and RMBC Hospital Social Work Team to form the Integrated Discharge Team
- Ferns Ward  
Provides integrated specialist mental and physical health care expertise for TRFT patients who are physically well enough to be discharged from the acute setting but are not yet well enough to be discharged home or to residential care
- Social Prescribing  
Continued success, helping adults over the age of 18 with long term health conditions to improve their health and wellbeing by helping them to access community activities and services. During 2017 it was extended to mental health patients and is now used for Autism and social isolation

#### Integrated Locality Working – how are we working differently?

- A joint culture of prevention
- ‘Blurring’ of professional boundaries
- New ways of supporting Primary Care enhanced by Rotherham Health Record
- Enhanced Social Care Assessment and Care Management
- Proactive Primary Care Programme
- Management of Long Term Conditions
- Focus on the needs of physical and mental health
- Work into hospital based services to reduce length of stay
- Improved opportunities for post discharge follow-up
- Re-alignment of GP practices across 7 localities
- Community Nursing working directly into 7 localities configures around Primary Care
- Adult Social Care and Community Health Teams (including Mental Health) working across 3 partnerships North, Central and South – aligning to 7 Primary Care Populations

#### Better Mental Health for All

- Rotherham Five Ways to Wellbeing launched May 2018
- International interest in the Rotherham Five Ways to Wellbeing video (<https://www.youtube.com/watch?v=jb5NqV2bqGI&feature=youtu.be>)

Child and Adolescent Mental Health Services (CAMHS)

- Extensive service change has led to substantial improvement in both assessment and treatment

Challenges and Opportunities to delivering the Place Plan

- Resources – capacity and capability to deliver the transformation
- Relationships – partners, public, organisational reputation, changing behaviours
- Research – challenge of transformation, impact of national and local policy, innovations

What Next

- Continue to deliver on the transformation set out in the Place Plan
- Providers working closer together across Rotherham (Provider Alliance)
- Explore and scope opportunities for joint workforce plans across Rotherham ICP partners
- Continue to monitor implementation of the Place Plan through the Performance Report

Also attached was the ICP performance report for Quarter 1.

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

- The minutes of the Place Board were submitted to the Health and Wellbeing Board, which also looked at broader issues including the wider determinants of health. Winter pressures were dealt with in a system approach
- The Place Board met on a monthly basis and was open to the press and public. It was the only Board that was open to members of the public and allowed to ask questions at the beginning of the meeting. There were at least 3-4 people who attended as well as some campaign groups
- The Memorandum of Understanding set out how the partners would work together as organisations. It was not a legal partnership but a partnership entered into because it was known that by working together they could provide a better service to the residents of Rotherham
- Rotherham Health Record – the partnership had challenged everything done and driven through the changes for the benefit of Rotherham patients. However, there were 2 GP systems in operation in Rotherham and GPs could choose which one to operate. Attempts were being made to promote the use of System 1 which all Community Services used

- Recognition that probably achieve better out of hospital services based in the locality. Discussions were still taking place as to the how and each locality was different. It was hoped a model would be ready for 1<sup>st</sup> April 2019
- The CAMHS Service was much improved with access comparing favourably across South Yorkshire
- TRFT was working very closely with the universities and colleges so there was an opportunity for people to enter health care, particularly in the nursing area, at any age, through any route and was a pilot organisation in terms of taking that forward. Rotherham currently had those associate nursing colleagues within the organisation
- There was some national funding available through different routes to support training and then the Trust employed people who undertook those roles so they received support both through the work place and the student experience depending upon which type of education they were undertaking. Through the workforce plan the Trust, together with partners across South Yorkshire and more widely, could try and influence the number of places available and how that was shaped for the future
- A visioning event had been held regarding the possibility of converting an old caretaker's house within the Wingfield Ward into a nursery unit to deal with SEND/primary aged mental health problems. Advice was now needed as to who to contact to pursue the matter
- Partner organisations were working together on the Mental Health Services and currently challenging the Government about some of the funding received particularly for primary schools and secondary schools
- There was recognition around closer work on Mental Health Services with schools. If successful the Trailblazer bid would provide investment in schools which would allow big differences to be made in working in a more integrated way
- Access to the CAMHS Service had increased significantly with extra capacity put into the Service. The Service was now dealing with referrals from GP surgeries significantly better than previously although some of the pathways were still not where one would want resulting in waits for specialist areas
- CORE24 would be an enhanced service based in the Urgent and Emergency Care Centre at the Hospital and implementation was a national requirement, with Rotherham one of the Trailblazer areas. However, workforce was an issue for Rotherham and implementation

had been expected this quarter but had slipped due to significant problems in recruitment of staff. All staff were now in post and the enhanced Service would commence on 7<sup>th</sup> January, 2019

- Currently there was a 4 weeks wait from GP referral for assessment. If there was a crisis in the intervening period the client would be referred to the Crisis Team
- Clarification was sought with regard to the Crisis Services for CAMHS as opposed to Adult Services
- CORE24 would be an enhanced service based in the Urgent and Emergency Care Centre at the Hospital
- The jointly funded post, referred to in CH1.5, which was due to start in September 2018, was related to the Trailblazer bid the outcome of which was still awaited
- Significant investment been made in NHS ICT systems over the years with still more work needed to be done for it be fully interoperable. There was a digital plan for Rotherham and work was taking place to get the Rotherham Healthcare Record to work with the aid of innovative technology which allowed Rotherham professionals to see the record of Rotherham patients
- Better Births was a requirement by 2021 for Rotherham to come up with some key requirements to transform Maternity Services. It would have to offer 3 different types of setting for births and continuity of care for up to 50% of mothers. Rotherham currently had a quite small home birthing service and would look to enhance it. Nationally, data stated that approximately 10% of mums wanted to access a home birthing service and 40% of mums would wish to access a Midwifery-led Service. The current draft plan would look to have an “alongside midwifery-led unit” based at the hospital, an environment that was midwife-led but close enough to consultants if needed, and also have a consultant-led service as there currently was. There would be investment in the Service in the coming year to facilitate the developments. The final plan was expected in April 2019 and could come back to HSC for feedback
- As part of the South Yorkshire and Bassetlaw Integrated Care System, notification had been received of funds to help transform services over the next 3/4years. The funding would be for the retraining of staff, recruitment of new professionals, different ways of working and resources to develop the transformation plan. The funds would be one-off for 3 years

- The Mental Health 3 KPIs that were red:-

Improving Access to the Psychological Therapy Service - increase the number of trained staff and performance had improved significantly – now on track in Quarter 3

Urgent Response - tied in with CORE24 development – once all the staff were in post and rolled out live it should be on track

Length of Stay on Ferns Ward – the model of Ferns was about reducing the overall hospital inpatient stay. The target was to stay in Ferns once transferred from the Hospital Trust was taken into consideration. The evaluation had come out very positive in terms of the patient and carer experience, quality of life and living independently with supporting packages in place. This would be taken into consideration for the new model and would be discussed with TRFT and the RCCG. The length of stay may increase when all factors are taken into account

- The recruiting of staff for Urgent Response was difficult and even more so with the extra challenge of initiatives such as CORE24 and perinatal work that required staff that had very specialised skills and everyone recruiting from a relatively small pool
- There was a range of drop-in support and activities taking place in Ferns. There was the opportunity for ex-patients to come back into the use for ongoing support
- The 4 week wait from GP referral to assessment was the time contracted with RDaSH. In Sheffield it was 6 weeks. However there appeared to be some disconnect between the information presented and anecdotal evidence from colleagues on the ground
- Rigour of the performance data:-

RCCG - there was a legal requirement for providers on how they recorded data and waiting times. RCCG quoted the data they were provided with

TRFT - had a series of documents that specified how it should collate and capture data and well as some local data which the Trust defined for themselves and captured. The Trust had developed an internal data quality kite mark with 6 elements that enables it to understand what the source of that information was, understand the definition, how it was pulled together and how reliable it was and presented the kite mark against each Indicator that was seen at Board level. That gave a level of confidence as to how robust the performance information was. The aim was to be “green” on all kite marks against every piece of data in the organisation and it was prioritised in order of importance in terms of reporting

RDaSH - Mental Health Services had national guidance on reporting mechanisms which stated what could be included and not and how things could be counted. RDaSH had moved to System 1 so all the reporting was pulled out from the system and no manual collection of data, making it clearer what was recorded where and how

- Concerns were raised about access to GPs, obtaining appointments and being able to address a patient's health needs holistically and any knock on impact on the UECC
- There was a national shortage of GPs. Roughly the national average was 58 GPs per 100,000 population; Rotherham had 58.6 compared with 70 in Sheffield
- Last year Rotherham was the only one to have a full GP trainee scheme in Yorkshire and Humber. However, once trained they did not have to stay in Rotherham and could move where ever they wanted
- RCCG had to carry out a national survey, Rotherham Patient Report. Out of the 5 South Yorkshire communities Rotherham had the highest satisfaction rates. Whilst comparing, additional GPs could not be found so the solution adopted was that of a different workforce i.e. Physio First, pharmacists in practice, Physician Associates. It was found that fewer patients would see their GP and would try other professionals such as an Advanced Nurse Practitioner. Primary Care was changing and it was not just GP services but the wider primary care services
- GP Practices were different; some had open access/appointments/telephone triage. One of RCCG's solutions had been an additional 132 GP hours' time that anyone could book into at different hubs – 3 different GPs covering Rotherham on a shift system. It consisted of planned appointments that anyone could book into. This had come into operation in November and was available to everyone at every practice. People would book an appointment through their own practice
- An appointment had not been made to the post of lead officer who would be responsible for the implementation of the Joint Preparation of Adulthood Action Plan. A number of changes had been made to the method of dealings with some of the transition services both as a partnership and internally as a council. There was now a workforce lead for the Council who was also acting as the lead across the whole Integrated Place Plan in an attempt to bring together the workforce challenges. There was a theme across some of the red indicators of accessing staff with the right skills and availability

- There were some key challenges around the workforce that would need to continue to be addressed some of which would involve doing things differently with the universities and college and being creative with the use of funding such as the apprenticeship levy
- A piece of work had started with the Mental Health and Learning Disability Transformation Board looking specifically at suicide prevention and reviewing the recent cases of suicide. Rotherham was an outlier in terms of suicide. Training plans were in place to train front line staff
- There would be a specific piece of work through the delivery group to look at some of the issues of suicide. Rotherham had been shown as an area of good practice in its suicide prevention work, however, the suicide rates were still increasing. It was seen as a key area to examine and Public Health was very driven. Rotherham was to receive ISC funding and Housing were looking at suicide rates in Council housing. Work was taking place on reviewing and trying to tie up the 5 Ways of Mental Wellbeing into near misses and having a much clearer pathway for organisations to look at near misses alongside involvement of GPs
- The review of training requirements for care home staff to enable effective delivery of service had been led by the TRFT and Adult Services in terms of contract compliance to identify where there were issues. It had been identified that the turnover of staff made it really challenging to retain the information given during training, so the focus would be on the individual and that the individual's care plan was very clear about how their care and treatment was delivered. That had shown a real difference to the sustainability of good care for that individual rather than it being about teaching staff
- Clarification was sought about Rotherham Opportunity College and availability of placements

Resolved:- (1) That the general update on the Rotherham Integrated Care Partnership and Integrated Social Care Place Plan be noted.

(2) That the Select Commission continue to monitor progress.

(3) That when the Scorecard for Quarter 2 becomes available it be submitted to the Select Commission for further scrutiny in the Performance Sub-Group.

(4) That the crisis arrangements for the CAMHS Services be clarified and reported back to the Select Commission.

#### 54. ROTHERHAM CGL DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICE

Lucy Harrison, CGL, and Anne Charlesworth, RMBC, Matt Pollard, RDaSH, gave the following powerpoint presentation:-

Successful Opiate completions

Defined by Public Health England as:-

- Drug free, alcohol free or occasional user (not opiate/crack) discharges in the previous 12 months as a proportion of all clients in treatment in that period (latest treatment journey used)

Representations defined by Public England as:-

- All drug free, alcohol free and occasional user (not opiate/crack) discharges 6-12 months ago who have re-presented within 6 months as a proportion of all drug free, alcohol free and occasional user (not) discharges 6-12 months ago (latest treatment journey used)

Rotherham's Performance

Since April 2018 – contract commencement

Month	Opiate successful exists	Representations
April	5	2 (June & September)
May	7	0
June	1	0
July	4	0
August	1	0
September	2	0
October	9	0

Our Approach: Evidence based optimised prescribing

- Staff training and education events – using data and service information
- Medication dose review for all Service users – highlighting those on 30 ml Methadone or less daily or 6 mg Buprenorphine or less daily and not using illicitly on top
- Reduction and detox options discussed with Service users
- A number of models of detox and reduction – Service user lead and clinically safe – our primary detox offer is a 2 week front loaded Buprenorphine detox with intensive wraparound PSI and clinical support – detox takes 12 weeks from commencement to completion
- Engagement with Shared Care Practices – same offer with GPs offering the detox or a reduction (less than 12 weeks) this is supported by the Shared Care Worker in the practice
- A clear offer for sustained recovery through Foundations of Recovery and support from peer mentors, Mutual Aid and the recovery service

Our Target

- To continue to support Service users through a range of clinical and psycho-social interventions aimed at supporting individuals to successfully exit patterns of addiction and ongoing prescribing into sustained and positive recovery and abstinence from opiates and medication
- To deliver on Rotherham's ambition to pull the rate of recovery from opiate dependence up to that in comparable areas of England – 1.5% year on year is the improvement needed to do this but starting from a challenging position

Discussion ensued with the following issues raised/clarified:-

- CGL had found that some of the users were on an suboptimal dose i.e. they were on a dose of Methadone of 50-45 ml which meant that they were buying Heroin illicitly on top of their Methadone prescription. This stopped them from engaging in treatment, they may be committing crimes and it was quite unsafe and could actually contribute to the risk of drug related death. Those Service users were not detox or reduction ready because they were still using opiates illicitly on top of a prescription so their Methadone dose had been increased. There was a clinical intervention where their use on top of their prescription was discussed, review their dose and look to increase that to a dose that helped that person physically so they would not need to use Heroin on top. When the Service was confident that that person was stable they would be reviewed and look to reducing the prescription to 30 ml
- There were a number of different clinical approaches depending upon the Service user and where they were on their recovery journey i.e. whether they had an illicit dose on top, health needs etc. and discussed with a clinician as to whether they were detox appropriate
- There were a large number of users on 40 ml or less and not using illicitly so they would be the next cohort of Service users to be worked with
- The targets in the CGL contract with regard to waiting times were the same as those in the previous contract i.e. to see someone within 21 days of presenting to the Service. The contract record had always been excellent. If there was a dip in performance when analysed it was usually due to a couple of people who had not kept their appointment due to holidays etc. There was the ability to drill down in the numbers in more detail
- The availability of Service had increased to include 2 late nights a week and a Saturday morning to ensure there were less barriers for those who worked being able to access the Service

- The issue of Spice usage was known across South Yorkshire but was more prevalent in Doncaster and Barnsley than probably Rotherham and Sheffield. It was something that was monitored with the Service provider regularly, however, there was no visible Spice issue and users were not coming into the Service at the moment nor had it been seen through the Community Safety elements. CGL had a package in place for Spice users with different interventions workers could offer and a clinical prescribing package
- The use of Spice was most prevalent in prison and rough sleepers. It was felt that, due to Rotherham having a smaller cohort of rough sleepers, this was partly why the numbers were not being seen as they were in the bigger cities
- The transition of Service to CGL had been extremely smooth, facilitated by RDaSH, and had picked patients up very quickly. The contract was now 6 months in. There was still concern regarding the number of opiate exits to meet the annual target, however, it was acknowledged that it had to be a safe service and that it took a little longer. CGL had responded by offering a quicker detox package
- CGL had had an unannounced CQC inspection the previous week. A meeting was taking place later to discuss the initial feedback
- The performance report demonstrated the level of detail that could be achieved with the Service. All Drug Services across the country had to feed into the National Drug Treatment Monitoring System (NDTMS). If a Service user presented themselves to any Service in the country/prison service it would be seen through the NDTMS as all the systems were linked up across the country. It was a very complex system where you could see patterns. There were persistent areas that had performed really well under RDaSH, some of the reds were quite arbitrary and the figures not as bad when drilled down. It was known what the key areas were e.g. more work requiring on making sure Service users had their vaccinations for Hepatitis, waiting times for non-opiate users and those Service users who had been in receipt, of treatment for a long time
- There was a lot of fear in the opiate using population that if they left treatment and the treatment offer on the table 5-10 years ago they would never get the same treatment offer again. This was a real fear and driving force in people not leaving treatment
- CGL also included a narrative report which gave more of the Service user voice. This could be shared with the Select Commission
- The Service User voice was really important and would be in the CQC feedback. They interviewed 18 Service users during their inspection. Service users were spoken to, feedback mechanisms for Service users and they get feedback from Service Manager. It was a peer-led

service so if someone went to the front door they would be met by Service users that had been through the system and who were really helpful in gathering feedback and giving a warm welcome and removing any stigma

- A client's mental capacity was assessed at assessment where they would be asked questions and given the opportunity to disclose anything that had impacted on them. It was not measured but there was anecdotal evidence and national figures around the number of female users that had been sexual abused as children and Adult Service users that had been through the care system at some point. All workers had worked in substance misuse for a number of years and knew how to ask the questions and refer to the relevant support systems
- The manager was a member of the Suicide Prevention Working Party and the service had a toolkit that could be used to support service users
- Deaths of Service users was closely monitored and fed in through Adult Safeguarding. The outstanding feature of the deaths since the previous report in September had been a number of people that died in Rotherham Hospital of a number of long term conditions many of which related to alcohol. There had been one incident of a Service user's suicide
- CGL offered predominantly urine screening as part of the Service offer but could offer oral testing and Spice could be included
- There was a national alert system around strong, weak or contaminated batches of drugs. Over the past 2 years there had been an increase in incidences of Heroin mixed with Fentanyl which had been the cause of a number of drug related deaths in the North-East of the country. There was a Fentanyl approach within the organisation and it would be reported through the system
- Clear pathway for those with substance misuse issues and mental health issues following from the recommendations of the scrutiny review
- RDaSH and CGL had been working to ensure the pathways were correct between the Services. A significant number of those who presented to substance misuse services would have additional mental health and physical health needs and a number who presented to secondary care mental health services used substances. There was a very clear responsibility for mental health services provided by RDaSH where people had significant mental health needs to be the lead agency in supporting users and care planning

- If someone was in contact with Mental Health Services and subject to a Care Programme Approach (CPA), they would have a whole plan of care around them including contact numbers for emergency services, Crisis and, if were being encouraged to access CGL Services, CGL staff would be encouraged to support them in that process. It was part of the role of the Care Co-ordinator to hand hold
- Rotherham also had involvement of GPs through the Shared Care approach for opiate use treatment and clear pathways for referral or self-referral to IAPT. They were still working on the front end part and would have a joint training programme for staff to bring everything together
- As part of the initial risk assessment process and ongoing risk assessment review for Mental Health Services was to ask questions about domestic relationships/any difficulties with relationships. Often tactfully phrased but the point was to find out whether there were any immediate risks both in terms of safeguarding and whether there was historical stuff that needed to be dealt with. This would link to with work on suicide prevention and impact of past trauma or abuse
- CGL asked questions regarding domestic abuse and perpetrators but in a very tactful way and they did have perpetrator programmes that could be delivered if they had the numbers. The data was not reported on the scorecard but was collated on the system
- CGL was also a member of the MARAC.

Anne, Lucy and Matt were thanked for their presentations.

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

(2) That a monitoring report be submitted to the Select Commission in June 2019.

## **55. UPDATE ON HEALTH SELECT COMMISSION WORK PROGRAMME 2018-19**

Janet Spurling, Scrutiny Officer, presented an update on the Select Commission's work programme for 2018-19 providing options for potential spotlight reviews and for the work of the Performance Sub-Group.

Discussion included:-

**Select Commission/Spotlight Reviews**

Further update on RDaSH Estate Strategy

Enablement/Reablement

Transition from Children's to Adult Social Care Services – joint work with Improving Lives Select commission

Local Maternity Plan

Potential Service changes at Rotherham Community Health Centre on Greasbrough Road

Implementation and impact of Service Changes

Changes to Intermediate Care and Learning Disability Services

**Performance Sub-Group**

Joint Outcomes Framework for Locality Working

Urgent and Emergency Care Centre measures

Rotherham Integrated Health and Care Place Plan measures - Quarter 2 Scorecard

Implementation and impact of Service Changes

Following from the issues raised earlier in the meeting around primary care, reference was made to the previous scrutiny review that had looked at Access to GPs and the information provided for the meeting in March 2018. Localised data sets including disaggregation by equality protected characteristics would be useful and more information about how the appointments in the three hubs are communicated to patients.

Members suggested other potential items for the work programme - data around suicides and suicide prevention work and autism provision for primary aged children, including possible visits to other local authorities including Sheffield.

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

(2) That the link to the National Survey of Patients be circulated to Select Commission Members.

(3) That the summary of the previous Scrutiny Review of GPs be circulated to Members.

(4) That Members send Key Lines of Enquiry regarding General Practice to Janet Spurling, Scrutiny Officer, in preparation of the February meeting.

**56. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

Resolved:- That the Chair extend an invitation to Tony Clabby, Chair, Healthwatch Rotherham, to attend the meeting.

**57. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE**

The Chair gave an update for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee by confirming:-

- JHOSC had met in October the agenda for which had included the SY&B ICS and the next steps in response to the Hospital Services Review recommendations through a strategic outline business case
- Members had emphasised the importance of public engagement and improving communication
- Assurance had been sought that the plans would be delivered within resources and that they would address health inequalities and the variations in performance between hospitals
- Further information was required and provided after the meeting and could be shared with the Select Commission i.e.

Progress update on changes to Hyper Acute Stroke and non-specialised Children's Surgery and Anaesthesia  
Communications and engagement plan  
More information with regard to the workforce issues raised in the Hospital Services Review

- The next meeting would be held in January/February 2019

In relation to the South Yorkshire and Bassetlaw Integrated Care System the cover report had stated that "Integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area".

Clarification had been sought as to what was meant by "greater freedoms".

From the Memorandum of Understanding agreed nationally this meant that local systems that were working well had greater freedom in how they ensured extra funding and support got to where it was needed in local communities.

Resolved:- That the information be noted.

**58. HEALTH AND WELLBEING BOARD**

Consideration was given to the submitted minutes of the Health and Wellbeing Board held on 19<sup>th</sup> September, 2018.

**HEALTH SELECT COMMISSION - 29/11/18**

Resolved:- That the minutes of the Health and Wellbeing Board held on 19<sup>th</sup> September, 2018, be noted.

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

Resolved:- That a further meeting be held on Thursday, 17<sup>th</sup> January, 2019, commencing at 10.00 a.m.

**IMPROVING LIVES SELECT COMMISSION**  
**6th November, 2018**

Present:- Councillor Cusworth (in the Chair); Councillors Brookes, Clark, Ireland, Jarvis, Khan, Marles, Marriott, Pitchley, Price and Senior.

Also in attendance: Councillor Watson (Deputy Leader/Cabinet Member for Children and Young People's Services). Jon Stonehouse, Strategic Director for Children and Young People's Services; Pepe Di'lasio, Assistant Director – Education; Del Rew, Head of Education and Ian Walker, Head of Service (LAC, Care Leavers and Edge of Care Service)

Apologies for absence were received from Councillors Beaumont, Elliot and Julie Turner.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**29. DECLARATIONS OF INTEREST**

In relation to Minute No. 34 (2018 Education Performance Outcomes), Councillor Cusworth declared a non-pecuniary interest as the Chair of Governors of Brookfield Junior Academy; Councillor Jarvis declared a non-pecuniary interest as a Governor of St Ann's Primary School and Councillor Pitchley declared a non-pecuniary interest as a Governor of Aughton Early Years Centre.

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

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

**31. COMMUNICATIONS**

**Improving Lives Performance Sub-Group**

The next meeting of the sub-group was to take place on Tuesday November 20, 2018. The outcomes from the meeting would be reported back to this Committee in December.

**Corporate Parenting Panel (CPP)**

Councillor Cusworth provided Members of the Select Commission with an update from the previous meeting of the CPP. A sub-group had been established to examine the LADO (Local Authority Designated Officer) process and its impact on foster carers. The outcomes of this would be reported back in due course.

**Health Select Commission**

Councillor Jarvis provided Members of the Committee with an update of the Health Select Commission meeting held on October 18, 2018 which considered reports on Child and Adolescent Mental Health Services and

Social and Emotional Mental Health (SEMH) Strategy for children and young people.

In respect of SEMH provision, Councillor Jarvis reported on areas which were working well, namely: the reconfiguration of the Pupil Referral Unit provision; the improved quality of teaching and learning; well-established partnerships with a shared commitment to working together; good practice models in some areas and the joint work on the trailblazer bid. Areas for future work include the co-production of a strategy taking into account the progress on the CAMHS local transformation plan and five steps to collective responsibility.

Councillor Watson provided additional information about the “attachment friendly” initiative and the training which was being rolled out across the schools which would support the SEMH strategy. Take-up across the school sector had been very popular.

### **32. MINUTES OF THE PREVIOUS MEETING HELD ON 18TH SEPTEMBER 2018**

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 18<sup>th</sup> September, 2018, and matters arising from those minutes.

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on September 18, 2018, be approved as a correct record for signature by the Chair subject to the following corrections:

Inclusion of Councillor Pitchley’s apologies.

Minute 26, the following section should state

Early Help

Referrals – improvement in numbers coming from schools (39% of referrals) however, very few from the general health economy.

Further to Minute No. 22 (Domestic Abuse Update), the action plan and engagement time table will be circulated to Members of the Commission.

Further to Minute No. 23 (Children Missing Education), an evaluation of the Controlling Migration Fund would be scheduled as part of OSMB’s agenda in early 2019.

### **33. DEMAND MANAGEMENT AND PLACEMENT SUFFICIENCY**

Councillor Watson, Deputy Leader, introduced the report outlining that the numbers of Looked After Children (LAC) had increased significantly over the course of the past year by 116 (which equated to a 21% increase). Councillor Watson cited the historical failings of poor social practice;

complex abuse investigation and the National Crime Agency operations had contributed to the high numbers of children and young people in care and without these factors, qualified that there was an approximate 4% increase in numbers which was broadly in line with the national average.

The Head of Service (Looked After Children) stated that 2017 Ofsted Inspection 'dip-sampled' numerous cases and it concluded that no child was in care inappropriately. Whilst there was confidence that care decisions were robust, the increase in numbers was having an impact on placement sufficiency and related budget.

The numbers of Looked After Children (LAC) had increased from 488 at the end of 2016/17 and from 590 in January 2018 to 651 by the end of August 2018. Whilst this was reflective of a national trend of increasing numbers of children in care the rate of increase within Rotherham was even more marked.

As a result the provision of placements had not been able to keep pace with this increased demand and the reliance on commissioned placements (Independent Fostering Agencies/IFAs and Out of Authority Children's Homes/OoAs) had increased from 48.3% (293 of 607 children) in January to 52.2% (340 of 651 children) in August. Of more concern, this had increased from 43% at the end of 2016/17 when only 211 of 488 LAC were in commissioned placements.

Both the increase in LAC numbers and increased reliance on commissioned placements presented the most significant budget pressure currently being faced by CYPS. As at the 28th August 2018 the budget projection for OoAs was £12.3M for 62 placements at an overspend of £3m; and for IFAs was £11.5M for 278 placements at an overspend of £3.7M. As a result if current practice was perpetuated, the current £6.7M overspend was likely only to increase over the course of the lifetime of the Sufficiency Strategy.

The Head of Service suggested that there were grounds for cautious optimism that 'the tide is beginning to turn', based on the following evidence:-

- In the first 5 months of 2018 the average net monthly increase in LAC numbers was 9.4. In the following 4 months this had reduced to 3 (although large sibling groups being admitted to care can easily reverse this improving trend.)
- Over the same period the average age of admission of a child to care reduced from 8.8 years in the first 5 months of the year to 6.5 in the following 4 months. This is relevant as performance data evidences that the younger a child is admitted to care the shorter their time spent in care, the lower their average placement costs and the sooner they are likely to be supported to a permanence placement.

- In 2017/18 the average number of care proceedings instigated per month was 19.5. Thus far in 2018/19 this has reduced to an average of 15.4.

The Service was taking a dual approach to achieve better placement sufficiency; which involved working strategically to safely reduce the numbers of LAC by reducing admissions and accelerating discharges from care (reduce demand); and work more forensically to increase the availability of in-house placements (increase supply).

In respect of managing the demand, a range of initiatives have been implemented which had had an impact. These include:

- Increase in senior management oversight
- Right child right care project
- Edge of Care panel
- Coming Home Project
- Placement Commissioning
- Increased In-House Foster Care Provision

Discussion ensued with the following issues raised:

Were face-to-face exit interviews undertaken with foster carers who chose to leave the service? If so, were there any common issues arising from these surveys?

- It was outlined that people decided to stop fostering for various reason, including changing family circumstance; changes to long-term placements, bereavement etc. An issue that has been raised in the exit interview was the stress that foster carers experienced through the LADO (Local Authority Designated Officer) process. LADO was enacted if a foster carer (or professional) has had an allegation made against them, whereby an investigation would take place to clarify the validity of those allegations. As a result of exit feedback, a review of the support package to foster carers was to be undertaken, to enable foster carers to be re-engaged if allegations were addressed and resolved appropriately.

Has there been a change in the LADO process and has this been reflected in issues raised through exit feedback?

- The function was shared across the service rather than one specific officer who was the designated LADO. The Head of Service had co-opted himself onto LADO process to retain oversight of the investigation of foster carers and to make sure the process is concluded in the most timely manner possible and communication is maintained. This sent an important message to foster carers that they were being supported and valued as professionals. Fortunately, there were relatively few LADO investigations so the Head of Service's involvement was sustainable.

- It was highlighted that other support was available including the Mockingbird Project. There are two current projects and a third was about to be launched. The project has had a positive impact and provides mutual support to foster carers. For the hub carer who does not have any full-time placement they had the capacity to support any carers facing an allegation or in an investigation.

Clarification was sought if there had been any resignation of foster carers who had been involved in the Mockingbird Project. The Officer committed to providing a written response to this query.

An update was requested on the marketing strategy, particularly in respect of respite foster carers and increasing numbers of BAME foster carers.

- The Head of Service responded that the suggestion that there is an option to respite carers rather than making a full-time commitment would be incorporated into the revised strategy. In terms of BAME carers, there are a growing number of looked after children of Muslim faith and the Council had a very limited number of Muslim foster carers. Positive links have been made to the Muslim community leaders and Mosques to develop the Muslim foster care project and engage with the wider community. Revisions have been made to policy and procedures as a result of these discussions. Councillor Khan affirmed that the work was positive and gave further examples of how awareness of this initiative was being raised across the borough.

Councillor Senior stated that Elected Members were there to assist and could publicise recruitment campaigns with constituents; family and friends. A request was made for publicity/ information to be circulated to Members

How many foster carers resigned in the first 12 – 18 months after recruitment? How does this compare with other Local Authorities?

- There have been a number of foster carers resigning in a relatively shortly after recruitment which was a concern. The Head of Service would provide a written update on numbers. There were no comparisons with any other local authorities. Processes have been reviewed to assure that assessments were sufficiently robust and foster carers were prepared for the challenges the role will bring. In addition, training and support have been examined to ensure that it is appropriate particularly in the first 12 months of the role. Placement matching has also been reviewed.
- Feedback from our foster carers was highly complementary about the support level that they received both from their supervising social workers but also from the children's social workers. A small number of

foster carers from the independent sector were transferring to the local authority because of the level of support.

Citing an example from the report, clarification was sought on the process of taking children into care and discharging them from care safely within a two week period.

- The children were taken into care under the Police Powers of Protection over the course of a weekend. Rather than pursuing an interim care order as would have been practice in the past, a seventy-two hour intensive assessment was undertaken with the family and extended support networks. As a result of this the children were returned home safely, subject to a child protection plan. The parents are fully engaged and the children are supported to live at home. Learning from this was shared with partners and symptomatic of how practice has changed, with social workers considering options and managing risks.

Clarification was sought about the numbers of children discharged from care as part of the Right Child Right Care who were not part of work-streams.

- As the scheme developed and became more established practice, team managers were able to identify children who could be considered as part of the project who were not in scope originally. On the basis of enhanced support, more foster carers were taking up Special Guardianship Orders or other routes, facilitating the safe discharge of children from care.

What role was the Independent Reviewing Officer (IRO) in advocating permanency where this is in the best interests of the child?

- Previously, the whole service was slow to identify a permanence plan for children in care. IROs are part of this. Permanence is considered at a much earlier stage, both in and out of the care system. There are long term plans identified for 44 children.

An explanation of the status of Regulation 24 foster placements and what would happen if after review family members no longer wished to look after the child.

- The vast majority of those Regulation 24 placements were converted into Special Guardianship Orders (SGO)/ Child Arrangement Orders (CAO) or the children returned to the care of the birth parents over the course of the care proceedings. The conversion to SGO/CAOs achieved permanence for those children. The carers received the same level of financial support as they would receive had they been foster carers and that in line with the with the SGO regulations.

Clarification was sought about the status of the Sufficiency Strategy (2017-2021) and when this was last updated. It was noted that the cover report did not reference the eight action points raised in response to OFSTED recommendations.

- It was acknowledged that the Strategy did not reflect the progress made since its launch and a commitment was given for it to be refreshed and relaunched.

Given the additional investment of £12m, the Strategic Director was asked if sufficient progress had been made by the service.

- The Strategic Director gave assurance of his confidence in the rapid progress/improvements that had taken place as reflected in the OFSTED judgement. The challenge was to make impact at the pace required, however he was confident that the service was moving in right direction.

The Chair stated that that progress and improvement had been made across the service, however she recognised that the service was still judged by OFSTED as “requiring improvement” and expressed concerns about the challenges of managing future demand, improving outcomes for looked after children and the pace at which this was to be achieved.

**RESOLVED:** (1) That Improving Lives Select Committee notes the contents of the report.

(2) That the refreshed Sufficiency Strategy is submitted to Improving Lives Select Commission in March 2019, with specific reference to the eight OFSTED action points for improvement.

### **34. 2018 EDUCATION PERFORMANCE OUTCOMES**

Councillor Watson, Deputy Leader, introduced the report, highlighting to Members that the reports were unvalidated so may be subject to minor changes. In most instances, Rotherham pupils performed better than the national average. There were still concerns about the achievement of disadvantaged pupils and pupils from Gypsy, Roma and Travellers (GRT) communities as outlined.

It was reported that the influence of the Local Authority was limited as the majority of schools in Rotherham are now academies. However, since the appointment of the Assistant Director in the summer, the Rotherham Education Strategic Partnership has been established. This has brought together the local authority, multi-academy trusts, special schools, teaching alliances, sixth form and further education colleges and the university campus to identify synergies and areas of mutual support.

The reports outlined areas of concerns; which included the new performance measures in Mathematics and English, which had not met expectations. This was a pattern that had been noted in other local authorities. Further reference was made of progress scores and future prediction of results based on Key Stage 2 performance.

The proportion of pupils attending a good or better Rotherham school was 78% as at July 2018 compared to 66% in August 2012. The proportion of Rotherham schools judged as good or better was 81% as at July 2018 compared to 66% in August 2012; this compared to the national average of 86% as at July 2018. The gap to the national average is 5%.

OFSTED have introduced changes to the statistical reporting of inspection outcomes from June 2018. This has resulted in our proportion of good or better schools decreasing by 2% which is in line with the national average decrease.

Performance at Key Stages was summarised as follows:

- Performance in the Early Years Foundation Stage Profile (EYFSP) for a 'Good Level of Development' (GLD) has continued to rise and was, again, above the national average (by 1.4% in 2018).
- In Phonics, the percentage of pupils passing the phonics screening check in year 1 increased by 2% to 81% in 2018.
- In KS1, 65% of pupils met the expected standard (EXS+) in reading, writing and mathematics (R,W&M) combined in 2018, compared to 64% in 2017. Rotherham has improved by 1% and was in line with the national average at 65.4%.
- In KS2, 61.5% of pupils met the EXS+ in R,W&M combined in 2018, compared to 60.8% in 2017. Rotherham improved by 0.7% and is 2.5% below the national average. In the higher standard (HS) for R,W&M combined at KS2, Rotherham improved by 1.1% to 8.2%; this was 1.7% below the national average at 9.9%.
- In 2018, the average KS1-KS2 progress score for Rotherham LA in reading was -0.6 (sig-), in writing was +0.7 (sig+) and in maths was +0.0. The progress measure in reading was identified as significantly below the national average; the progress in writing was identified as significantly above the national average.
- At KS4, the average Attainment 8 score per pupil decreased by 1.7 points to 43.3 in 2018. The national average increased by 0.1 points to 46.5 (state funded i.e. LA maintained schools, academies and free schools) and decreased by 0.3 points to 44.3 (all schools including the independent sector). The LA average is 3.2 points below the national average (state-funded schools) and 1.0 point below the national average (all schools).

Discussion ensued with the following issues raised:-

What plans were in place to address the under-attainment of Gypsy, Roma and Travellers (GRT) Pupils and how would progress be measured?

- Using the Virtual School model, advisors would work with the relatively small number of schools with the highest proportion of GRT pupils to develop personal education plans with smart targets.
- As part of the Eastwood Deal, partners were seeking focussed improvements for GRT pupils. A number of schools have met and a strategic plan was being developed. Best practice has been examined including those authorities which have had much better performance in this area.
- The Cabinet Member was confident that there was capacity within the Virtual School to undertake this work without compromising its focus on looked after children. It was highlighted that progress would be measured through academic performance and the SMART targets in personal education plans, and evidenced within the annual reporting of results.

Were productive partnerships in place with Multi- Academy Trusts (MATs)–

- The Assistant Director outlined that MATs are changing entities, with partnerships evolving accordingly. The challenge was to work MATs, who are not statutorily obliged to co-operate with the Local Authority, to encourage them to partake in support as appropriate. The Strategic Director and Assistant Director were to meet with the Regional School Commissioner (RSC), who has statutory powers to work with MATs, to discuss how the LA and MATs can work more collaboratively. Examples were given of partnership working in primary schools to share good practice, with evidence of improvements as a result of these interventions.

What steps would be taken to support an academy trust school which was judged to be inadequate?

- When an academy trust school is deemed to be failing, the RSC would investigate and formulate an action plan as appropriate. If the school was part of a MAT, the MAT were obliged to support improvement. The academy could determine where it sought support, with reference to the RSC. Whilst not statutorily obliged to provide support, the LA would seek to maintain influence and work to support wherever possible. Assurance was given of the willingness of headteachers and Trust Chief Executives to work with the LA to achieve the best outcomes for Rotherham children and address under performance.

What work was underway to boost the performance of more able pupils?

- It was highlighted that not enough of Rotherham's high performing students were attending elite universities (which was also reflected regionally). Social and economic reasons were cited, along with lower aspirations of young people and families. Focussed work had been undertaken to raise the attainment of disadvantaged pupils over the past five years, however the service had examined the attainment of different cohorts, including higher performing students to ensure that the pathways were in place to access high level apprenticeships or university education.

How will the new University Campus Rotherham (UCR) be linked to the Skills Plan and the education sector as a whole and how will the results be monitored?

- The courses offered are linked to the local employment and skills agenda. The University College have links to local business organisations; the Advanced Manufacturing Park and larger employers and schools.
- Work was also underway via the Virtual School to ensure that looked after children had access to these opportunities. Two local employers are sponsoring care leavers through university and there are plans to widen this initiative should it be proved to be successful.

In respect of the bullet points listed under the section "What needs to happen", further details were asked of the actions underpinning each of the following key points:

- The need for the LA to continue to endeavour to maintain or re-establish positive links and effective communication with all of Rotherham's educational providers so that all schools retain a sense of belonging to a Rotherham-wide learning community
- To increase the number of pupils attending (Ofsted) good or outstanding schools and increase the number of good or outstanding schools in Rotherham
- Reducing the gap between the achievement of Gypsy Roma Traveller (GRT) and disadvantaged pupils when compared to other pupils needs to be improved in all phases of education.
- In KS1 and KS2, pupils need to secure further gains in reading at both EXS+ and HS in order to close the gap to the national average.
- Ensure that libraries (through Culture, Sport and Tourism) link into education to help improve reading across the authority
- Make significant improvements in Key Stage 2 mathematics in order to address the decline at both the expected and higher standard in 2018.
- Boosting the performance of our more able pupils must continue to be a high priority.

- Improve the performance in new key measures at KS4 in particular in English and mathematics
- Ensure we link University College Rotherham (UCR - the new HE campus) to the skills plan and education sector more closely.

A commitment was given to providing a detailed action plan for a future meeting.

What were the plans for other cohort of disadvantaged pupils and to monitor pupil premium spend?

- Each school reports its spend in relation to pupil premium and this information is published on school websites. Spend in relation to Pupil Premium Plus was reported through the Annual Report of the Virtual School.
- In relation to other cohorts, disadvantaged boys particularly those in receipt of free school meals, were a priority for many schools. However the LA could not place schools under an obligation to produce action plans to improve performance in this area.
- An evaluation would be undertaken of the initiatives to close the gap amongst disadvantaged students. Reference was made to the Key Actions in Response to Identified Priorities for Improvement (Closing the Gap) listed in Appendix 3 and a commitment was given to provide a further report

**RESOLVED:** (1) That Improving Lives Select Committee notes the recommendations to Cabinet that the contents of the report are noted to ensure that Cabinet is fully informed of the latest provisional un-validated education outcomes in Rotherham for 2018.

(2) That a further report is submitted in six months' time, with detailed analyses of:

- actions taken to “Close the Gap”;
- action plans underpinning the section “What needs to happen” and how progress against these actions is monitored;
- actions to boost the progress of more able pupils and how this is monitored.

(3) That the Regional Schools Commissioner is invited to a future meeting of this Committee.

(4) That the Cabinet Member for Children and Young People's Services and Neighbourhood Working be requested to organise a visit to University College Rotherham for Members of this Committee.

**35. WORK PROGRAMME AND PRIORITISATION**

The Senior Adviser (Scrutiny and Member Development) gave a verbal update on the work programme and prioritisation.

In respect of the meeting to be held on December 4, 2018, the Committee was to consider the following reports:

- Rotherham Local Safeguarding Children's Board Annual Report
- Rotherham Safeguarding Adult Board Annual Reports
- Update Missing from Education

The Senior Adviser was to circulate guidance from the Centre for Public Scrutiny to inform Members' lines of enquiry.

In reference to the meeting to be held on January 15, 2019, the following items would be considered:

- Lifestyle Survey
- Update on Post Abuse Services and Barnardos ReachOut
- Update on Domestic Abuse.

The Chair suggested two areas of work for in-depth scrutiny:

- Prevent (to be undertaken as a spotlight review)
- Holiday Hunger

The Senior Advisor would contact the Committee to seek expressions of interest for the work on Holiday Hunger.

**RESOLVED:-** That Improving Lives Select Committee notes the update.

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

Resolved:- That a further meeting be held on Tuesday, 4<sup>th</sup> December, 2018, commencing at 5.30 p.m.

**IMPROVING LIVES SELECT COMMISSION  
4th December, 2018**

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

Apologies for absence:- Apologies were received from Councillors Brookes, Hague, Ireland, Marles, Pitchley, Senior and Jones.

The webcast of the Council Meeting can be viewed at:-  
<https://rotherham.public-i.tv/core/portal/home>

**37. DECLARATIONS OF INTEREST**

Councillor Elliot made a Personal Declaration of Interest in Minute No. 42 (Rotherham Safeguarding Adult Board Annual Report 2017/19) – Council appointed Co-Chair of the Learning Disability Partnership Board and Partner Governor of RDaSH.

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

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

**39. COMMUNICATIONS**

**Health Select Commission**

Councillor Jarvis provided Members of the Select Commission with an update of the Health Select Commission RDaSH Sub-Group where feedback had been received on the CQC inspection.

**Corporate Parenting Panel**

The Chair reported that the Panel had not meet since the last meeting of the Commission.

A meeting had been arranged for the Sub-Group to meet with Rebecca Wall to look at the LADO process and the impact of that on foster carers and in particular on the retention of foster carers.

**Improving Lives Performance Group**

The meeting had not taken place due to illness, however, issues raised would be fed back to Children's Services in due course.

**40. MINUTES OF THE PREVIOUS MEETING HELD ON 6TH NOVEMBER, 2018**

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 6<sup>th</sup> November, 2018, and matters arising from those minutes.

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 6<sup>th</sup> November, 2018, be approved as a correct record for signature by the Chair.

It was noted that an e-mail had been sent to Select Commission Member seeking expressions of interest in establishing a sub-group to look at Holiday Hunger in the New Year

**41. ROTHERHAM LOCAL CHILDREN'S SAFEGUARDING BOARD**

Christine Cassell, Independent Chair of the Rotherham Local Safeguarding Children Board, together with Phil Morris, Business Manager, presented the Board's annual report 2017-18.

Attention was drawn to:-

- There had been a number of inspections by external regulators. They reflected the very significant improvement in Rotherham, particularly in Children's Services, over a very short period of time
- Those improvements in the Council and indeed the wider partnerships were to be celebrated, however, there were still further improvements to be made in safeguarding both in individual agencies and the partnership response
- The very speed of the improvements brought some risks. Health and Protection were good but further work was required both within Children's Social Care and partners to ensure that the good practice was consolidated and embedded
- There was a problem nationally with the demand on Safeguarding Services, particularly Social Care, whilst budgets were reducing
- Rotherham's situation was further exacerbated by the effective multi-agency work on complex abuse and the impact of Operation Stovewood. The effective management of demand would continue to be monitored by the Board and Partnership whilst supporting and challenging further improvements in safeguarding
- Future areas of focus
  - New arrangements for LSCB
  - Neglect
  - Monitoring of effective Early Help Service
  - CSE and the wider issue of exploitation
  - Voice of children and families
  - Continue to develop the existing work across the various boards with responsibilities in relation to safeguarding e.g. Adults Board

- To increase collective understanding of communities in Rotherham, target services and support in order to ensure that the support was going to the right place and continue to develop the resilience of particular communities within the Borough
- The Children and Social Work Act 2014, removed the requirement for LSCBs in their current form but there was a requirement still to have a partnership of local agencies working together to ensure safeguarding. The key difference in the new arrangements as defined in the revised guidance – Working Together 2018 – was that it now became a shared accountability between the local authority, Chief Operating Officer of the RCCG and Chief Officer of the Police
- A working group had been established to consider the arrangements with development of proposals in due course. They must be published in June 2019 and in place by September 2019. There was a strong commitment across partners to build on the existing good work of the partnership and to strengthen that further

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

- The working group of Chief Officers working on the new Board arrangements had indicated that they would wish to continue with an Independent Chair
- Whilst not able to answer directly with regard to placements for children with disabilities due to being an operational question, the Board would continue to question whether there were sufficient placements for children with SEND
- No specific audits/activities had been undertaken by the Board with regard to ensuring the safety of the particular placements. The Board received SEND updates to ensure the new combined plans were in place. The multi-agency plans were one way of ensuring the safeguarding aspects of placements including arrangements for children who were placed outside the Borough
- The Local Authority had robust arrangements in place to ensure it was placing children and young people in settings that were of good quality, Ofsted registered and were achieving good or better through the inspection process with mitigations in place when the placement did not meet the required standard
- Work was taking place on the development of placement sufficiency. Ideally all Rotherham children and young people should be placed within the Borough so they were closer to the family home/network

- The Board had received reports from the Council's Commissioning Team regarding the processes they adopted when commissioning placements and that they undertook a full safeguarding assessment of the placement to ensure it was safe
- As part of the routine work of the Board, all organisations were asked to undertake a self-assessment (Section 11 assessments) which included reference to any inspections, as appropriate, and actions arising. There was a periodic multi-agency challenge process on the audits
- The number of Child Protection visits had fallen. When questioned, Team Managers were able to articulate the reasons for the decline and assure that there was oversight and supervision. Assurance was sought about the length of delay and had it made any difference to the outcome for the child. The answer provided had always reflected that there was good oversight of the cases
- There was a correlation between the fall in Child Protection visits and the teams with higher caseloads. A full response would be provided after the meeting
- The voice of the child in relation to domestic abuse had not been looked at specifically by the Board
- The Safeguarding Children Procedure were multi-agency and, therefore, whether a health professional, school teacher, Social Worker, one needed to be able to understand what that procedure was telling you about understanding the child you were working with and what steps you may need to take. Often the Procedure was updated because the practice was changing and improving in a positive way
- The Board received reports on Prevent but it was not its primary responsibility; it came under the remit of the Safer Rotherham Partnership. An update was due to the March 2019 meeting
- A number of people had had a hypothesis for some time with regard to the impact austerity must be having in terms of stress and strains on families. The recent Association of Director of Social Services report was very important in highlighting some of the issues that needed to be addressed. The NSPCC had carried out work and identified an increase in physical abuse rather than generalised neglect which they were attributing to austerity
- One of the big issues from Safeguarding Board perspective was the engagement of all agencies and all professionals in undertaking Early Help assessments and getting involved in Early Help. Regular reports were submitted to the Board and encouragement was given on the benefits of partnership working in that way. However, the Board had

noticed better information coming forward to evidence that there had been changes in key areas that Early Help staff working in

- There have been significant improvements over recent years in the way in which Early Help was co-ordinated and the way in which partners were working together. There was some evidence of the impact on families and the Board would be seeking further evidence of the impact and improvement of families
- To make the improvement that has been made in Rotherham over the period of time was really remarkable in terms of comparison with other areas. Once areas reached the point where they were “good”, it could be quite a fragile time in terms of ensuring that improvement was sustained and in fact continued
- The Board continued to raise the issue of dental assessments and Initial Health Assessments for Looked After Children and asked partners to find solutions to ensure that they received the medical and dental support that they had to have. It was an issue that needed to improve and the Board would continue to argue the need for
- The evidence the Board had received was that thresholds were applied appropriately with regard to the progress from Early Help to Social Care
- The new arrangements for the former LSCB will have a slightly different configuration of the groupings. There now needed to be some Chief Officer/Senior Officer oversight from the 3 agencies. There would be an Executive Group, which would drive the work of the Board and would be smaller than the full Board arrangements, and then look at the wider partnership to engage the current Board members, discuss with them the frequency and nature of the meetings, to ensure attendance and that it was seen as a meaningful process. It was the aim to ensure real engagement with the wider partnership which would then address attendance issues
- The new guidance did not make reference to the Lead Member, however, the Lead Member continued to have statutory responsibilities. As part of the new arrangements discussions were taking place as to the appropriate involvement of the Lead Member and Director of Children’s Services. Working Together 2015 had stipulated who had to be on the Board and respective responsibilities in considerable detail; the new arrangements were much more permissive which had advantages and disadvantages. The 3 accountable partners had the opportunity to say who they would like the wider partners to be and how they would like them to be involved
- Much of the representations nationally on the consultation document had been with regard to the involvement of Education. The Board was very clear there needed to be strong links with Education. The

current Board had a very strong group of Education partners and would want the new arrangements to build on and strengthen that

- Clarification was sought to establish if there were any barriers from issues being stepped up from Early Help to Social Care or whether the threshold for meeting Social Care was appropriate in the opinion of the Independent Chair
- The thresholds were a document essentially which described the continuum of support from Early Help through Children in Need to eventually children being taken into care; it establishes the range of support available. It was owned and established by the Partnership. The Board had a document which sets out examples to help people understand what was appropriate to meet the needs of the family. The issue should always be what was the appropriate and effective level of support for that child and family and the thresholds were there to guide people making the right decisions. Evidence from a range of sources currently showed that thresholds were being applied appropriately and nothing to suggest that there were problems
- Rotherham was close to the national average with regard to re-referral rates

Resolved:- (1) That the Rotherham Local Safeguarding Children Board 2017-18 Annual Report be noted.

(2) That anonymised audit from the Domestic Abuse Partnership Review be circulated for information.

(3) That the LSCB Chair be invited to the July meeting to update the Committee on the new Safeguarding Multi-Agency Partnership arrangements.

#### **42. ROTHERHAM SAFEGUARDING ADULT BOARD ANNUAL REPORT 2017/18**

Sandi Keene, Independent Chair, and Jacqui Scantlebury, Safeguarding Adult Board Manager, presented the Rotherham Safeguarding Adult Board's annual report 2017/18.

Attention was drawn to:-

- The Board operated under the legal framework of the Care Act 2014 and was now a statutory Board. When the Care Act was published there were a number of different emphasises in relation to Adult Safeguarding e.g. making safeguarding personal which focussed on working with individuals to achieve the outcomes they wanted from the process rather than necessarily following a very rigid set procedure with defined outcomes

- The Board was still in development. Throughout other local authorities and Boards there were different interpretations of thresholds. The threshold in Adult Services was what would constitute a concern and what would constitute an inquiry
- When the Care Act was published, Rotherham was starting its Safeguarding Adults work from a very low base in relation to the organisation of the Board and prioritisation of the work.
- There had been considerable investment in time and commitment from the Council and partner agencies. The Board sub-structure was heavily dependent, and benefitted from, the individual commitments from members of the Board from other agencies. There had been very little performance information, but as a result of commitment from the Council that was being vastly improved
- There was not a great deal of benchmarking information nationally to ascertain where the Board was although work was being undertaken in Yorkshire and the Humber to look at some of the comparative information around thresholds.
- Work had taken place on the constitution of the Board, developing within South Yorkshire revision and revitalising any procedures that had been using in the past and some individual procedures that the Rotherham Board had created in terms of what it had felt was important
- Next year there was to be a joint Adult and Children's single audit of agencies around Safeguarding
- Rapid progress within the confines of restricted resources

#### Headlines of Report

- The data needed to be understood from the point of view that in Adult Safeguarding there would be a number of people who were referred as a concern/inquiry and deemed to have met a threshold for people who were in residential nursing care as well as people who were in their own homes
- Also operating within the context of people having a variety of capacity in order to respond to and to be safeguarded and operated within the Mental Capacity Act
- The latest quarter's information showed that the Board was dealing with 46% within residential and nursing care, 36% people in their own homes and others from other settings e.g. hospital, community hospital community services and acute hospital

- The level of concern reporting had decreased in the last year where as the level of inquiry investigation had increased. This needed to be understood and investigated further, however, it was felt that the decrease of concern was because of effective signposting at the front door when enquiries came in
- Nationally there was still some movement around what was deemed “quality” and what was deemed “safeguarding”. The Board was confident that it was not an outlier in these matters. In as much benchmarking data was available, the Board was fairly confident that the reduction in concerns combined with the increase in the proportion of investigations meant that it was getting some of the decision making right
- The areas of abuse that were deemed to be increasing at quite a significant rate included physical abuse, psychological abuse and domestic abuse. Domestic abuse figures are where it was deemed that the person affected was a vulnerable adult within the Care Act
- The Board now had a quality assurance process and had been quality assuring case files. A variation in standards had been found with the biggest issue being consistency of decision making. However, it was not just the Local Authority that carried out investigations and inquiries; other bodies such as RDaSH and the Hospital now did their own inquiry investigations so further work was required to continue to be satisfied with regard to consistency

#### National issues

- The LeDer Programme (Learning Disability Mortality Review Programme). The Board was now required, and as a community, to refer any death of a person with learning disabilities to the national programme where they were found to have passed away at an earlier stage of their life. There was an investigation of the circumstances to ensure the person’s death could not have been prevented.
- Rotherham had referred some cases to the LeDer Programme but had not had any feedback as yet due to a backlog with the actual investigations and reporting. There had been 2 cases locally that had given rise to concern but they were historical cases; there were no current cases in terms of the Programme
- In common with other authorities there were very significant backlogs in terms of the work of assessing people's capability and capacity in terms of Deprivation of Liberty Standards. Not all Deprivation of Liberty were Safeguarding issues but some were. The Board was keeping a watching brief and requested regular updates
- There were a small but rising number of self-neglect cases of vulnerable people not caring for themselves adequately for whatever reason. Case management was very complex due to a number of

difference reasons but excellent support had been received from RDaSH in how to handle, manage and support such individuals

Our priorities for the future

- Continued building of the foundations
- Get the procedures right
- Improving public engagement
- Raise the voice of the individual
- Need to understand far more about consistency of practice and areas for development
- Look at the prevention and early support offer across the Borough
- Look to refresh the Board's plan for development over the next 3 years (the Rotherham Safeguarding Adults Board Strategic Plan for 2019/21)

Questions

- It was not felt that the increase in self-neglect was as a result of the Mental Capacity Legislation but agencies were required to ask whether somebody had the capacity to make their own decisions and, even though some of the decisions may not be wise decisions there may not be a legal base for intervention. That did not mean to say that authorities did not have a duty of care and one of the issues was the threshold. The Board was working with RDaSH who were a national exemplar
- With regard to the Learning Disability Mortality Review the person's area of residence was the significant not their area of GP practice. Many of the incidents were as a result of recognising medical problems and providing or ensuring there was sufficient medical assistance for people. There was now a growing body of evidence of what to watch for but in the main ensuring people with a learning disability received the most appropriate medical support at the earliest possible opportunity
- The Board had not been informed of the proposed changes to the Learning Disability Services. However, within the Board's priorities was to assure itself that people with Learning Disabilities were receiving an appropriate safeguarding response if and when required
- There was no guidance on "oversights" and when they became a safeguarding issue. An oversight would be deemed by any provider to be an initial quality issue. Currently it was a matter of professional judgement within the overall boundaries and guidance that existed with regard to level of concern. Currently the Board did not record repeat referrals and it may be something for the future in terms of monitoring. If there was a referral 3 times as result of an oversight it would be referred elsewhere. It would be something that the hospital would take up with the individual practitioners in terms of their response to an individual

- The lead for human trafficking and modern day slavery was the Safer Rotherham Partnership with whom the Board were working very closely with. The Board had received on the topic and, on behalf of the SRP, had conducted mystery shopping exercises into the first point of referral to test out people's reactions. At the end of last year the Board had increased its awareness of vulnerable adults coming under this umbrella from one to 3 so there was recognition that some of the individuals described had such a vulnerability and eligibility for services from the operational staff
- In comparison to other local authorities, Rotherham had given a high degree of commitment to developing services for vulnerable adults who might not traditionally fit a box of somebody with learning disability/ mental health problems. The Vulnerable Adults Team within the Local Authority, which had commitments from Adult Social Services, Housing Services and other services in the Borough, was well placed to be able pick up and support people who were identified in those situations with a degree of vulnerability
- Due to it being operational, an answer could not be given with regard to catching up on of new assessments/reviews. However, there was a dedicated team that carried out Safeguarding investigations and enquiries, as well as the Area Teams, who dealt with the highest profile and most urgent matters. There was not an awareness from a Safeguarding perspective that there was a backlog in following through safeguarding enquiries
- An assurance could not be given that the voice of the victim, particularly vulnerable adults, was being captured and being heard. There had been less focus on victims of domestic abuse who had vulnerabilities than possibly Children's. The Board had not had a dedicated report other than a general report that they had been involved in the action planning and fully participated in. There had no deep dive into interrogating the specific incidences for individuals as part of the Board's performance monitoring as yet and would form the next level of its development. So far the case file audits had been in relation to a cross-sectional perspective on individuals
- Under the Care Act people who were undergoing inquiries as a result of safeguarding concerns, had a right to have an advocate. The Board had undertaken some initial work to attempt to establish if individual had been offered an advocate although it was difficult to interrogate the data. At present that data had been difficult to establish and achieve. The Council was retendering the Advocacy Service and the Board assumed that the tendering process would monitor quality and the appropriate measures in terms of delivery of service. It would be the interest of the Adult Safeguarding Board that the volume of activity was available to enable not just those who came under DoLS and the Mental Capacity Act, but anyone who was going

through a safeguarding enquiry that they had somebody to support them to do so. It was a live and current piece of work for the Board to establish that baseline; once established the Board would assure itself with regard to the quality of the offer

- Due to its operational nature, an answer could not be provided with regard to the Vulnerable Care Leavers Risk Management Pathway

Sandie and Jackie were thanked for their presentation.

Resolved:- (1) That the Rotherham Safeguarding Adult Board Annual Report 2017/18 be noted.

(2) That the Board give priority to ensure that people with learning disabilities were adequately safeguarded under the new arrangements.

(3) That when the 2018-19 Annual Report was submitted that it also include the Rotherham Safeguarding Adults Board Strategic Plan for 2019/21.

#### **43. EARLY HELP - CHILDREN MISSING FROM EDUCATION**

Further to Minute No. 23 of the meeting held on 23<sup>rd</sup> September, 2018, Susan Claydon, Head of Service Early Help, and Dean Fenton, Head of Service School Planning, Admissions & Appeals Service, presented the following further information as requested:-

- Each Local Authority had the responsibility to employ a CME Officer. Rotherham had an Operational Manager who over saw the work and a Head of Service Strategic Lead.
- All Early Help Locality Teams adopted attendance and CME related issues as 'everybody's business' so that home visits and enquiries pertaining to a child missing from education could be directed by the CME Officer and associated manager
- As part of Phase 2 and 3 of the Early Help Strategy, Cabinet had agreed that the CME function move from Early Help into Education and Skills. This was important in further aligning CME processes to wider education processes such as school admissions and elective home education. The transition expected in January 2019
- 177 children (from 97 families) classified as new CME referrals, a reduction compared to the previous quarter (188 children/97 families)
- Of the 177, 92 children had been known to have had previous episodes of CME that were closed
- Evidence suggested that the recurrence was largely due to families being transient and then returning to Rotherham intermittently rather than concerns related to vulnerability and/or safeguarding issues
- At the end of the reporting period there were 146 active cases that remained open to CME – a 30% reduction from Quarter 1

- 256 resolved cases (significant increase on Quarter 1 – 134 cases)
- 13.7% of children within the CME cohort were eligible for Free School Meals
- 89 new referrals from primary schools and 88 from secondary schools
- Outcomes data now captured – of the 256 children that were closed to CME in the Quarter, 46 were found and transferred to admissions and tracking. 75 children were closed as they were found and another local authority subsequently accepted responsibility for them. 21 children were found in a school within another local authority and 29 were found have taken up a new place at a school in Rotherham. 22.5% of children were closed as a result of all possible enquiries being exhausted and 12% were verified to have left the UK. 2 children were classified as being educated at home
- The majority of the children found in another authority were proportionately distributed around South Yorkshire
- Of the newly identified cases, 82.5% were from the central area of Rotherham at the time of referral
- The majority of children CME were classified by ethnicity as Roma by their parents (40%) and a further 36% unclassified
- The Early Help Head of Service had negotiated a new form, introduced in October, in conjunction with the School Admission Service, to encourage parents to complete ethnicity information. This element remain a voluntary aspect when applying for a school place in Rotherham
- Work was taking place within schools/education to better understand the needs of Roma families and ensure that services maximised co-working and shared approaches
- The Early Help Service was working with the RMBC Communications Team to publish good news stories about the positive work with Roma families in the locality to assist with reassurance in the community
- More detailed locality information had been added to the quarterly scorecard that detailed localities across the Early help reach area
- Free School meals analysis had not been captured and included in the Quarter 2 scorecard

Discussion ensued with the following issues raised/clarified-

- The School Admission process sat within Education and Skills where there was a tracking system for when families applied for a school place for their child. If a parent presented themselves directly to a school and made an application, CME would transfer it to the application and transfer process and was monitored and tracked through the Admission to School process. At the end of the process if the child still did not have a place, it would be referred to other protocols such as Fair Access
- Elective Home Education was also part of the Service and had links to the multi-agency Strategic Missing Group

- The Authority had a responsibility to employ a CME Officer. The move for that position to be within Education was much better for the postholder's personal development and the linkages across all
- There would be a seamless transition from application and process into CME still with oversight into Early Help and through the Strategic Missing Group day-to-day liaison
- It was difficult to prevent families travelling out of the UK, however, the Service worked intensively in the localities. Work was taking place to educate families with regard to the detrimental impact of removing their children from school. There was a team of workers as part of the Early Help Service in the Clifton locality, predominantly where the CME children were, as well as dedicated workers at the Secondary School and the feeder primary schools. There were strong links to the community organisations, Clifton Learning Partnership and REMA, who worked through assertive outreach in the community, and strong links with the service area. There was attendance on open evenings where interpreters/Roma speaking staff would be present to communicate the concern about children's education being disrupted. However, some of the CME children were not due to them returning to their home country but move around the UK for job opportunities
- The Early Help Service ensured it had exhausted all options before fining families. It was a different route for CME as Fixed Penalty Notices (FPN) for children who took holidays in term time. The Service made sure it was supporting families and understood what the holistic family need was as fines may not change behaviour and may add to the poverty and deprivation of what some of families were facing
- The Authority had limited powers by statute with regard to Elective Home Education. Local Authorities had a duty to establish whether a child was receiving an adequate education, however, it was a very difficult threshold to measure. Currently a Bill was going through Parliament in relation to Elective Home Education and the powers of local authorities. The Bill looked to strengthen local authority statutory duties and suggested things such as an assessment or baseline of education. Rotherham carried out safe and well checks
- There was a governance group, Overview and Accountability Group for Elective Home Education, consisting of representatives of Social Care, Early Help and other agencies such as NSPCC, Barnardos, NHS. Any cases of children not seen would be worked through with other agencies and if still not seen there was an escalation process through Early Help into Social Care. The Group had been in operation for 18 months and was accountable to the Strategic Missing Group

- If there were any concerns when an expression to Elective Home Educate was made, there were rigorous checks to ascertain if there were any pre-existing concerns and that family in receipt of support. If so there would be discussion at the Overview and Accountability Group and the family to ensure all were in agreement and advice and support offered. Some expressions had been opposed and work had taken place with Children and Families to secure a better outcome for that child
- From the assertive work carried out in the community described previously, the Service was notified as soon as possible of any new families that had moved into the area. Often new arrivals would present themselves at one of the voluntary organisations and the information was shared. It was not impossible that a family could move into the area and not be known of for a couple of weeks but in general agencies would find out. If a family came from another local authority there were checks carried out with the Authority in the same way as they would if moving from Rotherham

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

(2) That consideration be given to the format of a 6 monthly future report(s) to include the Strategic Missing Group and the wider context of Children's Missing from Education, persistent absence, Fixed Term Exclusions, Elective Home Education.

(2) That discussions take place with regard to the possibility of including Children Missing from Education to the weekly tracker.

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

Resolved:- That a further meeting be held on Tuesday, 15<sup>th</sup> January, 2019, commencing at 5.30 p.m.

**IMPROVING PLACES SELECT COMMISSION**  
**1st November, 2018**

Present:- Councillor Mallinder (in the Chair); Councillors Atkin, Birch, B. Cutts, Elliot, Fenwick-Green, Jones, Khan, McNeely, Reeder, Sansome, Sheppard, Vjestica, Walsh and Wyatt.

Apologies for absence were received from Councillors Jepson, Julie Turner and Whysall.

The webcast of the Council Meeting can be viewed at:-  
<https://rotherham.public-i.tv/core/portal/home>

**23.            DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**25.            COMMUNICATIONS**

(1) The Chair reported that there would be a visit to the proposed Rother Valley caravan park at 11.00 a.m. on 7<sup>th</sup> November, 2018. Please contact Christine Bradley if interested in attending.

(2) Councillor Sheppard reported that a number of information hoardings had now been erected in the vicinity of the former Magistrates Court building giving details of the proposed Forge Island development.

(3) Councillor Vjestica reported himself and Councillors Reeder and Sheppard had met with Polly Hamilton and Elenore Fisher to further discuss/provide input/share views on the development of the Cultural Strategy. A further meeting was to be held which would be reported to the Select Commission in due course.

**26.            MINUTES OF THE PREVIOUS MEETING HELD ON 20TH SEPTEMBER, 2018**

Consideration was given to the minutes of the previous meeting held on 20<sup>th</sup> September, 2018.

Arising from Minute No. 20 (Thriving Neighbourhoods), it was noted that there was a clerical correction which should read “ ..... prominent in the south there were very few in north” not south as stated.

Arising from Minute No. 20 (Thriving Neighbourhoods), it was noted that there was a clerical correction which should read “.... reasons for the money not being spent in Wards could” and not should.

Arising from Minute No. 17 (visit to the Crematorium) Councillor Atkin reported that he had attended the visit and seen the changes that had been made to improve the facilities. Another visit was planned for 19<sup>th</sup> November at 5.30 p.m. and would urge any Members who had been unable to attend.

Arising from Minute No. 20 (Thriving Neighbourhoods – training on the Strategy), it was reported that training had been provided to Members in relation to the Neighbourhood Working Strategy. The first meeting had taken place between the Member Development Panel and Members of the Neighbourhood Working Group to identify the training needs as the initiative moved forward.

Councillor Jones expressed concern with regard to the training that had taken place. It has been titled “understanding your community” whereas the event itself had focussed on the Equalities Act which, whilst important, had not coincided with his understanding of what it was supposed to be.

Councillor Jones’ comments would be fed back to the respective officer(s).

Arising from Minute No. 20 (Thriving Neighbourhoods recommendation (3), an update was requested as to whether the required training had been arranged.

Resolved:- (1) That the minutes of the previous meeting of the Improving Places Select Commission held on 20<sup>th</sup> July, September, subject to the above clerical corrections, be approved as a correct record.

(2) That the required training for Members and officers in relation to the working of Thriving Neighbourhoods be convened as a matter of urgency together with an invitation to the Police to attend.

(3) That a written answer be provided to Mrs. Birch, Co-opted Member, with regard to the disused land and the land ownership map.

## **27. HOME TO SCHOOL TRANSPORT POLICY IMPLEMENTATION UPDATE**

Tom Smith, Assistant Director, Community Safety and Street Scene, presented an update on the implementation of the new Home to School Transport Policy together with Martin Raper, Head of Service, Street Scene, and Fiona Featherstone, 14-19 SEN Adviser.

The revised Home to School Transport Policy was approved by the Cabinet and Commissioners' Decision Making Meeting on the 16<sup>th</sup> April 2018 (Minute No. 134 refers). The changes included:

- Publication of the Home to School Transport Policy 2018-19;
- Introduction of the Home to School Transport Assessment Matrix;
- The introduction of a formal annual review of transport provision which included engagement with families;
- That an assessment of existing Service users be conducted to review their circumstances to enable participation on a voluntary basis ahead of the introduction of the formal annual review;
- The introduction of a personal travel budget scheme to provide transport support to families of children with special educational needs and disabilities;
- That post-16 transport travel arrangements be revised to replace direct transport as a first option with personal travel budgets for those students with special educational needs and disabilities;
- The consideration of alternative methods of support for particular groups or individuals such as walking bus, cycle or moped schemes when appropriate;
- The introduction of independent travel training as a central resource in Rotherham to support arrangements currently delivered by Special Schools for children from the age of 14+ to enable independence. That travel training be commenced from June 2018 for appropriate young people;
- The personal travel budgets for all students making new applications for post-16 travel be instigated from 1<sup>st</sup> July 2018, and existing users of the post-16 service permitted to apply on a voluntary basis from 1<sup>st</sup> May;
- That a transition period to validate the Transport Assessment Matrix would begin from 1<sup>st</sup> May 2018, with the full implementation of the Policy for all new applicants with effect from 1<sup>st</sup> July 2018;
- That children and young people in need of home to school transport, and including transport operators, be engaged as part of the transition and implementation process;
- Any decisions to amend the Transport Assessment Matrix, resulting from the transition period, to be delegated to the Assistant Director, Community Safety and Street Scene.

Following approval of the new Home to School Transport policy, the Transport Team had commenced completing the transport matrix for each new transport applicant. This had been further developed following work with Children and Young Peoples Service's (CYPS) Education Health Care Team. Following approval of an Education Health Care Plan (EHCP) the Team would provide a completed Matrix to support the initial transport request. Further work was programmed with special schools to enable completion in the future for those who were already being provided with transport.

The annual transport review process was to be undertaken at the same time as EHCP reviews and would assess the suitability of existing transport, and the ability to partake in Independent Travel Training. It was not normal practice for a CYPS or Transport Service representative to attend the reviews, as they were undertaken at schools and, therefore, required the support of individual schools with engagement having commenced. This was ongoing, with attendance at the Special Schools Heads meeting 17<sup>th</sup> October 2018.

Representatives of the Transport Team would attend to discuss the annual review process. The Service aimed to have a robust process for reviews in place in early 2019.

All transport applications were now being assessed in line with the Matrix with families being made aware of the options for transport including Personal Travel Budgets. Following the provision of a brochure in September 2018, detailing the choices for families, a number of families had expressed an interest in alternative transport options. The Personal Travel Budget was now a key part of options for families particularly for post-16 young people where it formed part of the initial application discussion.

To date the Service had received 30 expressions of interest with the following outcomes:

Of the 17 who already had existing transport:

- 2 had signed up to personal travel budgets
- 15 were currently under review

Of the 13 new post-16 starters:

- 8 had signed up to personal travel budgets
- 3 were currently under review
- 2 were not suitable

The Service had plans in place to discuss alternative methods of support for particular groups/individuals such as walking, bus, cycle, with the Parents' Forum and Special School as the Policy was implemented further and would consider opportunities as they arose in particular circumstances.

The Service had considered a number of approaches with regard to travel training and had adopted a collaborative approach with Special Schools where the Council would deliver training for trainers, and training for young people would then be delivered through school staff.

Delivery of the initial 'train the trainer' training would be with the support of Leeds City Council's Independent Travel Training Team providing refresher training. The initial training was programmed for November and December 2018.

Further work was required to engage with transport operators outside of the Council and would take place over the coming months ahead particularly when a young person made the transition into public transport.

Authority for any amendments to the Transport Assessment Matrix had been delegated to the Assistant Director. Review by colleagues in Transport and CYPS and had identified some clarifications in terms of the interpretation of the document and minor reference changes to descriptions. The Matrix had accordingly been approved by the Assistant Director and circulated to CYPS colleagues to provide the basis of the assessment following confirmation of an EHCP.

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

- New applications were assessed against the matrix for post-16 transport
- Information from those that worked with children and young people was fed into the matrix process that allowed officers to make an objective assessment. It would always be tempered by those that worked with the young people concerned. Work was taking place with the schools so that they would complete a degree of the assessment themselves.
- There was an appeals process
- The independent travel training had not commenced as yet. Work was taking place with schools to look at the training levels required for staff to support the initiative. A survey had been conducted, in collaboration with Children's Services, across all the schools that children with special educational needs attended to ascertain the level of need and what position they were in to be able to deliver the training
- Leeds City Council could deliver train the trainer training across the 6 special schools initially this month. This would then enable Rotherham to deliver training to its young people. There was currently no provision within the Council to provide the training

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- The ethos of travel training was to support young people to live independently ultimately and equipping the young person for adulthood so they could travel without someone always having to take them
- The special schools were really keen to travel train their own staff to deliver travel training as they could see the benefit to their young people
- Once a decision was made on an application it was discussed with the family. There was now more choice in the Policy such as personal travel budgets. An annual review would take place where there would be further discussion about travel and consider the appropriateness for independent travel training, timing of how that might occur and how travel might look for the individual through their school life. The Service very much wanted to move away from one service fitted all
- Had contactless travel cards been discussed with SYPTTE/bus companies?
- The Policy(ies) was available on the Council's website as well as the schools having an awareness of what services were offered. For those who did not have access to a computer, a paper application form would be sent out to the home address
- The definition of home to school transport was home to school. Many of the transports offered were via a mini bus. The way the Service was structured it was unable to offer tailored transport due to the number of children involved in the process
- Had SYPTTE recently changed their criteria for disabled persons' travel passes?
- Changes in the Policy would reduce the costs related to the current cohort of young people, estimated to be approximately £162,000 per annum. However, that was in the context of increasing demand nationally in terms of this type of service. It was known that the number of children with SEND was rising nationally which exerted more pressures on the Service. There was a close working relationship with Children's Services
- Disability Living Allowance or PIP could not be taken into consideration at the present time when assessing applications for transport assistance as they were payment for wider family support and not home to school assistance
- Concern regarding the appeal process and the lack of ability for an officer to allow a renewal of a home to school transport bus pass when the circumstances of that family had not changed from the previous year

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

(2) That an update be submitted to the Select Commission in 6 months.

(3) That the possibility of contactless cards be discussed with SYPTTE/bus companies.

(4) That the appeals process for the renewal of a home to school free bus pass be reconsidered in those cases where a family's circumstances had not changed from the previous year.

## **28. HOMELESSNESS STRATEGY 2019-2022**

Sandra Tolley (Head of Housing Options), Jill Jones (Homelessness Manager) and Sandra Wardle (Housing Advice and Assessment Manager) gave the following powerpoint presentation:-

### **The Homelessness Reduction Act**

Moves local authority approach to homelessness from less crisis intervention to more prevention ensuring more people were entitled to help.

### **Background**

- Housing Act 1996 Part 7 remains the primary legislation
- Prior to April 2018 the principal duty was to secure accommodation for applicants who were eligible, homeless or threatened with homelessness within 28 days and who had a 'priority need' for housing and were homeless unintentionally
- Homelessness Reduction Act 2017 amended the 1996 Act, introducing new statutory duties to act to prevent and relieve homelessness for all eligible applicants who were homeless or threatened with homelessness within 56 days

### **Before 3<sup>rd</sup> April, 2018**

- Single people with no clear priority need were entitled to 'advice and assistance' but their needs were often not assessed
- Prevention activity was 'good practice' but not compulsory – crisis response at the point of homelessness was commonplace
- The process involved an application, officers undertaking inquiries, assessing an applicant against the statutory tests and making a decision without needing to involve the applicant in finding possible solutions

### **Now**

- All eligible applicants have a full assessment of their housing and support needs
- Local connection, intentionality and priority need were not a barrier to accessing support
- Applicants and authorities work together to prevent or relieve

## homelessness

### The Homelessness Reduction Act

The Act placed a number of new duties on local housing authorities

- Expanded advice and information duty – available to all residents regardless of eligibility. Advice must be designed to meet the needs of particular groups; care leavers, former members of the armed forces, people leaving custody, victims of domestic abuse, people leaving hospital and people with mental health issues
- Prevention duty – owed to all eligible applicants threatened with homelessness in the next 56 days irrespective of 'local connection', 'priority need' or 'intentional homelessness'. Includes tenants served with a valid Section 21 notice (no fault eviction) which expired within 56 days
- Relief duty – owed to people who were actually homeless and lasted for 56 days irrespective of 'priority need' or 'intentional homelessness'. The local authority may refer to another authority if the applicant had no local connection to their authority

### Duty to Refer (from October, 2018)

This duty applied to:

- Prisons and youth offender institutions
- Secure training centres and secure colleges
- Youth offending teams
- Probation Services (including community rehabilitation companies)
- Jobcentre Plus
- Social Service authorities
- Emergency departments and urgent treatment centres
- Hospitals in their function of providing inpatient care
- Secretary of State for defence in relation to members of the armed forces

### Preparation for the Act

- Structure changes
- Allocation Policy Review
- Personal Housing Plans developed
- Upgraded ICT Systems
- New Homelessness Contact Card
- Extensive training
- Implemented the Homelessness Code of Guidance

### The Impact

- Same picture nationally
- Temporary accommodation target 32-39 currently plus hotels
- As of 12<sup>th</sup> October 2018 case load increased from 132 in April 2018 to 354 cases  
54 in intervention stage

149 prevention stage

143 (households) relief stage

8 Main Duty stage

#### Rough Sleeping

- Official numbers were low (November, 2017 = 2)
- The Count (30<sup>th</sup> October, 2018)
- Reporting a rough sleeper
- Framework 0800 0665358

#### The New Homelessness Prevention and Rough Sleeper Strategy

- Homelessness Act 2002 (2003-2008)
- Five yearly since
- Currently reviewing 2014-2018
- New Strategy 2019-2023
- Review annually

#### Achievements

- 7 priorities – all actions met
- 16/17 year old protocol implemented

Sub-Regional Funding attained for Rough Sleepers

Restructure of Housing Options Service including Resettlement Officers and Tenancy Support Officers

Reviewed provision of temporary accommodation (to be increased)

#### Consultation

- Improving Places Select Commission
- Side by Side Homelessness Forum
- Rotherham Show
- Staff

#### The New Strategy

##### Proposed 7 key priorities

- Supporting people with complex needs
- Rapid housing – getting everyone housed quicker
- Preventing and supporting young people from becoming homeless
- Ending rough sleeping
- Preventing homelessness to reduce the impact on health/mental health
- Reduce the time spent in temporary accommodation
- Sustaining tenancies

Timetable

- July 2018-October 2018 – consultation period
- November 2018 – first draft
- January 2019 – final draft
- February 2019 – Cabinet for approval
- March 2019 – publish new Strategy

Discussion ensued with the following issues raised/clarified:-

- The Code of Guidance now included in the priority group those that were terminally ill receiving palliative care
- £37,500 per annum Government funding was received for rough sleepers, the same as Barnsley, Doncaster and Sheffield. It paid for the outreach service and for a support worker who helped identify those as sleeping rough in whatever way they needed
- £200,000 funding had been received for domestic abuse which had been used to set up 2 properties for those that could not access the refuge e.g. had an animal, older children or had complex needs (alcohol/drug issues). A further funding bid had been submitted. The other part of the funding had been used for support that Rotherham Rise (specialist domestic abuse provider) had provided
- 354 referred to the number of households and could be single people, couples or families. In Homelessness terms it was “households” units
- Within Rotherham there were Mental Health Services at Swallownest Court and the Hospital. Within the Council, the Service worked very closely with the Vulnerable Person’s Team which had 3 Mental Health Social Workers. Joint visits were carried out whenever required
- The new Strategy was to be submitted to the Select Commission in December, 2018
- The Service received a daily report of those that had been identified as sleeping rough. If allowed, their names would be taken and assistance provided
- The Rough Sleeper Team was out in the town centre 2/3 times a week. Outreach work was carried out at Shiloh, Carnson House, the Probation Service and in prisons. If it was known that someone was out on the street a homeless assessment was carried out, Framework went out 2/3 times a week and the Tenancy Support Team would follow that up

- Local businesses were one of the main reporters of those who may be rough sleeping or begging. Officers would go out with the Police, PCSO and/or the Police's Vulnerable Person's Team and would also visit someone across the border
- Within the Allocations Policy there was a rule that if someone had been evicted they were not eligible to join the Housing Register for 5 years. However, individual circumstances would be considered and quite a detailed assessment undertaken to ascertain if they were intentionally homeless
- Framework, who were commissioned to carry out Rotherham's outreach work, also carried out work in Sheffield. Their contract would expire in January, 2019
- Shiloh was one of the organisations the Service worked very closely with. Tenancy Support staff carried out outreach work with them twice a week and helped in whatever way they could
- The outcomes of the assessments/personalised plans were monitored electronically and reported to Government. It was quite new so there was no data as yet but it would collate a lot of detailed information. A number of the questions asked were quite daunting for the people the Service was working with but it was important to give them the right support
- The length of time someone would be supported varied: the aim was to prevent them from becoming homeless again
- No waiting list at the moment
- The Team not only supported those that were homeless but also provided support in cases where there were issues with a tenancy that may result in the tenant becoming homeless
- There had been a sharp increase in cases since the implementation of the Act. The most common reason why people accessed the Service was when they lost their assured shorthold tenancy which could be for various reasons e.g. the property being sold, tenant behaviour issues, rent arrears, relationship breakdown both violent and non-violent.
- The Service worked with Refuge and the Independent Domestic Violence Advocates as well as other partners
- The outcome of the consultation would be included in the report to be submitted in December

- A tender exercise was underway for 6 short lease modular buildings
- An ex-officer of the Armed Forces who was homeless would be considered under the Homeless Legislation and their particular circumstances taken into account. If there were any other issues that needed to be taken into account the Allocation Policy would come into play. At present if someone had been a member of the armed forces for the last 5 years they would get a high band on the Allocation Policy but if less than 5 years their medical needs would be taken into consideration
- There were 20 bed spaces available for those with complex needs through Housing First. There was currently a waiting list of 10 people
- Framework had been working with the Council since 24<sup>th</sup> September. Since then 15 rough sleepers had been found 6 of which had already been accommodated, one already had accommodation, 2 had returned to prison and the others had lost contact
- The Housing Income Team had had additional resources, due to the roll out of Universal Credit, and visited the DWP to assist people submitting applications for Universal Credit. A Universal Credit meeting had been established and met with the DWP on a monthly basis. Those customers who found it difficult to make an application were linked with a support worker.
- Before someone was released from prison, the Homeless Team would carry out an assessment. There was also a team within the prison to assist someone prior to their release
- People who attended Shiloh were not all homeless. Shiloh aimed to help people become more independent
- Data was submitted to Central Government. The Ministry of Housing provided support and information
- Tenancy Support Officer would support anyone in accessing a doctor or dentist

Sandra, Jill and Sandra were thanked for their informative presentation.

Resolved:- That the presentation be noted.

## **29. AMENDMENTS TO THE HOUSING ALLOCATION POLICY - JANUARY 2019**

Sandra Tolley (Head of Housing Options), Jill Jones (Homelessness Manager) and Sandra Wardle (Housing Advice and Assessment Manager) gave the following powerpoint presentation:-

## Overview of the Housing Register

– Band 1	246
– Band 2	1,668
– Band 3	1,783
– Band 4	1,755
– Transfers	1,336
– Total	6,788

## Overview of the Housing Register

Band 2 Reason	Number of applications
Statutory Homeless (pre April Legislation)	19
Medical priority (reviewed 980)	1,280
Statutory overcrowded	19
Not ready for independent living held in suspension	147
Leaning supported housing ready to live independently	67
Requiring extra care housing	5
Offender not a high risk to the community	4
Applicants living in private rented who cannot afford the rent but are employed	24
Victim of domestic violence	96
Looked after child ready to live independently	7
Total	1,668

**Recommendation 1**

The current banding related to homelessness households be enhanced to award a higher banding following a full homeless assessment

## Rationale

- Legislative changes which aim to prevent homelessness earlier
- The Allocation Policy must adhere to a legal framework outlined in Part VI and Part VII of the 1996 Housing Act
- Meeting demand

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## The Demand

Homelessness Category	Total number of applications in each Band	Number of homelessness applications	% of homelessness applications as a % of the total in that Band
Band 1 Homeless households who are both homeless and also have a medical need	246	61	24.80%
Band 2 Unintentionally homeless households who are in priority need	1,688	19	1.14%
Band 3 Unintentionally homeless but not in priority need	1,783	280	15.70%
Band 4 Threatened with homelessness awaiting assessment	1,755	217	12.36%
Total	5,452	577	10.58%

## Proposed Policy

- Applicants in priority need who actually become homeless and a relief duty is owed or when a full housing duty is owed are placed into Band 1
- Applicants in priority need who are faced with homelessness and a prevention duty is owed are placed into Band 2
- Non-priority homeless applicants, who are owed a prevention or relief duty, be placed into Band 3
- Applicants awaiting a homelessness assessment are placed into Band 3

**Recommendation 2**

Review the downsizing policy to award Band 2 status to Council or Housing Association tenants who are under occupying their home to move to a property with at least 1 less bedroom, a flat or a bungalow (a medical assessment will be required for bungalows)

Rationale

- Current Policy confusing
- Impacts on waiting time for applicants who have been assessed for a bungalow

#### Current Policy

- Tenants under occupying a 4 bedroom house can move to a 2 bedroom house
- Tenants who are affected by the Bedroom Tax can move to any type of property with 1 less bedroom
- Tenants who are not affected financially can only move to a flat or a bungalow

#### New Proposed Policy

Review the downsizing policy to award Band 2 status to Council or Housing Association tenants who are under occupying their home to move to a property with at least one less bedroom, a flat or a bungalow (a medical assessment will be required for bungalows)

#### Recommendation 3

Increase the quota of advertised properties in Band 2 from 50% to 60%, reduce the quota of advertised properties in Band 3 from 40% to 30% and retain the 10% quota for Transfers.

#### Rationale

- Reduce waiting time for applicants in urgent housing need

#### New Proposed Policy

	Old Quota	Proposed New Quota
Band 2	50%	60%
Band 3	40%	30%
Transfer	10%	10%

#### Recommendation 4

Single people who are Council or Housing Association tenants living in a flat who are expecting their first child to be eligible for family accommodation on the production of the MATB1 form

#### Rationale

- To ensure that there is equality and fairness

#### Current Policy

- Council or Housing Association single tenants living in a flat who are expecting their first child
- Living with parents or in private rented accommodation

#### New Proposed Policy

Single people who are Council or Housing Association tenants living in a flat who are expecting their first child to be eligible for family accommodation on the production of the MATB1 form

#### Recommendation 5

A person has local connection if their grandparents live in Rotherham and have done so for the last 3 years. There will be a validation process asking the applicant to provide proof of the grandparent's address and confirmation that they are in contact with them

#### Rationale

- To ensure that there is equality and fairness

#### Current Policy

- Lived for the last 3 years in Rotherham through their own choice
- Currently employed in Rotherham and have been for the last 3 years
- Have direct family who live in Rotherham and they have done so for the last 3 years. Direct family members include spouses, civil partners, parents, sons, daughters, brother and sisters

#### Proposed New Policy

- Add grandparents as direct family members. There would be a validation process asking the applicant to provide proof of the grandparents' address and confirmation that they were in contact with them

Discussion ensued with the following issues raised/clarified:-

- In the case of a person who was in employment but could not afford the rent, options would be considered to enable them to stay in the property e.g. could they share with someone or offer to move them to something cheaper. It was also possible for a Discretionary Housing Payment to pay the rent for a certain period. If someone was really trying to keep their tenancy it would be considered a priority to retain them in the property
- An affordability assessment was undertaken before receiving a tenancy (since April 2018) so it was known what could and could not be afforded before the tenancy commenced
- If someone was accessing private rented property, an affordability assessment would be carried out. A tenant would receive a Housing Allowance as per the Housing Benefit Regulations for that particular size of property. If a person presented themselves through the Homelessness route they would not be signposted to accommodation they could not afford

- OAP Bungalows used to be exempt from Right to Buy if a warden lived on site. However, as the Warden Service no longer existed, they were now eligible
- The inclusion of more homeless people in Band 1 had been in line with the Housing Reduction Act. The Authority had been advised to review its Allocation Policy to ensure homeless households were given the highest priority
- The inclusion of grandparent(s) as regard to the local connection would be checked to ascertain that there was regular contact
- Existing applicants would retain their banding date and remain in Band 1 but new applications would have the new Policy implementation date applied
- The majority of those that occupied a bungalow had had a medical assessment and was over the age of 50 and had a medical need. The 1,650 applicants did not necessarily all require a bungalow but had had medical assessments and deemed to need a ground floor property
- Previously the Allocation Policy had an eligibility age of 60 years but it had been found that they could not be let so the age had been lowered to 50. The shortlist was weighted for those that been assessed and over the age of 50 and then those that were over 50 and not medically assessed but wanted a bungalow. Bungalows were allocated on a need basis but were also kept open to ensure properties could be let and not incur lost rent
- Whilst there was no mention of carers who wanted to move to be nearer to someone they cared for, the medical assessment process did support those in Band 2 if they needed to move
- Consideration could be given to also including a family member who had been the primary carer in childhood with regard to the local connection if the Commission so wished
- Suggestion that existing applicants retain their banding date and remain in Band 1 unless they had a change in circumstances and if so moved to Band 2
- Concern with regard to the length of time some applicants with a medical reason were waiting for a property. Should there be a bidding criteria that stated a person should make a certain number of serious bids for properties in a year or face removal from the waiting list?
- An Equalities Impact Assessment would be completed

- Those wishing to downsize would now be considered in Band 2 rather than Band 1. The properties were awarded to Band 1 applicants in the first instance
- There was a need to look across at possible Policy conflict across the wider Council particularly Adult Social Care

Resolved:- (1) That the current banding related to homelessness households be enhanced to award a higher band following a full homelessness assessment as detailed in section 3.2.6 of the report be supported.

(2) That the review of the Downsizing Policy to award Band 2 status to Council or Housing Association tenants who were under occupying their home to move to a property with at least one less bedroom, a flat or a bungalow (a medical assessment would be required for bungalows) be supported.

(3) That the increase in the quota of advertised properties in Band 2 from 50% to 60%, reduction in the quota of advertised properties in Band 3 from 40% to 30% and retention of the 10% quota for transfers be supported.

(4) That single people who were Council or Housing Association tenants living in a flat who were expecting their first child to be eligible for family accommodation on the production of the MATB1 form be supported.

(5) That a person who has local connection if their grandparents lived in Rotherham and had done so for the last 3 years, subject to a validation process requesting the applicant to provide proof of the grandparent's address and confirmation that they were in contact with the applicant, be supported.

(6) That consideration be given to extending No. 5 above to include extended family members providing there were close links with family members.

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

Resolved:- That a further meeting be held on Thursday, 20<sup>th</sup> December, 2018, commencing at 1.30 p.m.

**IMPROVING PLACES SELECT COMMISSION  
20th December, 2018**

Present:- Councillor Mallinder (in the Chair); Councillors Atkin, B. Cutts, Elliot, Fenwick-Green, Jepson, McNeely, Reeder, Sansome, Vjestica, Walsh, Whysall and Wyatt.

Also in attendance Mrs. W. Birch and Mrs. L. Shears, Co-opted Members.

Apologies for absence were received from The Mayor (Councillor Buckley) and Councillors Jones, Khan and Sheppard.

The webcast of the Council Meeting can be viewed at:-  
<https://rotherham.public-i.tv/core/portal/home>

**31. DECLARATIONS OF INTEREST**

There were no declarations of interest to report.

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

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

**33. COMMUNICATIONS**

The Chair provided confirmation of a scrutiny review meeting by the Improving Places Select Commission on the Housing Strategy on the 9<sup>th</sup> January, 2019 at 9.00 a.m. to 11.00 a.m.

**34. MINUTES OF THE PREVIOUS MEETING HELD ON 1ST NOVEMBER, 2018**

Consideration was given to the minutes of the previous meeting held on 1<sup>st</sup> November, 2018.

Resolved:- That the minutes of the previous meeting of the Improving Places Select Commission held on Thursday, 1<sup>st</sup> November, 2018, be approved as a correct record.

**35. ASSET MANAGEMENT**

Consideration was given the report which provided an update on the progress and activities of Asset Management.

The Council's Corporate Asset Management Plan 2017 - 2023, which incorporated the Council's Asset Management Policy and Strategy, was now the guiding document for Asset Management activities and priorities with the decisions on property delegated to the Assistant Director Planning Regeneration and Transport and only those of a value greater

than £100,000 or at the request of the Cabinet Member reserved for Cabinet.

Progress against the Corporate Asset Management Plan was monitored by the Asset Management Board, which was not a decision-making vehicle, but made recommendations. The latest monitoring position confirmed that all actions were “Green” or completed.

The process for dealing with surplus property and decisions and the procedure for the review of surplus operational assets had been revisited and the process both simplified and made more open and included the consultation with Ward Members after an asset had been deemed to be surplus to the Council’s requirements.

Additionally earlier consultation with Ward Members was now also included, before recommendations to the Asset Management Board, where there was a proposal to retain, demolish or declare an asset surplus to the Council’s requirements.

At the request of the service the Internal Audit service have carried out an Audit on the Statutory Compliance in the operational estate. This found that the Asset Management Service was ensuring compliance, but that the methods of compliance record storage and reporting upwards of that compliance required improvement. A set of actions have been agreed to improve compliance record storage and to instigate regular reports on compliance to the Regeneration and Environment - Directorate Management Team and the Asset Management Board.

Paul Smith, Head of Asset Management, provided further insight into Asset Management by way of a powerpoint presentation, which highlighted:-

- Asset Management Governance Structure.
- Post Review – The Asset Management Leadership Team.
- Asset Management Budget.
- Key Assessment Management Deliverables.
- Partnership Working.
- Corporate Asset Management Plan – Five Main Objectives.
- Property Reviews.
- Non-Operational Commercial Property Review
- Commercial Investment, Acquisition and Development Strategy.
- Condition Surveys.

Further information was also provided on the Property Review Flowchart Process and the contents outlined in detail to Members.

A discussion and answer session ensued and the following issues were raised and clarified:-

- Consistency in the management of former school caretaker's bungalows as isolated properties.

Properties of this type would go through various stages and internal consultation whether to retain or dispose. Any representation would be received by the Asset Management Board. Officers would investigate outstanding concerns and return back.

- Engagement with local residents on the Swinton precinct redevelopment.
- Internal audit service audit on compliance and the details on the outcome.

External audit reviewed all compliance documents and advised the compliant statutory record keeping needed improving and should be reported back more often to Asset Management Board.

- Asset Management dashboard and those performance measures on hold identified as “green”, should these not be “amber”.

The performance measures deemed vital in terms of resource management and placed on hold would in future be changed to amber or even red.

- Clarification and differentiation of delivery together, public estate and Section 106 properties and the suite of measures attributable to asset management.
- Clarification of the date of the Council's corporate asset management plan which was 2017/2025.
- Redevelopment of other town centres. This would need to be done in accordance with need and opportunity with emerging requirements whilst taking account of the implications on land and assets for those areas who had produced a neighbourhood plan.
- Clarification of Section 106 Agreements which were a legal agreement attached to a planning application and not specifically for residential properties.
- Benchmarking and the highlighting of measures for performance.
- Management and acquisition of commercial real estate.
- Decision making of the Asset Management Board and how this worked in practice.

- Asset categorisation and if this had been completed on a ward by ward basis and reviewed in February on an annual basis.
- Asset management of Council owned properties and if consideration was given to strategic acquisitions of spare unused land, such as Laudsdales Road at East Herringthorpe.

Some of the land may be HRA allocated sites. Further information would be provided in due course.

- Forthcoming health check and if anything further had been done on the storage facilities for information and data.

A Storage Officer had now been appointed from OPE to move this issue forward.

- Review of efficiency on worksmart and completion of the review.

The office moves and relaunch of worksmart had been put on hold due to the big hearts big changes team projects that had been brought forward.

- Development of cost effective energy services.

Assessment of buildings and energy ASRs had been undertaken as part of the review with further assessments of the utilities were managed. The Energy Officer was looking at sites for battery storage, wind power and at opportunities within the Council estate to further this agenda.

**Resolved:-** (1) That the progress against the Asset Management Plan be noted.

(2) That the new property review process be supported and noted.

(3) That the ongoing work on the records storage and reporting of statutory compliance be noted.

(4) That an update on worksmart be provided in six months.

### **36. DRAFT SKILLS AND EMPLOYMENT PLAN**

Consideration was given to the report which set out the main points of the draft Rotherham Employment and Skills Plan.

The Plan was a joint Council/RTP document, with monitoring of its implementation the responsibility of the Employability and Skills Sub-Group of the Business Growth Board.

The Plan had two main objectives:-

- A workforce with the skills and experience to support Rotherham's economic growth and secure investment.
- Supporting people back into sustainable employment.

Consultation was carried out with local businesses, providers and support organisations, by Sheffield Hallam University (SHU), to identify the main issues facing Rotherham in regard to employability and skills. The headline findings included:-

- Skills shortages and recruitment difficulties for certain sectors.
- Employers (un)willing to accommodate employees with multiple needs.
- Most job information now via the internet and across a wide range of sources, which some people find difficult to access.
- Returners to job markets have outdated skills (esp. IT) and lack confidence.
- Assistance for job seekers has reduced considerably.
- Welfare reform is excluding some people – “survival rather than job hunting”.
- Need more employer involvement in developing the Rotherham skills and employment offer.
- In work poverty.

Improved skill levels could underpin strong and sustainable economic and employment growth, while supporting an increase in the levels and quality of employment for local residents. To achieve this, Rotherham partners would seek to deliver the following priorities:-

- Provide the support that Rotherham residents require to access the local job market and to maximise progression within their careers.
- Assist businesses to source the training they require to unlock new jobs, new markets and raise productivity.
- Develop enterprising young people and jobseekers, aware of the career options available to them and the breadth of local employment opportunities, including apprenticeships.
- Use the University Centre Rotherham (UCR) and other local providers to drive an increase in the number of residents with Level 4 and higher qualifications.
- Ensure that (young) people can find a job that meets their aspirations within Rotherham or the wider Sheffield City Region.
- Broker close linkages between Rotherham based enterprises, many of whom are successful and growing, and Rotherham schools and colleges, to provide the workforce of the future – including teacher/industry placements and business involvement in curriculum delivery.

The Plan included a “delivery plan” setting out the actions needed to deliver these priorities, with each action having an outcome and timescale, which it would be monitored against.

It was, therefore, important for the Council to produce and implement a Rotherham Employment and Skills Plan - to deliver a fit for purpose strategy developed and endorsed by all the relevant stakeholders, which would meet the needs of both businesses and residents to ensure they could access sustainable jobs with the prospect of career progression.

The Plan would also ensure that Rotherham’s employment and skills activities dovetail with those of the wider City Region.

A discussion and question and answer session ensued and the following issues were raised and clarified:-

- Future and current implications of the Plan, the success of its delivery and if successful what percentage would Rotherham receive from that funding.

Funding allocations were dependent upon the current projects across South Yorkshire. The process was competitive, but the funding was shared out evenly.

- Preparing young people for the world of work and the outcome on Rotherham Schools against Gatsby Benchmark 5.

Benchmark 5 depicted that all young people should have a meaningful encounter with an employer. Employer delivery events had been held and provided a young people with a flavour of industry.

- Gullivers’ Valley was opening in 2020, but the caravan park was due to open a year earlier in 2019. Publicity needed to clearly identify the two separate entities, which would be run and open separately to each other.

This would be clearly identified in the final version of the Plan.

- Disconcerting comments about the barriers that people faced around the work environment, despite many initiatives over the years to improve this situation and Ofsted requiring schools to provide independent careers guidance.
- Adults lacking in literacy and numeracy skills were more likely to suffer from ill health and social exclusion (Appendix 1 of the Plan).
- Benefits to the local economy - roughly £14,643 the same as Leeds City Region.

- High unemployment rate for the borough now matched the national rate. Was there variability among different areas and was data available down at ward level.

Unemployment rates were available on a ward by ward basis. Details would be distributed to the Select Commission.

- How achievable was the business education links in terms of young people in schools.

Research showed that meeting employers, employment fayres, interactive events and more stimulating speed networking events and employers visiting schools raised awareness of career opportunities.

The local advisory fayre at Magna brought together over 40+ employers who talked to around 550 young people in the morning and jobseekers of any age in an afternoon and advised on current opportunities.

- Opportunities to achieve Level 4 qualifications and the advantages now with a university campus in the borough.
- Long term illness and the legacies left from the steel and coal industries. Can figures on age ranges be provided?
- Operation of the Wheels to Work Scheme – details to be provided.
- Can details of the Gatsby Score Tables be provided? In terms of Gatsby 5 it was pleasing to hear that employment officers were in some schools, but greater emphasis was needed to make schools aware of the qualifications needed for local employers.

The Gatsby benchmarks would be shared. Each school had its own system for measuring where they were against these. The Enterprise Co-ordinator was showing schools how to record against these accordingly.

Enterprise Adviser Representatives from industry were linked and provided a steer with lots of input.

- Rotherfed were doing Teaching Assistant training courses and information was requested on whether the WEA worked in partnership with the job centre.

Further information would be sought and shared about the WEA and the job centre and the discussions with young people about new jobs, going back into work and retaining.

- Page 71 referred to medium-low tech manufacturing and public administration shedding over 1,000 jobs and the planning that was needed to help any affected employees.

This was a shrinking sector that would need support to move to one from medium low tech manufacturing. This would be picked up in the Plan.

- Were RiDO assisting to try and keep people in employment? The positive change to look at the skills shortage was welcomed.
- In the strategy a number of targets were missing. Would there be an annual review of how many young people hoped to go get into employment.

The numbers and targets would be complete once the Plan was agreed and would be reviewed and monitored on an annual basis by the Business Growth Board.

- Could the funding from the SCR be broke down and would there be any joint funding by private and public through the LEP. If all this was coming from Rotherham how far could this be shared.

Funding and the Plan would be closely linked to the Sheffield City Region to maximise opportunities. Rotherham had a good track record and hopefully businesses would benefit with a more balanced version and wide range of jobs.

- There was a need to move medium manufacturing to high. The northern regions did appear to have difficulties in attracting new graduates into different areas and by working with the Sheffield City Region this would assist with breaking down prejudice and the area to become successful.

Being realistic Sheffield had the attractions and the jobs economy had to work together.

- Page 68 of the Action Plan indicated that as an outcome the lack of a private vehicle must not act as a barrier to accessing jobs in Rotherham.

The Wheels to Work Scheme and the liaison with partners would look to improve connectivity further.

- 32% of residents aged 16 to 64 either had no qualifications or only those below NVQ Level 2. Was consideration given to older workers in employment and whether they were functioning in jobs above NVQ Level 2 but with no formal qualification?

No information was available, but the problem was encountered if people then moved jobs.

- How successful were further education colleges in getting young people to pass English and Maths.

Data would be provided if this was available.

- Transport accessibility and connectivity across the region. Could this be raised at the Transport Advisory Board?

Regular dialogue with SYPTE bus operators who ran a commercial service would continue.

- How many apprentices stayed on with the same employer and secured permanent employment.

Little information was available about retention, but would be looked into further.

- Equality Impact Assessment requirement.

**Resolved:-** (1) That the comments on the draft Plan be considered for inclusion in the final version recommended to Cabinet.

(2) That further information be shared with the Improving Places Select Commission on:-

- Unemployment rates by wards.
- Long term illness figures and age ranges.
- Wheels to Work Scheme.
- Links between WEA and job centre.
- Gatsby Tables Score detail.
- Data success rates for Maths and English in FE colleges.
- Apprenticeship retention into permanent employment.
- Equality Impact Assessment confirmation if required

(3) That an update on progress of the Draft Skills and Employment Plan be provided in six to nine months' time.

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

Resolved:- That the next meeting of the Improving Places Select Commission take place on Thursday, 14<sup>th</sup> February, 2019 at 1.30 p.m.