

OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Date and Time :- Wednesday, 4 March 2020 at 11.00 a.m.
Venue:- Rotherham Town Hall, Moorgate Street, Rotherham.
Membership:- Councillors Cusworth, R. Elliott, Jarvis, Jepson, Keenan, Mallinder, Napper, Steele (Chair), Taylor, Tweed, Walsh and Wyatt.

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meetings held on 28 and 29 January 2020 (Pages 1 - 25)

To consider the minutes of the previous meetings of the Overview and Scrutiny Management Board held on 28 and 29 January and approve them as true and correct records of the proceedings.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from Members of the Public and the Press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

For Discussion/Decision:-

6. Gender Pay Gap Reporting 2019 (Pages 26 - 37)

Cabinet Portfolio: Corporate Services and Finance
Strategic Directorate: Assistant Chief Executive

7. Adult Care Budget Forecast and Savings Update (Pages 38 - 43)

Cabinet Portfolio: Adult Social Care and Health
Strategic Directorate: Adult Care, Housing and Public Health

8. Adult Care, Housing & Public Health Market Position Statement 2020/21 (Pages 44 - 107)

Cabinet Portfolios: Adult Social Care and Health
Housing
Strategic Directorate: Adult Care, Housing and Public Health

9. Update on Adult Social Care Restructure and Pathway (Pages 108 - 110)

Cabinet Portfolio: Adult Social Care and Health
Strategic Directorate: Adult Care, Housing and Public Health

For Information/Monitoring:-

10. Outcomes of Workshop on Sickness Absence (Pages 111 - 115)

To consider a briefing outlining the outcomes from a recent workshop with Scrutiny Members in respect of managing sickness absence.

11. Youth Cabinet/Young People's Issues

To receive an update on the activities of the Youth Cabinet and other Young People's Issues.

12. Work in Progress - Select Commissions

To receive updates from the Chairs of the Select Commission on work undertaken and planned for the future.

13. Forward Plan of Key Decisions - February - April 2020 (Pages 116 - 122)

To review and identify items for pre-decision scrutiny from the Forward Plan of Key Decisions covering the period from February – April 2020.

14. Call-in Issues

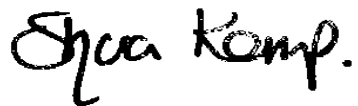
To consider any issues referred for call-in from recent Cabinet meetings.

15. Urgent Business

To determine any item which the Chair is of the opinion should be considered as a matter of urgency.

16. Date and time of next meeting

The next meeting of the Overview and Scrutiny Management Board will be held on Thursday 12 March 2020 at 5p.m. at Rotherham Town Hall.

A handwritten signature in black ink that reads "Sharon Kemp". The signature is written in a cursive, flowing style.

SHARON KEMP,
Chief Executive

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Tuesday, 28th January, 2020

Present:- Councillor Steele (in the Chair); Councillors Cusworth, R. Elliott, Jarvis, Keenan, Taylor, Tweed, Walsh and Napper.

Apologies were received from Councillors Jepson, Mallinder and Wyatt.

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

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

111. DECLARATIONS OF INTEREST

There were no declarations of interest on any items on the agenda for the meeting.

112. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

113. PETITION - 'ENFORCEMENT ACTION NEEDED NOW BY ROTHERHAM MBC AGAINST RE-OPENING DROPPINGWELL LANDFILL'

Consideration was given to a petition, "Enforcement Action Needed Now By Rotherham MBC Against Reopening Droppingwell Landfill" which had 1,563 valid signatures under the Council's petition scheme.

Lead Petitioner, Mr. Steve McKenna from the Droppingwell Action Group (DAG), addressed the meeting to introduce the petition and set out the concerns of residents in Kimberworth regarding the landfill site. Supporting information was also provided to familiarise the Overview and Scrutiny Management Board (OSMB) with the site and access routes and in relation to specific issues with regard to levels of contamination, location of boreholes for water sampling and unsupervised HGV manoeuvres in narrow residential roads.

Unofficially, tipping commenced on the site in the 1920s but it was 1958 when planning permission was granted by Rotherham MBC. Phase 1 was the original landfill and Phase 2 where proposed new tipping would take place, governed by the 1958 permission and its regulations. Problems had developed over time in relation to the permit due to regulatory and legislative changes, with a view expressed that this had been compounded by poor oversight and administration and unwillingness for enforcement in relation to planning permission compliance. An application to extend the site in the 1990s led to various objections at that time which were felt to be equally applicable in 2020.

Various concerns raised related to the access road to the site, including that no time limit had been imposed on hours for the operator. Access was via a small lane off Droppingwell Road. with poor visibility on a bend. Lorries came up Droppingwell Road rather than the A629 Wortley Road, which led to manoeuvres in narrow residential areas. The access road also led to a walking area and to Millmoor Juniors Football Academy, with hundreds of spectators watching football tournaments on Saturdays. Close proximity of HGVs, LGVs and pedestrians on the road, which was the responsibility of the Council, was a major concern. There was also a reduced turning circle for vehicles as park users parked their cars at the beginning of the access road in front of ornamental gates installed by Millmoor Juniors Football Academy

Concerns were also raised about the distribution of waste on the site as Phase 1 had been over-tipped by 15' and with some steep areas and sites of an un-engineered quality residents were fearful that any sideloading could burst the current site. Sampling evidence from 1990 showed Phase 1 contained cyanide, asbestos and concentrations of heavy metals above trigger levels, none of which were biodegradable. Plans to strip vegetation from Phase 1 had provoked fears about disturbance and releasing toxic materials.

Requirements for the operator were in place for ground water testing from five boreholes and the DAG believed samples had been submitted during 2019 from a borehole that had previously been filled in. The group had written to the Environment Agency (EA) on this matter and expected a response within their standard 21 days response time, which would expire on 5th February 2020.

The Chair thanked Mr. McKenna for his detailed presentation.

Questions to lead petitioner

Although a lot of factual data had been provided, Mr McKenna was asked to summarise the likely impact on the day to day lives of local residents, Millmoor Juniors and local schools. If it went ahead, perhaps up to 90 lorry movements each day were anticipated and whichever way lorries came in they would pass a school, potentially adding to issues for children going to school and to traffic. Regarding Millmoor Juniors, although they mainly played football matches on Saturday afternoons, the operator working hours were up until 4:30pm on Saturdays. In order not to block Droppingwell Road spectators tended to park on the narrow lane so there would be problems with access in and out but the real issue would be the dangerous proximity of lorries driving past hundreds of children playing football or going to the pitches. There was a lack of trust in the site operator from the community and no guarantees had been provided regarding weight limits for Droppingwell Road in mitigation. Stripping vegetation from the north face of the tip included mature trees not just shrubs and as the site was mainly shale that had collapsed once, the fear was it would collapse again and expose toxic materials.

The Chair inquired as to whether the group had sought its own legal position on the issues. The DAG felt frustrated by Rotherham MBC who had had a legal opinion the DAG understood to be favourable; therefore, their expectation was for the Council to take matters forward. The DAG had eventually sought their own legal opinion but questioned why a group of residents should have to take on the Council in order for the Council to take on the EA.

Response from the Cabinet Member for Waste, Roads and Community Safety

Cllr Hoddinott introduced the officers from the Council and the EA and welcomed the opportunity to discuss the issue with experts from all relevant areas present – legal, enforcement, planning and environmental.

In setting the context the Cabinet Member acknowledged the involvement of Keppel Ward councillors from the start and the common concerns shared by all regarding the permit. As stated there had been no formal planning permission until 1958 and the nature of that permission had led to issues regarding enforcement. In 1989 a planning application was refused by the Council and turned down on appeal by the Planning Inspector so the 1958 permission still applied. Tipping ceased in 1996 and the granting of the 2016 environmental permit was surprising given the lack of engagement with the Local Authority or residents when concerns should have been discussed beforehand. The overall Council position was clearly against tipping on the site as evidenced by the Council motion passed unanimously in 2017. Officers had been charged with looking into risks to surrounding land, the environment and the public. The EA had also been clearly apprised of the Council's position against the permit.

The Council had only limited powers as it was an EA permit and because the 1958 planning permission included nothing in respect of opening hours, transport and restoration of the site. The key issue was that no-one else in the country was working to something so old; this was unique so there was a case to be made.

Planning issues, public rights of way and the access road (which did come under the LA) were being considered and reference had been made by the public to Millmoor Juniors at the last Council meeting. Public consultation was needed regarding the road to make it safer and it was incumbent on RMBC to do it.

In November 2019 a letter had been sent to the Secretary of State for Housing, Communities and Local Government to raise the various concerns as he could intervene and stop it going ahead. The Council was yet to receive a reply but would pursue this.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 28/01/20

Council officers endorsed the concerns expressed regarding toxicity and any potential disturbance to the site. Assurances would be sought from the EA and from the operator about anything happening on the site. Regarding enforcement, the LA needed due cause to intervene and undertake independent analyses on site and the position remained unchanged since 1996 regarding risk. The EA was the regulatory body and at present there was no cause to step in. Access had to be provided by the LA who had written to the operator and asked for mitigating proposals regarding risk on the road. The historic planning permission from 1958 had been accompanied by a waste management licence which covered some of the matters that would be included within a more recent planning permission, which was where the gap lay. Permission was still live to allow Phase 2 with no new planning application required.

The EA clarified that the permit for the site was not new but had evolved from the waste management licence since 1978. The difference was the legislation, as when the operator wished to vary activity on site this enabled the EA to update a permit to incorporate more modern conditions, thus regulation would be to a higher current day standard than the old one. The new area would be under new modern conditions.

In relation to other points already raised the EA provided the following detail:

Inspection frequency – As a minimum once per annum for all sites but inspections were undertaken based on risk and if there were concerns the frequency could be increased. Some sites would only be visited annually and others could be monthly depending on how they were operating when inspected. Concerns raised by the Council would lead to an inspection.

Regulation – This was not all site based as the EA did have information submitted and would then analyse this and speak to the operator, in addition to consulting with their own in-house experts.

Groundwater samples – The EA were aware of the DAG's letter and had contacted the operator with a view to meeting so the operator could talk through the monitoring data and show the EA physically and verify if it tied in with the data. If not, this would lead to action. Background monitoring would identify potential contaminants and set the base line. Audits would be undertaken and the findings shared including around the borehole that was potentially no longer there.

Phase 1 potential disturbance - Part of the submission was that there would not be any disturbance as the operator would only be clearing vegetation to ground level not digging out any trees. A clay type cap would go on before any waste was put in there and engineering experts would inspect the site to check work had been done properly. The operator was obliged to have an independent engineer on site at all times who would report back to the EA, providing assurance that work had been carried out properly.

The Cabinet Member confirmed that as issues came in from the public they would continue to be investigated. Action was being taken on the turning circle and physical barriers would be installed on the access road in mid-February. It was the first time the water level data had been seen and officers would look into that. Information from the public was invaluable.

Questions from Lead Petitioner

Mr McKenna reiterated the point about the borehole having been filled in and asked the EA what the consequences might be in the case of possible falsification and if this could lead to revocation of the permit. The EA were unable to comment on potential enforcement action because it could entail legal proceedings but the matter would be investigated if the data was from non-existent boreholes.

Confirmation was sought that the EA would meet the 21 day standard and respond by 5 February 2020 so that the DAG would have the findings. No guarantee could be given that the EA would reply within 21 days as they might request an extension for a further 21 days to ensure things were investigated properly if needed. At present no tipping was happening on the site and there would be no land filling until resolution was achieved on this matter.

In terms of landscaping, Mr McKenna inquired how the landscaping would be undertaken by the operator given that Phase 2 could not reach the height of Phase 1. An amendment in 1994 applied only to increasing the height of Phase 1, with Phase 2 the original height as from 1958. Officers confirmed the site would be stepped rather than levelled to the same height.

Questions from OSMB

Members probed more deeply into a number of the issues raised and sought clarification from the EA about operational and regulatory matters in connection with the site. Clarity was also sought on the legal position of the Council.

Lobbying the Secretary of State

In light of the lack of response from the Secretary of State, Members asked if there was there a strategy to get him to listen, including some of the information presented at the meeting, and how pressure could be exerted. The Cabinet Member confirmed this was being pursued and the Council would continue to put pressure on. It was hoped that the MP for Rother Valley would meet with the Secretary of State. Other ways would be considered such as going to London to make the case and working closely with Keppel ward members in particular. A suggested recommendation was to continue to lobby the Secretary of State and to ask home to look at the legislative framework and how this site operated.

Risk level on the site and inspection frequency

As the EA had confirmed the frequency of visits was based on risks, Members explored the risk level of the site. The EA stated that the new part of the landfill site would be inert, for example taking stones, bricks and rubble. Therefore, it should not be a high-risk site, unlike a traditional landfill, it should be lower risk. The site would do waste acceptance testing which the EA could ask to see. In terms of the more frequent inspections, that was in response to public concerns to help give reassurance to residents. If the site was operating in accordance with the permit then inspections would be undertaken with reduced frequency or could be stepped back up if necessary if issues were found. During engineering work the EA would go more frequently to ensure the base was done correctly as this was only done once.

Publication of data

A subsequent query was whether the EA published its data and findings so that the public and Councillors would be able to find the information. EA inspection visits were usually unannounced and officers would produce a Compliance Assessment Report, which included sampling data and operator submission. This was public register information and although not published on the EA website could be provided on request.

Classification of the site

EA officers confirmed that it would be an inert site with no biodegradation of the materials, resulting in no impact from a gases or groundwater perspective. A formal definition of an inert site was read out. It was confirmed that there would be construction and demolition waste but no asbestos waste.

With the lack of certainty over what went in Phase 1 it was queried whether it be classed as hazardous but stable. A minor slippage occurred a few years ago that had not exposed significant volumes of waste and the EA confirmed its objective to ensure it remained capped safely.

Waste acceptance and testing

Members sought guarantees that no asbestos waste would be dumped. It was confirmed by the EA that procedures in the permit required the operator to undertake a waste acceptance procedure which included characterisation of the materials, to ascertain their origin and ensure suitability in line with landfill regulations.

The Chair asked the EA to clarify the process for a business wishing to dump waste on the site. The business would need to approach the site and give the characterisation of the waste, which was simple if it was from a clean source. If it came from a place with asbestos the operator should ensure full testing criteria and if it contained asbestos would not be allowed in.

Permit

As the site had an old planning permission and an old permit Members queried how the permit had been updated and how the new one would be different including the options open to the EA at the time of the application for a revised permit. The EA listed various legislative changes over a number of years which had led to variations/modifications to the permit until site closure. The 2001 EU landfill directive led to more stringency on what could be deposited and new standards prohibited co-disposal of materials. This led to separation and classification of sites as hazardous, non-hazardous or inert with tight standards in relation to the permit.

The EA could update permits at any time they saw fit but on this site in 2015 the operator had applied to vary their existing permit under the requirements. The EA could only revoke a permit if there was sufficient evidence of significant environmental harm, which they did not have.

Probing more deeply into this issue, Members asked if investigations had been carried out before granting the updated permit as concerns remained about what was there and might be disturbed. For the new permit there would be no need to touch phase 1 other than adjacent to the face on the northern side to ensure containment of cell 2. This would be a geological barrier i.e. a clay barrier which had to meet a defined specification regarding permeability. When the application came in the EA had considered the environmental impact for all aspects, including environmental risk assessments for ground water, amenities and surface emissions.

The position of the Council and Members had been made clear, so the EA were asked if there were any other possible actions at this point, or if the EA would face legal ramifications if it stopped it from going ahead. Regarding the permit, the EA were clear that at present there were no legal reasons for revocation but the operator needed to carry out the pre-operational work on site which would be regulated.

Water samples

Members asked for more detail on where water samples were taken from and if this included water courses below the tip. There was concern that leaks from other landfill sites had led to work and cost for the Local Authority and if the EA would bear the cost if such a situation arose on this site. In line with regulations, which stated that there should be no discernible impact on groundwater outside the site boundary, samples were taken external to the site rather than in the site. Samples were taken up gradient and down gradient with analysis between the two to see if any discernible impact was present. Phase 1 was set up with infiltration so that over time anything would flush away without having an environmental impact. In contrast new sites had to have a geological barrier so that would not happen now.

Given the issues raised around the water samples, the EA were asked what they would do regarding the figures if these were found to be fraudulent. The EA had written to the operator and planned to be there to audit the next round of environmental monitoring, to ensure the boreholes were there and to address the concerns raised by the DAG. This would also be to ensure requirements around purging were met so a representative sample was obtained. The EA did have an enforcement policy.

Monitoring Phase 1

Members stressed the importance of continued monitoring of Phase 1 due to the concerns regarding what actually went in there. For the new permit the footprint covered the full site and the EA had required additional work on the old area to put in waste gas boreholes as well as the groundwater monitoring. In terms of inspections, it would be monitored as it was still part of the permit to ensure no issues emerged regarding stability. A suggested recommendation was for monitoring information and data to be readily available and to include checks for any chance of disturbance in Phase 1.

Risk assessments

Assurance was sought on how the risk assessment had been developed for phase 2 if the EA had not really monitored phase 1 and what could be in there. There had been some investigatory samples and boreholes taken from the site and the EA did not dispute that materials within the site could contain possible hazardous substances and would need to look at the analysis. Samples had been taken and anything could have gone in there as it dated back to the 1920s when no regulation was in place. The EA reiterated that as there was no intention to disturb Phase 1 the agency did not believe there was any further risk from that site.

Ground disturbance

Reassurance was requested regarding the any chance of disturbance to the ground as tipping commenced on phase 2. A stability risk assessment had been undertaken for the sub-grid against Phase 1 and putting in the geological barrier was well within the limits, so it was believed by the EA that no further risk of failure existed on that site.

Members sought confirmation that apart from the impact on wildlife there was no chance of disturbance when the shrubs and trees were cut down on Phase 1 and asked what action the EA would take in the case of disturbance resulting in a leak. The EA declared that they could not give a cast iron guarantee but procedures were in place to ensure risks associated with that work were kept to a minimum. If an emergency response was required in the case of a slippage this would be remedial action from the operator with immediate effect to ensure no risk to the environment or of pollution.

Independent engineer on site

A further concern was the fact that the operator undertook the monitoring and also selected the independent engineer, who ideally should be someone totally independent. The engineer would be chosen by the operator but the EA would validate their credentials as specific standards were needed to be able to oversee that work. The criterion was within the EA guidance and a condition in the permit that all work was inspected and approved as part of a CQA validation. The report was checked and the EA would not approve it and grant authorisation if they were unhappy but it was a qualified third party engineer who oversaw the work.

Planning

The Chair sought confirmation that due processes around planning and legislation had been followed and the Council advised accordingly. The planning application had been legitimately considered in the 1950s and granted, with an amendment that went through due process. The legitimacy of whether the permission was still in place had been considered by the Planning Inspectorate and the issues this had caused had been raised with the Secretary of State.

After seeing the photograph of the HGV reversing, OSMB asked if anything could be done under planning in terms of signage or with regard to air pollution. Under planning nothing regarding vehicle movements as under the existing 1958 permit there were no restrictions, however there were laws regarding vehicle movements. The operator had been asked for proposals to mitigate risk on the access road. It had been very concerning to see the photo and the Health and Safety Executive (HSE) would not view it positively to see HGVs undertaking three point turns in a residential area with no-one to see them reversing back. Any further such information would be useful to share with the HSE.

Financial provision

Following up in the case of a slippage, which would be the responsibility of the operator to clear up and make safe, Members queried if the operator would have the financial means to do so and if not whether the EA would step in. The EA would want to see the operator's proposal for remediation to make sure it met specific standards and would not cause environmental pollution. Financial checks were made on companies and there was financial provision for that site that could only be brought in in case of serious risk of pollution. Usually the EA would work with the operator to ensure reasonable timescales for remedial action were put in place.

Operator

Members checked what would happen if any data revealed unethical behaviour on the part of the operator, with the assumption they had to be a "fit and proper person" to have a permit. That would depend on the outcome of any investigation and if that led to prosecution there would be a post-conviction assessment. Technical capability to run the site would be looked at and if not substantiated someone else would be brought in to run it. There had to be a technically competent manager on site with certain validated external qualifications who was capable of managing the facility.

Consultation

Regarding the lack of consultation Cllr Hoddinott agreed this was a concern but reported that the EA had informed the Council that this would not have fundamentally changed what happened. It was a unique situation as the environmental permit only looked at certain things and it should have had planning permission which looked at other aspects but did not have it. It was restated that this particular case needed special intervention from the top as the regulatory framework was not good enough to address the concerns. Full assurance was needed that things would be done properly this time.

Legal position

The Chair inquired whether it was the role of the local authority to take forward legal challenges in respect of this issue. In terms of a legal challenge against another local authority or another publicly funded authority the public interest test would not be met and in those circumstances the Council would be advised not to take action. Any other legal advice given would be covered by legal and professional privilege and could not be discussed as it could potentially prejudice potential future action.

Verification was requested that all possible steps had been taken to give the right legal advice to officers and Cabinet. It was understood that officers and Members had been informed on different occasions of the opinion of Counsel. That advice was legally privileged and should not have been shared in the manner it was and should not have been in the

public domain, so the officer was unable to comment further.

It was reiterated that the advice would be for the local authority not to take another publicly funded authority to court. It would be an action for the group to seek their own legal advice and determine what action they would wish to take. Were the local authority to take legal action against anyone and lose the local authority would be responsible for all the legal costs for both parties, known as wasted costs, plus resulting reputational damage.

If a party had obtained a legal opinion on a matter the question was whether another party could rely on that legal opinion or if the second party would have to obtain their own. As a general legal principle they could not and would have to seek their own.

Conclusions

OSMB recalled that this issue had been raised at full Council when all Members had been unanimously against restarting tipping and was why the Cabinet Member had been pursuing matters with the Secretary of State, which it was hoped would continue.

The EA focus seemed very much on Phase 2 monitoring and to establish public trust. However wider concerns regarding traffic, roads and Phase 1 meant people were not confident things were totally safe or that issues would be dealt with swiftly enough should anything happen. Assurance was also needed that thorough checks would be carried out on the content of waste going into Phase 2, with the concerns about asbestos in Phase 1, to ensure the safety of residents and wildlife.

Another concern if it went ahead would be how well informed people would be, given the past history of inadequate management on site. A recommendation around regular, rigorous monitoring of what was happening on the site was needed, including Phase 1, because local residents knew what had previously been dumped in there and if disturbed it would entail a lot of clearing up.

Members wanted to see information requested by the EA being shared with the Council if this activity went ahead with scope for any potential measures in the case of the operator not adhering to the timetable or operating properly.

Reassurance would be necessary that the contents of Phase 1 would be contained and that traffic management would be in place to avoid conflict with other vulnerable road users. Assurances were also needed with regard to monitoring the impact of Phase 2 on the community, schools and sports grounds.

The Chair thanked everyone for their attendance and input at the meeting and in particular the officers from the EA as they were not obliged to attend scrutiny and had had a large number of questions to answer. The Chair would be writing to all parties regarding the outcomes.

Having considered the representations made by the lead petitioner and information supplied by the Cabinet Member and officers, the Chair acknowledged the strength of feeling and genuine concerns of the local community. Although sympathetic to the case presented by the DAG, the OSMB were unable to support the call for enforcement action by the Council but they agreed a number of recommendations to be forwarded to Cabinet for consideration. Recommendations 1-10 were carried unanimously and recommendation 11 by majority with one abstention.

Resolved:-

- 1) That further assurances be sought from and provided by the Environment Agency in respect of credentials of the independent consultant engineer that would be appointed by Grange Landfill will be properly validated to provide greater confidence to the local community regarding existing materials on the Phase 1 of the site and the impact on the local highways, the local environment and surrounding wildlife.
- 2) That the Droppingwell Action Group be encouraged to continue to seek independent legal advice in respect of any legal proceedings that they wish to institute in respect of the Grange Landfill site or against any regulatory body.
- 3) That the Environment Agency, in view of the significant public concern and concerns on the part of the Council, be strongly encouraged to undertake quarterly visits to the Grange Landfill Site to provide greater assurance in respect of the operation of the site.
- 4) That, in view of the significant public and historical concerns in respect of this site, the outcomes of monitoring visits on the site be published on the Environment Agency website and be proactively shared with the Droppingwell Action Group and Rotherham MBC, and be published via the Council's website
www.rotherham.gov.uk/grangelandfill
- 5) That Grange Landfill, the Environment Agency and the Council work together, and consult with the Droppingwell Action Group, to produce user friendly communications for residents to better explain what the site is to be used for in Phase 2, with specific reference to the stability risk assessment of Phase 1, and how the safety of the site and impact on the locality will be monitored.
- 6) That the Cabinet be encouraged to continue to actively lobby in the

strongest possible terms the Secretary of State for Housing, Communities and Local Government in respect of the site and the legislative framework under which it is able to operate.

- 7) That the Member of Parliament for Rotherham be strongly encouraged to raise a question to the Prime Minister to raise the significant public concern in respect of the site and put pressure on the government through parliamentary procedure to revisit the statutory framework.
- 8) That the Cabinet require the Strategic Director of Regeneration and Environment to ensure that all actions are taken to minimise the impact of the operation of the site on local residents and communities, sports grounds and schools, particularly with a view to reducing risk and inconvenience to Millmoor Juniors Football Club and local wildlife.
- 9) That, having regard to the call for action within the petition, where appropriate and within the powers available to the Council, enforcement action be taken in respect of environmental, transport and planning matters where there are reported or suspected breaches of conditions or legislation.
- 10) That the Cabinet be advised that the Overview and Scrutiny Management Board, whilst wholly sympathetic to the representations made on behalf of the Droppingwell Action Group, do not support the call for legal action to be commenced by the Council against the Environment Agency.
- 11) That an update report on the site and ongoing work with the Droppingwell Action Group be provided to Improving Places Select Commission in six-months time.

114. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair changed the order of the agenda and moved public questions to follow the presentation of the petition and subsequent questions. In line with meeting protocols, questions from members of the public present at the meeting were directed to the Chair who verified for each question whether the Cabinet Member and officers were able to respond at that time. All questions posed were answered at the meeting.

Cllr Clark referred to the photograph shown earlier of an HGV asked whether it would be possible to request MHH Holdings to apply for planning permission for access off the A629. This would be far safer as this was a main road into Rotherham that had been used in the past when tipping was taking place, as part of the issue was health and safety and she understood a protocol existed around the safety of pedestrians.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 28/01/20

- Cllr Hoddinott replied that officers would raise this issue with the Health and Safety Executive and that any supporting photos and videos would be invaluable. Dialogue was needed with residents regarding how to improve access and officers would be asked to look at options.

Cllr Clark queried how a public interest case would be defined if this was not one in the light of what had been heard.

- The public interest test was purely with regard to Rotherham MBC taking legal action against the Environment Agency.

Cllr Hague asked why having obtained a legal brief from a top QC on environmental matters it could not be shown to the Environment Agency to ask them to put in closure procedures and if not why was it not in the public interest to do so.

- It was reiterated that the legal advice sought was for the Council only and was protected under legal professional privilege.

Cllr Hague followed up by inquiring whether Legal Services thought it was good value for money to spend money on legal opinion that was then not discussed. – No further comment ensued.

Lisa Silcock inquired what the Environment Agency intended to do in terms of monitoring air borne particles and in particular silica dust.

- The Environment Agency did not carry out such monitoring, this was up to the operator as there was no requirement in the permit. If dust from the site became problematic the permit could be varied to include monitoring.

Ron Branagan queried the Environment Agency referring to the slippage of Phase 1 as trivial when it had slipped several metres and stopped close to the first pitch, and that having seen it first-hand it was not trivial but a major slippage.

- The officer from the Environment Agency said he was unable to comment as he had not been involved in regulating the site at that time although he had seen the photos and investigation afterwards.

Mr. Branagan followed up by saying that on Phase 1 there was no history of land fill waste management and stated his concern regarding stability as there was no supporting evidence.

115. URGENT BUSINESS

The Chair advised that there were no urgent items of business to be considered by the Board.

116. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board take place on Wednesday 29 January 2020 at 11.00a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Wednesday, 29th January, 2020

Present:- Councillor Steele (in the Chair); Councillors Cusworth, R. Elliott, Jepson, Keenan, Mallinder, Napper, Taylor and Walsh.

Apologies for absence:- Apologies were received from Councillors Jarvis and Wyatt.

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

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

1. DECLARATIONS OF INTEREST

Councillor R Elliott declared a personal interest as a foster carer in relation to the agenda items on the Council Plan Performance and the Strategy to Increase In-House Foster Carers.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press in respect of matters on the agenda for the meeting.

3. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

4. COUNCIL PLAN PERFORMANCE - QUARTER 2 (JULY TO SEPTEMBER 2019)

The Board considered the Council Plan performance report for Quarter 2 (July - September 2019) which provided an analysis of performance against 13 key delivery outcomes and 69 measures. At the end of Quarter 2, 28 measures (52%) had either met or exceeded the target set in the Council Plan, compared with 55% in Quarter 1. The direction of travel was positive for 30 (56%) of the measures calculated in this quarter, an improvement from the 53% figure for the previous quarter. Pressures arising from demand for social care remained a challenge, but good progress was seen on the measures under priorities 3 and 4 for Regeneration and Environment.

The focus for the Overview and Scrutiny Management Board was on the 18 measures rated as red which were discussed on a priority by priority basis.

Priority 1

1A3 Number of Looked After Children

There had been a big improvement since the last quarter to just below the

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

target figure, with numbers reducing as predicted due to the actions put in place such as right child, right plan.

1A4 Proportion of families who rated Early Help as good or excellent

Members observed that performance on this measure had dipped and queried whether exit surveys were carried out with all families, including those who had not had a positive experience. It was agreed to doublecheck that everyone was offered the opportunity to feed back. Some would choose not to respond and as the numbers involved were small this made the measure liable to large percentage changes. Attempts were being made to encourage more responses and to make the survey more service user friendly.

1A5 Proportion of children on repeat child protection plans (within 24 months)

This was still below target although with an improved direction of travel and Members asked about work to identify who may go back on a plan and were concerned in particular about high numbers returning after 12 months. Specific work by the safeguarding lead looked at cases of returners, which could be due to unforeseen changes in family circumstances within a short period such as a new partner or other children joining the family. Sometimes people had been over optimistic in removing a child from a CPP and they would be put back on one. Children stayed on plans as long as was needed. Compared with neighbours on measures regarding repeats, Rotherham was slightly lower than middle, performing well on no repeat plans ever, but was still addressing some legacy issues which could mean possibly going back on a plan in their teens.

1B4b Permanent Exclusions - primaries

Officers agreed with the view that exclusion for a child was problematic, especially in primary school, with serious long term consequences and should be avoided at all costs. Exclusion rates were quite high but with a lot of actions taking place to support schools and families to avoid it being necessary.

1A7 Proportion of Looked After Children with disrupted placements

A concern was raised that the Intensive Intervention Programme could lose its funding. A joint review with the NHS would take place on all therapeutic interventions, so would be part of that work and evidence was needed to show it was making a difference, including feedback from participants.

1A8 Looked After Children placed within a Family Based setting.

Members challenged the progress with this measure and asked if newer data was more positive. Officers confirmed that too many children and young people were in the care system, with a high percentage in residential rather than family-based settings but the ratio changed daily. There had been some success in reducing total numbers but it depended

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

on where the children had come from when they stepped down e.g. from residential to family or family to own home. The most recent data does show an improvement to 79.3%

A general point was raised regarding the potential for making more up to date information available and officers agreed to revisit the cycle and timelines as it was nearly Quarter 3.

Priority 2*2A1 – Successful completion of drug treatment – opiate users*

Clarification was sought on this measure and whether successful completion meant that the individual was no longer dependent and if they did go back into services if that would skew the figures. If people re-presented to services they would count again in the figures but treatment was becoming more successful as the number of re-presentations was lower than the national average.

2B7 New permanent admissions to residential/nursing care (adults) and 2B8 Total number of people supported in residential/nursing care (adults)

A question was asked about short term admissions and the reasons for these. Historically there had been short term admissions through the hospital pathway and a recent flurry of short term admissions becoming permanent had impacted on the measure. Positive respite and pathway changes led to some short term admissions.

2B2 Information and Advice at first point of contact (to prevent service need).

Although rated amber rather than red, Members observed that this measure had declined during the summer and queried whether with a target of 40% if 60% of people have to come back? This was an important measure in light of the Council's statutory duty. An access workshop had been held with staff regarding recording and about the changes to the conversation at the front door. It was a question of understanding thresholds and training staff. Reassurance was given that people were getting the right advice but the aim was to deal with 20% at the front door in Adult Care with the remainder signposted elsewhere.

Priority 3

No red measures were reported for Culture, Sport and Tourism which was performing well across all areas with high satisfaction levels in excess of targets. The intention was to devise more qualitative/descriptive performance indicators, including Members and the community in their development.

3A2 Proportion of positive outcomes for reported hate crimes

OSMB had held a performance sub-group on hate crime but assurance was sought on the direction of travel for the measure and what it actually measured. A positive outcome was where a report had been made and

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

action followed, so there could be various outcomes and conclusions. It was explained that this was data from the police but not necessarily a measure that the police would usually use. As more incidents were reported, with more third party reporting centres and more anonymous reports it became harder to deal with and the length of time could be problematic. The police favoured the shift to community solutions which could actually be tougher for the perpetrators. Improvement was anticipated from the new actions.

3A4b – Taxi licensing – vehicle and driver compliance in spot inspections
Members verified if this was something that would continue to be closely watched. The new policy had gone out for consultation and would be very stringent. Spot inspections were finding fairly minor compliance issues not major health and safety or safeguarding issues.

3B3 - Customer contact

Members had received feedback regarding brown bins that it was hard to get through on the 'phone to pay. Fly tipping seemed to have increased but it was positive to see prosecutions and would be good to see more punitive measures.

A concern was raised about the need for cleaning or refurbishment and renewal of road signs as dirty signage gave a bad impression of the borough to visitor and it was confirmed that bollard/sign cleaning had been discussed by the working group. It was clarified that the borough had been divided into two halves, east and west, for tasks such as tackling weed growth and a Member Seminar on zonal working would outline the more holistic approach.

Priority 4

4A5 Narrowing gap on working age economically active in the borough
Officers stated that the data related to a small sample and the challenge for the Council was via its influencing role rather than directly, through partnerships with Jobcentre plus and the Employment and Skills Plan. It was confirmed that with a long lead time in promoting economic development that would be a lag in the data.

Priority 5

5A1 Council tax collection and 5A2 Non-domestic (business rate) collection.

The service was confident it would achieve 98% for business rates by the year end, but less confident on 97% for Council tax.

5D7 Completion of Mandatory Equality Training

Quarter 2 data was 68% but the latest figure showed an increase to 82% and was expected to reach 95% by year end.

5D2 Sickness absence – days lost per Full-time Equivalent

Sickness rates were off target and workshops were underway with

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

managers to address this. The Chair reminded the Board that a performance workshop would be looking at this issue.

Resolved: That the Overview and Scrutiny Management Board hold further discussion on the report at the meeting to be held on 12 February 2020 prior to making any specific recommendations for future items in the work programme.

5. BUDGET CONSULTATION 2020-2021

The findings of the recent public consultation on the Council budget for 2020-21, which took place from December 13th 2019 to January 13th 2020, were presented to the Board. The report covered a breakdown of responses and issues raised through on-line consultation, social media comments and feedback from partners and other stakeholders.

Feedback consisted mainly of comments rather than suggestions, with issues raised similar to those that had emerged during the more in-depth consultation the year before when the two-year budget had been set. In terms of spending priorities, issues in respect of children and young people were mentioned most frequently by on-line respondents, followed by adults and older people; social care and social services; transport, roads and highways; and housing. The most common themes from social media comments focused on the value of the consultation and on transport, roads and highways. Partners had recognised that no major new proposals had been included since their involvement in the budget proposals a year ago.

Resolved: To note the findings as part of the overall budget discussions.

6. EMPLOYEE OPINION SURVEY 2019

Consideration was given to a report and presentation which provided an overview of the outcomes of the Employee Opinion Survey conducted in the summer of 2019 and the key actions identified as a result of the findings. The report compared outcomes from the 2019 survey with those of the previous survey undertaken in 2017. 32 questions within the survey also allowed direct comparison with BMG's Local Authority (LA) Benchmark of over 50 UK wide local authorities. 18 of these questions resulted in scores significantly above the benchmark, ten were in line and four below other authorities.

Overall the staff survey results demonstrated positive progress across the Council since the last survey in 2017, with significant improvements against 57 questions, which reflected the work done by middle managers and heads of service. No areas had declined corporately when compared with the 2017 survey results. The composite score for workforce engagement had improved from 65% in 2017 to 69% and the roadshows led by the Leader and Chief Executive had played a part in this improvement.

The major area for improvement related to internal communication between units or departments within the Council, as only 21% of respondents rated this as good (18% in 2017) compared with 42% in the BMG LA Benchmark. Largescale pieces of work such as customer and digital transformation, which would necessitate a whole council approach, would provide opportunities to bring people together.

Senior management visibility was another area for further work, including teasing out who employees would class as a senior manager when asked this question as perceptions varied. Other lower benchmarking scores were for job satisfaction and work-life balance. It was observed that employees with 11-20 years' service and those on Bands D and E reported lower levels of job satisfaction, which would merit further investigation into underlying reasons.

Members explored several issues in relation to the survey and questions:

- Lengthy survey with 73 questions which could be a deterrent to completion – People were given time to complete the surveys at work and guidance had been sought from BMG regarding industry standards but it had been important to compare results with 2017.
- Encouraging more responses from employees based away from Riverside House or alternative ways of capturing their views – Follow up work would try and ascertain reasons for non-completion, particularly in Regeneration and Environment which had the lowest response rate despite a strong drive to encourage responses.
- If people had answered the questions about senior management visibility in terms of their more immediate manager that was also a concern as they would be less likely to see senior managers. - Anecdotally it seemed many employees, particularly front-line staff, had answered in respect of managers in the tier above their first line supervisor. A framework was required around management visibility, supervision and one-to-ones across the organisation, coupled with more work on communications.
- Variation in the numbers of tiers of management – This was being looked at and it was generally accepted practice to have six tiers from the Chief Executive to front line staff.
- Top level policy and the context for senior managers' decisions – This linked into communications and cascading messages throughout the organisation. Managers needed to spend time with their teams, explaining decisions. Inconsistencies existed in this regard so there was further work to undertake.
- Concern that only 30% of employees were aware of what other

departments did after several years of rolling out the “one council” message – Much depended on people’s roles and although good cross-directorate work and communication was in place, such as in social care commissioning, some silos still existed. Work was needed on the narrative and Rotherham story, with a corporate induction programme under development, including new starters and existing staff.

- Dialogue with other LAs where they obtained better responses – Best practice elsewhere was considered.

Resolved:-

- 1) To note the Employee Opinion Survey results, particularly in relation to improvements made since the 2017 survey.
- 2) To note next steps, including further work to explore the results and co-create action plans to address areas for improvement (corporately and within directorates).

7. CHILDREN AND YOUNG PEOPLE'S SERVICES - UPDATE ON THE HIGH NEEDS BLOCK

OSMB considered a paper which highlighted the increase in numbers of Education and Health Care Plans, the growth in demand for specialist provision and the resulting financial implications for the High Needs Block of the Dedicated Schools Grant. The High Needs Block Recovery Plan aimed to bring in-year expenditure in line with the annual budget allocation and focus on a longer-term plan to contribute to reducing the cumulative deficit.

Phase 1 of the SEND Sufficiency Strategy was in place and Phase 2 would be coming in to help mitigate against high unit costs. Nevertheless, the report showed a variance from the recovery plan of £1.9m with £3.3m estimated pressures on the High Needs Block, even allowing for money being redirected from the Schools Block. Particular pressures were in relation to social care placements, Independent Specialist Providers and provision at Pupil Referral Units (PRUs).

Rotherham’s PRUs (Aspire and Rowan) had both achieved good Ofsted inspection ratings. In addition to meeting mainstream school exclusion provision the PRUs were good at responding to those with social, emotional and mental health (SEMH) needs, which added to the pressures on places as they supported both cohorts. Budget pressures were not solely attributable to permanent exclusions but also to the growing numbers with SEMH needs. The service needed to review specialist places and the current offer to ensure it met local needs, as well as looking at funding, work which was taking place through the SEND Sufficiency Strategy and another piece of work due to commence.

A question was asked about the prospects of being able either to extend the building at Rowan or to build another classroom to accommodate more children and reduce the need for out of borough provision. It was confirmed that the review of alternative provision would consider those arrangements and if funding became available for capital investment the service would be well placed to act following positive engagement with providers.

Members sought assurances that Children and Young People's Services (CYPS) would be able to get a grip on the continued overspend in the face of ever growing demand and expensive out of borough places and that the service was doing all it could to address these issues. Various factors were involved including budget allocation and the SEND Code of Practice which had a strong emphasis on parental preference and was quite difficult to challenge. If parents expressed a strong wish for specialist provision, there was a risk of this resulting in a costly case at tribunal if not provided. Several actions as outlined in the report would come together like a jigsaw puzzle over time resulting in a levelling off of demand and a balanced in-year budget. However, officers were cautious over the timescale for reduction of the deficit.

Resolved:

- 1) To note the growth in Education Health and Care Plans in Rotherham and the increased demand for specialist education provision.
- 2) To note the financial model proposed in the High Needs Block Deficit Recovery Plan.
- 3) To note the arrangements for the management of the Dedicated Schools Grant deficit.
- 4) To note the recent Education and Skills Funding Agency Consultation on changes to the conditions of the DSG Grant.

8. UPDATE ON THE STRATEGY TO INCREASE IN-HOUSE FOSTER CARERS AND RELATED BUDGET PROFILE AND TARGETS

As part of their regular in-year budget monitoring the Board considered a report from Children and Young People's Services which identified activity to increase the number of in-house foster carers, and the impact this would have on the fostering targets and budget profile. Although the ambition was to have children placed in family-based settings wherever possible, it also had to be recognised that the nature of some children's experiences was such that they needed alternative provision.

Family-based settings included independent foster carers and in-house foster carers and Rotherham had been less effective in recruiting the latter or in managing that demand. Inevitably each year some people also decided to cease fostering for a variety of reasons. Actions were taking place, which should see increased requests for the Fostering Panel to meet, but would take a while to come to fruition. These included:

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

- revised fees and allowances payment scheme for in-house foster carers to encourage additional placements within existing approved fostering households
- Muslim Foster Carer project
- allocated capital funds for Pathways to Care to deliver adaptations to the homes of foster carers, allowing them to have an additional child in placement.
- strategic partnership with Brightsparks

The work with Brightsparks was praised but a question was posed regarding the capacity of assessment teams and of the panel to get people through more quickly for approval to become foster carers, subject to the necessary safety checks. This was being looked at and the work with Brightsparks had helped as it was also in their interests. Each side provided challenge to the other on performance and outcomes, including how quickly people were moving through the process. It was an issue of performance management rather than team capacity. In follow up, Members inquired about the average time from expression of interest to taking the first child once approved. The aspiration was for 12 weeks from when a person submitted their papers to panel approval, which was welcomed by Members if that timescale could be achieved.

Resolved:

- 1) To note the fostering placement budget and target profiles for in-house fostering and independent fostering placements.
- 2) To note the activity that will increase the number of foster carers in the final quarter of 2019/20 and throughout 2020/21.

9. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

The Governance Advisor informed the Board that the theme for the Children's Commissioner's Takeover Challenge on 12th March, 2020 had been confirmed by Rotherham Youth Cabinet as hate crime.

It was also reported that the intention was to have an update on the response to the last Children's Commissioner's Takeover Challenge: Young Carers at the same meeting.

10. FORWARD PLAN OF KEY DECISIONS - JANUARY TO MARCH 2020

Consideration was given to the Forward Plan of Key Decisions for the period from January to March 2020 detailing the decisions to be taken by the Cabinet over that three-month period. Members identified the following two reports for pre-decision scrutiny at the meeting on 12 February 2020: December Financial Monitoring, and Budget & Council Tax 2020-21 and Medium Term Financial Strategy.

Cllr Cusworth confirmed that progress on developments with the Looked After Children Sufficiency Strategy would be reported at Improving Lives

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 29/01/20

and the Corporate Parenting Panel.

Resolved:- 1) That the Forward Plan of Key Decisions from January to March 2020 be noted.

2) That the following reports be presented for pre-decision scrutiny on 12 February 2020:-

- Budget & Council Tax 2020-21 and Medium Term Financial Strategy
- December Financial Monitoring

11. CALL-IN ISSUES

The Chair reported that there were no call-in issues requiring the Board's consideration.

12. URGENT BUSINESS

The Chair advised that there were no matters of urgent business to discuss at the meeting.

13. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Overview and Scrutiny Management Board take place on Wednesday, 12th February, 2020, commencing at 11.00 a.m. in Rotherham Town Hall.

Public Report
Overview and Scrutiny Management Board

Committee Name and Date of Committee Meeting

Overview and Scrutiny Management Board – 04 March 2020

Report Title

Gender Pay Gap Reporting 2019

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

Ian Henderson, Senior Employee Relations Officer
01709 822467 or ian.henderson@rotherham.gov.uk

Ward(s) Affected

None

Report Summary

This report provides detail of the Gender Pay Gap information that the Council is obliged to publish under reporting legislation.

Recommendations

OSMB is asked to:-

1. Note the Council's position and actions being taken to reduce the Gender Pay Gap

List of Appendices Included

Appendix 1 Gender Pay Gap 2019

Background Papers

The Gender Pay Gap in Local Government (Local Government Association)
Equality Act 2010
Gender Pay Gap: Reporting in the Public Sector (Government Equalities Office)
Gender Pay Gap: Closing it Together (Government Equalities Office)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Staffing Committee

Council Approval Required

No

Exempt from the Press and Public

No

Gender Pay Gap Reporting 2019

1. Background

- 1.1 In 2017 the government introduced the Gender Pay Gap Information Regulations which require employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap in their organisation is between their male and female employees. A positive pay gap indicates that men are paid more than women and a negative pay gap that women are paid more than men.
- 1.2 The gender pay gap shows the difference in the average pay between all men and women in a workforce. The smaller the value of the gap, the more equal the pay gap is between genders. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.
- 1.3 The Council has up to 12 months following the annual snapshot date of 31 March to publish this information on the Council and Government website.

The deadline to report for the snapshot date of 31 March 2019 for public sector employers is 30 March 2020.
- 1.4 The Council chose to include a narrative with its calculations to explain the reasons for the results and details of actions being taken to reduce or eliminate the gender pay gap. Appendix 1 shows the Council's narrative.
- 1.5 The Government Equalities Office has identified several "effective" and "promising" actions employers can take to improve recruitment and progression of women and reduce the gender pay gap:

- Include multiple women in shortlists for recruitment and promotions
- Use skill-based assessment tasks in recruitment
- Use structured interviews for recruitment and promotions
- Encourage salary negotiation by showing salary ranges
- Introduce transparency to promotion, pay and reward processes
- Appoint diversity managers and/or diversity task forces
- Improve workplace flexibility for men and women
- Encourage the uptake of Shared Parental Leave
- Recruit returners
- Offer mentoring and sponsorship
- Offer networking programmes

2. Key Issues

- 2.1 The median gender pay gap for the Council at the end of March 2019 was almost the same as the previous year, increasing from **13.3%** to **13.4%**. The mean pay gap also increased from **9.9%** to **10.6%** after falling from **11.5%** the previous year. Analysis of the underlying data did not identify any specific cause that could explain the changes.

The Council's pay gap shows that overall men are still paid more than women, however, the figures compare favourably with the average UK gap **17.3%** (Office for National Statistics) and EU average **16.2%** (Eurostat figures published on the European Commission of Justice's website).

RMBC Gender Pay Gap over time

Year	2019	2018	2017	2016	2015	2014	2013
Median Pay Gap	10.6%	9.9%	11.5%	12.3%	15.2%	16.2%	18.2%
Mean Pay Gap	13.4%	13.3%	12.5%	13.0%	19.0%	17.9%	21.8%

- 2.2 There is no legislative requirement to publish information on other protected characteristics at the moment, however analysis for BME employees showed the Council had a negative **8.2%** median pay gap and negative **4.3%** mean pay gap. For disabled employees there was a negative **6.6%** median and a negative **2.6%** mean. The negative pay gap indicates that both BME and disabled employees are paid more than non-BME/disabled employees.
- 2.3 Regionally benchmarking is currently only available for 2018 as no Council in the region has yet published information for 2019.

Against the 2018 figures the Council median compared favourably with our neighbouring authorities with only Sheffield, who have outsourced a number of services with jobs traditionally undertaken by lower paid women, coming in significantly below.

Council	Median	Mean
Barnsley	9.6%	6.1%
Doncaster	16.5%	14.8%
Rotherham	9.9%	13.3%
Sheffield	8.4%	2.6%
Metropolitan Council's	9.4%	Not available

3. Options considered and recommended proposal

- 3.1 To continue to include a narrative to support and explain the information that the Council is legally obliged to publish.
- 3.2 Review recruitment and development opportunities and encourage improved workforce flexible working and mentoring opportunities in line with the Government Equalities Office research.
- 3.3 It is recommended that both the options above are implemented.

4. Consultation on proposal

4.1 Consultation has taken place with Councillor Alam.

5. Timetable and Accountability for Implementing this Decision

5.1 The deadline for publishing the 2019 gender pay gap is 30 March 2020.

6. Financial and Procurement Advice and Implications

6.1 This report provides a retrospective update on the gender pay gap, as such the costs of staff pay have already been factored into the Council's budget position for 2018/19 and the Council's financial outturn position for 2018/19. There are no identifiable financial implications to note at this point. As the Council continues to close the gap identified, the financial implications of any proposal to do so will be reviewed.

6.2 There are no direct procurement implications associated with the details contained in the report.

7. Legal Advice and Implications

7.1 The report complies with the legislative requirements. Failure to provide this information could result in the Council being subject to court orders and fines.

8. Human Resources Advice and Implications

8.1 An appropriately rewarded workforce motivates employees and meets standards of fairness and equality required by employment legislation.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for children and young people or vulnerable adults.

10. Equalities and Human Rights Advice and Implications

10.1 In making any decision the Council is required to have due regard to its equalities duties and in particular with respect to the Equality Act 2010, section 149, part 11 of the public sector duty:

- a) eliminate discrimination, harassment, victimisation and eliminate any other conduct that is prohibited by or under the Act,
- b) advance equality of opportunity between persons who are a protected characteristics and persons who do not share it and to
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

10.2 The recommendation before the Council will not have any adverse impact on anyone with one or more protected characteristics, namely age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11. Implications for Partners

11.1 There are no implications for partners.

12. Risks and Mitigation

12.1 There is a risk that the authority would face legal action if it failed to comply with legislative requirements to publish information on the gender pay gap.

13. Accountable Officer(s)

Shokat Lal, Assistant Chief Executive

Approvals obtained on behalf of:-

	Named Officer	Date
Assistant Chief Executive	Shokat Lal	21/01/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	05/02/20
Assistant Director of Legal Services (Monitoring Officer)	Stuart Fletcher	31/01/20
Assistant Director of Human Resources (if appropriate)	Lee Mann	28/01/20
Head of Human Resources (if appropriate)		Click here to enter a date.

Report Author: Ian Henderson, Senior Employee Relations Officer
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 This report is published on the Council's [website](#).

Rotherham Metropolitan Borough Council

Gender Pay Gap Report 2019

Introduction

This is the third year that we have published this report and Rotherham Council remains committed to promoting equality of opportunity, eliminating discrimination and building cohesive and inclusive communities to make life better for its residents, service users, customers and employees.

Our ambition, with the wider Rotherham Together Partnership, is to raise skills levels, increase employment opportunities and remove barriers to good quality sustainable employment for local people. Three quarters of our employees live in the borough and ensuring equality of opportunity for our workforce and tackling workplace exclusion is an important part in achieving the vision and values of the Council.

Fair pay is important for everyone, individually and for society but it is worth pointing out that a 'Gender Pay Gap' is not the same issue as 'Equal Pay'. The Council has a longstanding commitment to a transparent approach to pay and grading and is confident employees receive remuneration within the same grade when carrying out the same or equivalent value work.

The gender pay gap does not stem from paying men and women differently; it is the result of the roles in which men and women work within the organisation and the salaries that these roles attract. The Council is committed to undertaking action which will support a positive reduction in the gender pay gap through development, career progression and not removing lower paid roles from the organisational structure.

During 2018/19, the Council almost doubled the number of new apprenticeships from 36 in 2017/18 to 66 in the year to 31st March 2019. These provide opportunities for new and existing staff to develop their skills and gain qualifications that can support their career progression. Of the 66 apprentices that started during the year, almost 70% (46) were female.

In addition, the Council launched the Rotherham Leader development programme during the year. This leadership development apprenticeship will provide an opportunity for our aspiring managers, regardless of gender, to develop the skills required to progress in the organisation. This will help to strengthen talent pipelines to our most senior roles and ensure women continue to be represented at senior levels in the organisation. Currently, over two thirds of our top 5% of earners and half of the Council's Senior Leadership Team are female.

In the last seven years the Council has seen significant reductions in its gender pay gap with the mean gap reducing from 18.2% to 10.6%. Although these are positive steps, whilst ever a gap remains work will continue to address the imbalance.

We continue to be committed to transparency and fairness. This detailed analysis helps us identify areas for further improvement and will actively inform actions for the Council's Workforce Plan.

Sharon Kemp
Chief Executive
Rotherham Metropolitan Borough Council

Background

The Council is required by law to carry out Gender Pay Reporting on an annual basis in line with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

From 2017, any organisation that has more than 250 employees must publish and report specific figures about their gender pay gap. The gender pay gap is defined in the regulations as the difference between the average earnings of men and that of women, calculated relative to men's earnings. These calculations must be made using payroll information correct as on a specific date.

For public sector organisations the specific date, or snapshot date is the 31 March and information on pay gaps based must be published by 30 March each year.

Maintained schools are responsible for publishing their data separately from the Council, which means that schools data is not included in this report.

Data must be published and reported on the following differences between male and female employees:

- Mean gender pay gap in hourly pay
- Median gender pay gap in hourly pay
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of males and females receiving a bonus payment
- Proportion of males and females in each pay quartile

On the snapshot date of 31 March 2019 the Council had 5025 employees, females accounted for three quarters of the workforce predominantly in part-time permanent positions, whilst the male workforce was predominantly full-time workers in permanent positions. Since 2010 the number of males working part-time has gradually increased to over one in five, compared to almost two out of three females.

Over the same period the number of women in the top 5% of earners has also gradually increased and at the snapshot date sixty five per cent of the Council's top 5% of earners were female and made up half of the Senior Leadership Team.

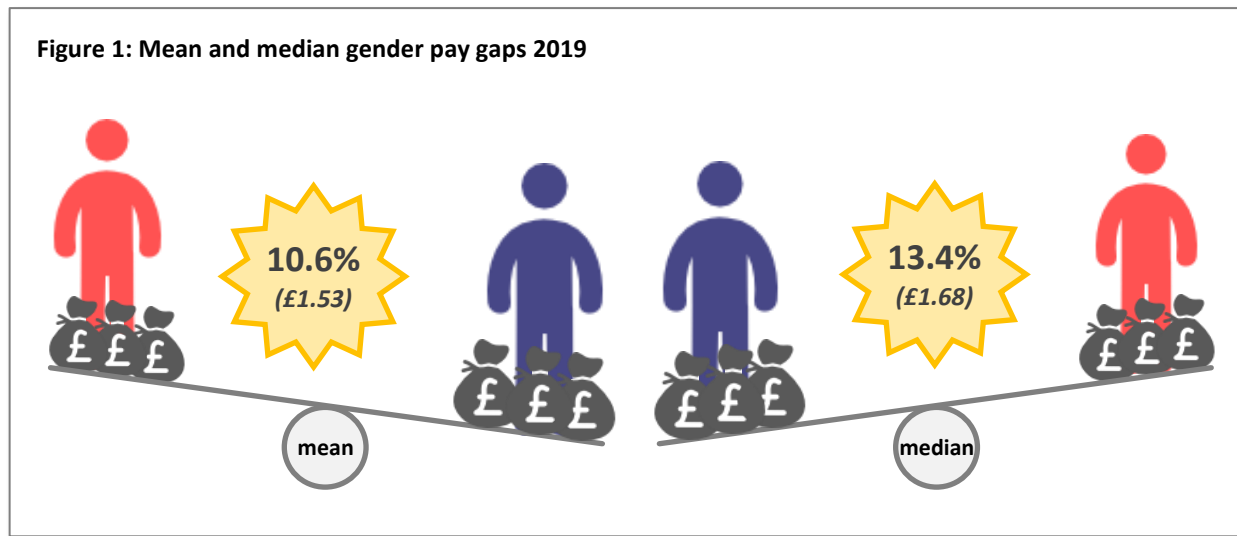
During the year the Council continued to pay a living wage supplement to its lowest paid jobs to take the minimum hourly rate paid payable up to the UK Living Wage rate of £8.75 per hour. The majority of these jobs were undertaken by female employees working in traditionally low-paid cleaning and catering roles.

The Council has a clear understanding of the overall gender composition of its workforce and regularly monitors its workforce in relation to the other protected characteristics e.g. ethnicity, age, as these can also impact on the extent of any pay gaps.

Data and analysis

Mean and Median Gender Pay Gap

Figure 1: Mean and median gender pay gaps 2019

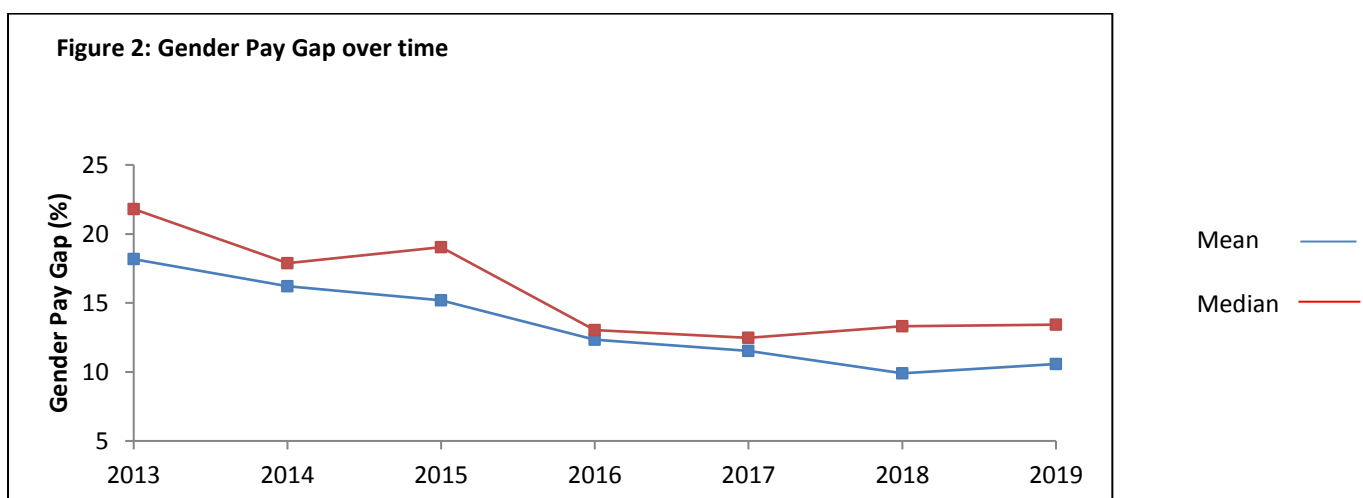


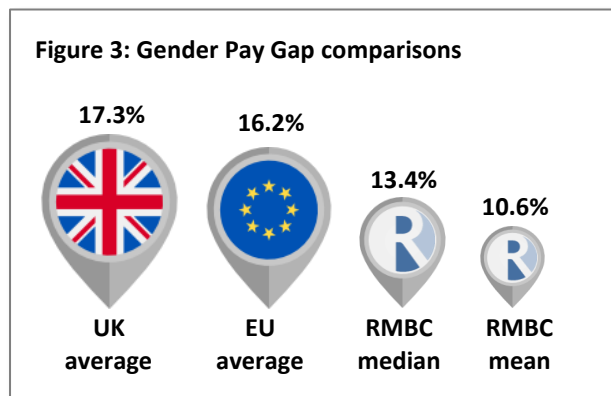
A positive pay gap indicates that men are paid more than women and a negative pay gap that women are paid more than men

The median gender pay gap for the Council at the end of March 2019 was almost the same as the previous year, increasing slightly from 13.3% to 13.4%. The mean pay gap also increased from 9.9% to 10.6% after falling from 11.5% the previous year. Analysis of the underlying data did not identify any significant change in the gender composition of the workforce compared to the previous year and the change will therefore be down to fluctuations in the number of and demographics of the workforce.

Over the last seven years the Council's mean gender pay gap has reduced considerably from 18.2% to 10.6% and the median from 21.8% to 13.4%.

Figure 2: Gender Pay Gap over time





The Council's pay gap shows that men were paid more than women, however, the figures compare favourably with the average UK gap of 17.3%, EU average 16.2% (Eurostat figures published on the European Commission of Justice's website) and the lowest EU countries, Belgium, Italy and Luxemburg who are just below 8%.

Currently there is no legislative requirement to publish information on other protected characteristics, however analysis for BME employees showed the Council had a negative 8.2% median pay gap and negative 4.3% mean pay gap and for disabled employees a negative 6.6% median and a negative 2.6% mean.

The negative pay gaps indicate that both BME and disabled employees are paid more than non-BME/disabled employees.

Mean and Median Bonus Gender Pay Gap

The Council does not operate any bonus schemes.

Proportion of males and females by pay quartile

Figure 4: % Males by quartile

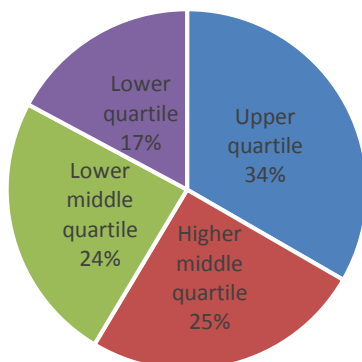
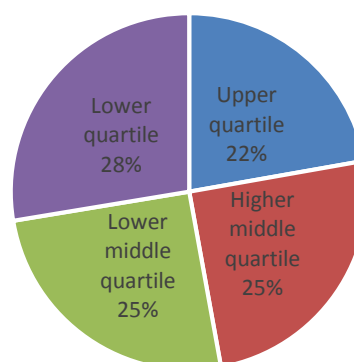


Figure 5: % Females by quartile



The gender distribution in the two middle quartiles is broadly in line with the overall workforce representation. In the lower quartile, where the Council has a larger number of female employees working in traditionally low-paid cleaning and catering roles, there is an over-representation of female workers. The reverse is true in the upper quartile, where the jobs tend to be professionally qualified or dependent on several years of management or other types of experience. Here, women are under-represented.

When looking at the spread of female employees across the quartiles, the ideal would be to see a quarter (25%) of all females in each of the four quartiles; the same goes for male employees. This has almost been achieved for female employees, however, for male employees there is a discrepancy of nine percentage points at the upper and 8% at the lower quartiles.

How we are working to close the Gender Pay Gap

The Council continues to take positive steps to improve workplace equality, implementing best practice in line with the Government Equalities Officer report Gender Pay Gap: Closing it Together providing transparency in promotion, pay and reward processes, a range workforce development opportunities and flexible working opportunities designed to enable employees to achieve a work life balance and support for parents and carers, that often goes beyond the minimum statutory requirements, through maternity/adoption leave, paternity leave, maternity support leave and parental leave to help women returning to work to continue their career.

During the year a local living wage supplement was applied to the Councils lowest paid employees, predominantly female, whose hourly rate of pay fell below £8.75 to bring them up to this rate. From April 2019, a supplement is no longer required as the Council's minimum pay rate increased to £9.18, above the UK Living Wage rate of £9.00 per hour.

Detailed analysis of the workforce helps identify areas for improvement and informs further action planning for the Council's Workforce Plan.

Key activities include:

- Ensuring policies are up to date and follow best practice
- Ensuring recruitment campaigns and job adverts are gender neutral and look to recruit through a variety of channels, including non-traditional sources
- Having a workforce that reflects the diversity of Council communities
- Ensuring there is a flexible, fair and transparent reward framework
- Examining and removing barriers to flexible working wherever possible
- Supporting staff with caring responsibilities
- Supporting staff to more effectively balance home and work commitments
- Reviewing of ways of working across the organisation to identify and promote increased flexibility in working practices
- Driving increased flexibility as the norm in roles at all levels of the organisation
- Developing digital skills to support new ways of working
- Enhancing the Council's Learning and Development offer and approach to supporting development and career progression

Public Report
Overview and Scrutiny Management Board

Committee Name and Date of Committee Meeting

Overview and Scrutiny Management Board – 04 March 2020

Report Title

Adult Care: Budget Forecast and Savings Update

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Owen Campbell, Head of Finance (Adult Care, Housing and Public Health)
(01709) 822098 or owen.campbell@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The purpose of the report is to update OSMB members on the current budget forecast and savings position for 2019/20 and 2020/21.

Recommendations

1. To note the information contained within the report.

Background Papers

- December Financial Monitoring 2019/20 – Cabinet
- Budget and Council Tax 2020/21 and Medium Term Financial Strategy - Cabinet 17 February 2020
- Budget and Council Tax 2019/20 and Medium Term Financial Strategy - Council 27th February 2019

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Adult Care: Budget Forecast and Savings Update

1. Background

- 1.1 This report provides an update of the forecast budget position for Adult Care, Housing General Fund and Public Health. The savings plan is an integral part of the financial position and further information is provided to explain the impact in 2019/20 and how this relates to the Council's Budget report.

2. Key Issues

- 2.1 The Adult Care Housing and Public Health Directorate is forecasting an overspend of £1.4m largely as a result of an increase in demand for Adult Social Care. This is based on full delivery of savings identified by implementing the new target operating model and part year savings from the reassessment programme and review of Learning Disability services.
- 2.2 Whilst the overall number of people in receipt of care is stable, people are presenting with increasingly complex needs and the average cost is increasing. For example, the average number of hours for a home care package is increasing.
- 2.3 There are some timing issues associated with the delivery of some savings and also some budget pressures which are addressed in the Council's Budget report. The principle remains that the Adult Care savings will be delivered in full by 2021/22, either in the way originally proposed or by approved variations where required.

3. Revenue Monitoring 2019/20: P9 December 2019

Table 1:

Service	Annual Net Budget 2019/20	Forecast Net Outturn 2019/20	Variance (over (+) / under (-) spend)
	£m	£m	£m
Adult Social Care	59.9	61.8	+1.9
Housing General Fund	-0.8	-1.3	-0.5
Public Health	15.9	15.9	0
Total	75.0	76.4	+1.4

- 3.1 Adult Care Services are forecast to overspend by £1.9m, largely as a result of demand for services. In 2018/19 there were c.640 people who required a new service and c.800 ended service. This net reduction was less than expected with around 250 more people in receipt of services than anticipated resulting in a cost pressure of £1.8m. There are further demand pressures in the current year with a forecast additional cost of £0.3m.
- 3.2 The budget includes savings of £5.7m, of which £2.3m is estimated to be delivered giving a shortfall of £3.4m in 2019/20. A number of mitigating actions have been identified, including maximising the use of one-off

resources, which are expected to bridge the savings shortfall this financial year. Further detail is provided in section 4.

Table 2: Summary Adults of Variances

Pressure/-saving	£m
2018/19 demand pressure	1.8
2019/20 demand pressure	0.3
Delays to savings	3.4
Savings mitigations	-3.9
Legal costs	0.3
Reduced income	0.3
Staffing vacancies	-0.3
Adult Care total	1.9

3.3 Housing services' latest forecast is an overall underspend position due to additional fee income from the Furnished Homes scheme (-£0.3m) plus additional contributions from the HRA for advocacy and appeals.

3.4 Public Health is forecasting a balanced position. This includes a budgeted transfer from the Public Health Grant reserve of £0.2m in order to set a balanced budget. A Budget saving agreed as part of the budget setting process totalling £0.1m in respect Sexual Health contract is forecast to be fully achieved in year.

4. **Savings Update**

New Target Operating Model

4.1 The new Targeted Operating Model was implemented as planned on 21st October 2019. All the key milestones have been met. The consultation concluded and new model confirmed on the 3rd July. The planned savings (£1.6m, 2019/20 and £3.1m, 2020/21) are forecast to be fully delivered.

4.2 This is a significant change programme for the directorate where halfway through the financial year the whole service moved to a new staffing structure; including new pathways and new ways of working.

4.3 The change is supported by a workforce development programme supported by external partners. This is a people centred programme designed to empower and engage staff from front line through to senior leaders, which has been implemented and utilised across the Health and Care system. It is a 12-15-week programme, where the purpose for Rotherham will be to build capability and confidence in our staff to be able to deliver our future model. This has now been completed with further training planned throughout next financial year to support the ongoing professional development of staff.

Reassessment Programme

Table 3:

Reassessment programme (Older People, Phys Dis and Mental Health)	2019/20
	£'000
Cumulative savings required per budget	873
Estimated delivery of savings (cumulative)	408
Forecast shortfall in delivery	465

- 4.4 The Reassessment Programme aims to ensure that care packages are proportionate across Older People, Physical Disability and Mental Health client groups by undertaking care package reviews of existing eligible customers.
- 4.5 The difficulty in recruiting staff has impacted the ability of the reassessment teams to deliver the required level of activity. In April 2019 we commenced the rolling Adult Social Care Social Worker recruitment campaign, to address the vacancy pressures as well as applying more rigorous selection processes to raise the standards of candidates and quality of workforce. The reassessment team is now at full capacity, but initial delays mean the saving will not be fully delivered in 2019/20.

My Front Door Programme

Table 4:

My Front Door (Learning Disabilities)	2019/20
	£'000
Cumulative savings required per budget	2,780
Estimated delivery of savings (cumulative)	-182
Forecast shortfall in delivery	2,962

- 4.6 The My Front Door programme has been re-profiled for the amended In-House Services timeline. The net additional cost (£182k) is due to the cost of new packages of care. The programme prioritises the care and support needs of people who use the in-house services, ensuring the new arrangements are in place prior to existing services being decommissioned (and before any saving can be released). The timing of the overall programme has been delayed but it is expected to be delivered in full by 2021/22.

Other savings

Table 5:

Other savings	2019/20
	£'000
Cumulative savings required per budget	459
Estimated delivery of savings (cumulative)	459

- 4.7 This covers a number of smaller savings mainly on commissioned contracts as agreed in the Budget Report 2019/20. The savings are expected to be delivered in full.

Table 6: Savings mitigations

2019/20 mitigations:	2019/20 £'000
In-year budget savings	-2,101
Savings on Transforming Care	-1,059
One off additional income - client contributions and continuing healthcare (CHC)	-500
Direct Payment audits	-240
Total Adults Mitigations	-3,900

- 4.8 In-year budget savings were agreed in October to support the delay in delivery of the planned savings. This is made up of a number of small savings across the Directorate, including: holding vacancies, delaying spending on supplies and services, and use of reserves. Savings on Transforming Care are due to delays in the Council assuming funding responsibility for community packages which have previously been fully funded by Health: this is dependent on the availability of suitable provision in the community. Additional income: this relates to previous financial years and is one-off.

5. Summary and Next Steps

- 5.1 The savings have been re-profiled for future years and this has been reflected in the Budget Report 2020/21. The approved savings will continue to be delivered into 2020 and are anticipated to be achieved by 2021/22 either in the way originally proposed or by approved variations where required.

6. Consultation on proposal

- 6.1 The Council consulted extensively on the two-year budget proposals for 2019/20 and 2020/21. Details of the consultation are set out in the Budget and Council Tax 2019/20 report approved by Council on 27th February 2019.

7. Financial and Procurement Advice and Implications

- 7.1 The financial implications are contained within the main body of the report. There are no direct procurement implications.

8. Legal Advice and Implications

- 8.1 No direct legal implications.

9. Human Resources Advice and Implications

- 9.1 No direct implications.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The report includes reference to the cost pressures in the Adult Social care budget.

11. Equalities and Human Rights Advice and Implications

- 11.1 No direct implications.

12. Implications for Partners

- 12.1 No direct implications.

13. Risks and Mitigation

- 13.1 Forecast assumptions have been made based on the activity completed during 2019/20. Future service changes will be impacted by factors outside of the Directorate's control some of which cannot be predicted. Where these are significant enough to impact on the overall achievement of the service plans approval will be sought to take mitigating actions as and when required.

14. Accountable Officers

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Owen Campbell, Head of Finance (Adult Care, Housing and Public Health)

OSMB – 4 March 2020

Adult Care, Housing & Public Health Market Position Statement 2020/21



www.rotherham.gov.uk

Rotherham
Metropolitan
Borough Council



Legal Duties

Care Act 2014 duty on local authorities to promote:

- “the efficient and effective operation of the market for adult care and support as a whole.”
- “a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and *cost-effective outcomes that promote the wellbeing of people who need care and support.*”

Care and Support Statutory [Guidance](#), Section 4.2



Development of the Rotherham MPS

- Oxford Brookes University's Institute of Public Care (IPC) developed the concept of the MPS
"Market position statements should set out a clear statement of intent about the future of the local care market, and the actions to be taken to realise those intentions."
IPC Market Position Statement Guidance
- The LGA funded support from IPC to advise on the development of a best practice MPS
- Several workshops were held during 2019/20 with care and housing providers facilitated by IPC



Purpose of the workshop

To engage provider partners in the development of the RMBC Adult Care and Housing Market Position Statement:

- Understand RMBC's general strategic intentions for adult social care and housing
- Help RMBC develop its forthcoming Market Position Statement
- Help to shape the way that RMBC develops positive commissioner/provider relationships



5

- IPC are currently producing an LGA best practice toolkit for local authorities – the latest draft was used to inform lay out and content of the MPS and for IPC to critique earlier drafts

MPS - Content

1.	Understanding Demand <ul style="list-style-type: none">• Introduction• Demographic Change• Service Take-up
2.	Understanding the Market <ul style="list-style-type: none">• Market Overview• Self-funders• Quality• Workforce• Sustainability• Resources
3.	The Vision <ul style="list-style-type: none">• Models of Housing, Care and Support• Commissioning Intentions
4.	Commissioners Approach to the Market <ul style="list-style-type: none">• Managing the Relationship• Future Support• Key Dates and Timelines
5.	Useful Links and Key Contacts

Provider Feedback

- Providers told us that they wanted the MPS to be a readily accessible and navigable document.
- More focus on intentions and timeframes and less on detailed strategy and population trends – just key facts are needed
- Many providers find MPS's to be generic and bland (often out of date) – most don't use them and rely on strong contacts with commissioners

The Changing Landscape

- There is a move away from provider / commissioner to partnership and co-design models of commissioning with a strong values base
- Very a much a need to continue with regular communication and relationship building. Council's move to Skype for business makes this even easier – no excuses for a lack of engagement and dialogue



Specific Commissioning Intentions:

“Act to Help yourself”

- Further test Digital solutions e.g. Alexa technology
- Support community capacity building and neighbourhood working
- Implement “Active Solutions” Pre front door with Age UK
- Support and jointly develop town centre unpaid Carers Hub with Crossroads
- Continue to promote “5 Ways to Wellbeing”



Commissioning Intentions contd.:

“Act when you need it”

- Mobilisation of new model for Home Care April 2020
- Explore Dynamic Purchasing System for a range of Learning Disability and Autism services including accommodation/support
- Increase the number of flexible Core & Cluster Supported Living units for LD/Autism – TCP/Preparing for Adulthood etc
- Recognised Provider List for housing options – housing partners to work with the Council
- Review Mental Health social care pathway and develop a new offer including accommodation/support
- Develop Domestic Abuse Pathway and test new ways of working
- Review Housing Related Support pathway for Adults
- Further develop the Housing First model and homelessness prevention interventions - maximising grant funding opportunities

Commissioning Intentions contd.:

“Act to live your life”

- Mobilise the new Healthwatch service following tender process
- Mobilise the new Advocacy service following tender process
- Implement a Quality strategy – based on LGA/ADASS Quality Matters v.2 incorporating TLAP/NICE/CQC measures
- Develop services for people in receipt of direct payments e.g. Personal Assistants
- Support for unpaid carers
- Further Development of Micro Enterprises

The MPS Vision

- The Rotherham MPS will cover all aspects of Adult Care, Public Health and Housing commissioning requirements from 2020/21 onwards
- The MPS will be worked up into an on-line version to allow for regular editing and refreshes
 - PDF version will be published in April 2020
 - on-line version will be developed in Qtr 1 of 2020/21
- An example of what it aims to look like:
<http://www.westernbaypopulationassessment.org/en/home/>



Adult Care, Housing and Public Health Market Position Statement 2020-21

‘We will act together to support the residents of Rotherham to live full active lives; to live independently and to play an active part in their local communities’

Version Control

Date	Version	Author	Comments
22.07.19	V1	NA	First internal document
24.07.19	V1.2	GD	GD comments
23.09.19	V2	NA	Second edit
09.10.19	V2.2	GD	GD further comments
21.10.19	V3.1	GD	GD final comments
10.01.20	V4	NA	Refresh and update to reflect GD/Provider comments
11.02.20	V5	MS/NA	Resources section updated for 2020/21
21.02.20	V6	NA	Edit

1. Understanding Demand

- Introduction
- Demographic Change
- Service Take-up

2. Understanding the Market

- Market Overview
- Self-funders
- Quality
- Workforce
- Sustainability
- Resources

3. The Vision

- Models of Housing, Care and Support
- Commissioning Intentions

4. Commissioners Approach to the Market

- Managing the Relationship
- Future Support
- Key Dates and Timelines

5. Useful Links and Key Contacts

Introduction

Rotherham Metropolitan Borough Council (“the Council”) is pleased to present a new Market Position Statement (MPS) for Adult Care and Housing covering the financial year 2020-21. This has been created with positive input from a variety of Rotherham service providers and with excellent support from Oxford Brookes University, Institute of Public Care (IPC). The aim of the new approach to producing an MPS is for future updates to be hosted on the Council’s website, with interactive content and this to be really refreshed and informed by fully co-produced activity with stakeholders. The version for 2020-21 has involved engagement and active participation from Rotherham providers and stakeholders through workshops and a feedback loop to inform the style and content. This version is a positive step in the right direction and sets down a marker for the future direction of travel. This hard copy version will be edited into a web-based format with a similar look and feel to the recently refreshed Rotherham Joint Strategic Needs Assessment (JSNA).

Understanding Demand Introduction

The current financial climate is challenging and is not anticipated to significantly improve in the medium term. The Council cannot solely deliver the required solutions to people requiring care and support without an informed and thriving market across the borough. Effective, honest and open relationships between the Council and service providers, from all sectors and of all sizes is therefore essential. This not only leads to better outcomes for our population but offers people genuine choice and control as to their accommodation, care and support solutions. Working in partnership with service providers, considering them as key components of the wider Rotherham integrated health and care system is a fundamental principle of this MPS – this is not about a traditional commissioner provider relationship. The Council actively encourages regular and proactive dialogue and welcomes new ideas or proposals.

What is a Market Position Statement?

An MPS is a document which summarises supply and demand in a local authority area or sub-region, identifies future strategic priorities and signals business opportunities within the care market in that area.

“It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement.” Care and Support Statutory Guidance, Section 4.56

An effective MPS should tell providers what the Councils plans are. The providers should be actively involved in shaping them. The MPS is intended to be used as the reference point for providers to inform their investment priorities and to develop their delivery models.

A Whole System Approach

The Council recognises that the right accommodation option is at the heart of providing the best possible care and support solutions. The Council is well placed to facilitate this, having

an integrated Directorate that brings the functions of Adult Care and Housing together, alongside Public Health. The Council also has strong partnership links across the borough with key health and social care stakeholders, including the NHS Rotherham Clinical Commissioning Group (CCG), The Rotherham NHS Foundation Trust (TRFT), Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), Voluntary Action Rotherham (VAR) and the social housing sector. This is governed by the Rotherham Integrated Health and Social Care Place Plan <http://www.rotherhamccg.nhs.uk/rotherhams-place-plan.htm>

The Council has several advantages when developing accommodation solutions. There are a range of affordable and available land/properties across the borough, supported by an excellent Council Planning function and a commitment to support new developments, refurbishments or remodelling of provision.

Scope

This MPS serves to inform Housing, Care and Support Providers of the present and predicted service demand in Rotherham. It sets out the Council's vision for the future market and outlines strategic commissioning intentions.

This MPS pulls together relevant and pertinent data and information from internal sources such as case management recording systems, external statistical sources detailing Rotherham's demographic make-up and projection of population and analytical detail of the local market. The MPS provides data on all the cohorts of people under the remit of Adult Care and Public Health including, older people, people with learning disabilities, autism, mental ill-health, physical and sensory disabilities and unpaid carers, overlaying accommodation requirements for each of the cohorts.

Staying in Touch (Co-Production)

The workshops held with a number of Rotherham providers, supporting people across the full spectrum of provision and all differently constituted was most helpful in terms of framing a new approach to engagement and embedding the Council's core commissioning principles of Co-production and a commitment to Social Value.

The feedback from providers on what works in an MPS, what doesn't and the importance of an emphasis on what is going to happen, by when, rather than a reliance on statistics and policy/strategy documents has been taken forward in this version of the MPS.

The Council has had a range of provider forums for a considerable period, but these have historically coalesced around service type such as home care or a particular cohort such as Learning Disabilities. This siloed approach has meant that there is not a consistent approach or vehicle for wider provider input on key issues or indeed most importantly to shape the whole Adult Care market and future offer.

The Council's providers, though predominately local within the South Yorkshire region, are not always able to commit time to regularly meet with officers in a traditional provider forum format and this is certainly the case for larger organisations serving a number of other Councils. However, technology will help address this. The Council migrated to Microsoft Office 365 in January 2020 and this includes the Skype for Business facility, much enhancing the previous conference call facilities and enabling future provider forums to be held in a virtual format, thus

enabling wider participation and increased engagement. The reduction in travel time also has significant environmental benefits.

It is intended for officers within the Strategic Commissioning function to hold quarterly all provider Skype sessions during financial year 2020-21 with a co-produced agenda to facilitate the dialogue and to inform future MPS content.

Staying Relevant

Though the MPS spans the financial year period of 2020-2021, the Council recognises that the content can quickly go out of date. The content will therefore be regularly refreshed to reflect the current position. This will ensure that the MPS has a 'live feel' and proves to be a useful tool with hyperlinks to key documents and pertinent information that is readily available to make it relevant to the reader.

This Word document version will be developed into a web accessed format with a direct link from the Adult Care pages on the Council website during Quarter 1 of 2020/21.

The look and feel of the MPS will develop over time, with providers playing an active role in co-producing the content. The following will drive future iterations:

- clarity of relevant data that drives provider decision making
- future service design and configuration requirements will be clearly outlined
- the Council will commit to co-production activity to drive service improvement or to develop new models of care and support
- further development of commissioner/provider relationship channels

1. Understanding Demand

Demography and Demand for Services

Housing Needs

The Council has commissioned a Strategic Housing Market Assessment (SHMA) to identify the future requirements for the borough. The SHMA will inform the Council about:

- the supply and demand for different housing in the borough
- the estimated number of new homes that will be needed over the next 5 years
- the housing market to assist in the development of housing and planning policies to help guide future housing delivery

More details can be found at the following link:

https://www.rotherham.gov.uk/info/200059/land_and_premises/1056/strategic_housing_market_assessment_shma

Within Rotherham there is an imbalance in the number and type of accommodation for older people in the borough. The Housing Development Programme will aim to deliver new units to achieve versatility and flexibility of use to meet a wide variety of needs with no, or the minimum of further adaptation for individual residents. There is scope to deliver single story 1 and 2 bedroom type properties suitable for rightsizing and ageing in place.

Based on population predictions and current housing availability these developments should be prioritised in the following wards:

- Swinton
- Brinsworth and Catcliffe
- Holderness
- Sitwell
- Anston & Woodsetts
- Keppel
- Rother Vale

The flexibility of use can be achieved by providing new provision to achieve versatility and flexibility of use to meet a wide variety of mobility, support, care or health needs with no or the minimum of, further adaptation for individual residents.

The strategy can be found here:

<https://moderngov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=119675>

Older People

In Rotherham life expectancy at birth has increased by 1.6 years for males, to 77.8 (79.6 years England average) - and 1.1 years for women to 81.7 (83.1 England average) - over the last 10 years.

Older people aged over 85 make up a significant proportion of the Rotherham Adult Care population. The population is expected to grow from current levels of 6,100 people to 7,800 by 2024 – a 28% increase. The demand for support for older people is likely to continue in view of the increasing older population. This will mean an increase in the number of people living with complicated conditions and long-term conditions such as heart disease, diabetes, dementia and cancer. Therefore, opportunities to improve health and wellbeing, prevent illness and support people to manage existing conditions and stay independent, must be maximised.

- 11,255 people aged over 75 live alone, half of all people in this age group
- Around 4,000 older people experience significant loneliness on a daily basis; which can lead to vulnerability
- Two thirds of householders over 65 own their own homes although the proportion reduces with age to 52% of those aged over 85
- An estimated 20,400 people over 65 (40%) need some help with domestic tasks and 16,700 (33%) need help with self-care
- 9,100 people over 65 (18%) need assistance with some aspect of mobility such as walking or climbing stairs
- 60% of people over 65 have some form of hearing impairment including 3,800 (7.5%) who have a severe hearing impairment
- 4,400 people (9%) over 65 have a moderate or severe visual impairment
- Incontinence affects 16% of people over 65, rising to a quarter of those aged over 85 years

Service Provision for Older People

- As of 1 April 2019, the highest volume of provision for older people was home care and support, with 1061 people in receipt of this service offer – equating to 40% of the cohort. These individuals will transfer to the new contractual arrangements from 1 April 2020.
- 846 older people were in residential or nursing provision, primarily within Rotherham or the South Yorkshire region – this equates to 32% of the cohort. The Council is reducing the number of placements into care home provision year on year, with the focus being on keeping people within their own homes. This type of provision is therefore mainly required to support people with dementia and nursing care needs.
- 535 older people were in receipt of either a direct payment or a managed direct payment – 20% of the cohort. These were predominately used to purchase home care and support. The development of alternative options such as personal assistants would be welcomed to enable even more flexible and personalised solutions.
- 33 older people were in receipt of alternative provision such as day support or supported living. This equates to 8% of the cohort. The future intention is for a growth in the use of digital solutions and greater take up of specialist equipment to enable people to continue to live independently within their own home.

Dementia

Dementia prevalence rates in Rotherham are significantly increasing. The number of detected cases of dementia has increased year on year and this trend is predicted to continue. It is forecast that one in three people over 65 will develop dementia.

The number of people aged 65+ with dementia is predicted to increase from 3,750 in 2020 to 5,115 by 2030. This represents a growth of 62% from 2014.

Learning Disability and Autism

Preparing for Adulthood

The Special Educational Needs and Disability (SEND) cohort covers 8,475 Children and Young People. 6,307 receive School SEND Support and 2,168 have statements/Education, Health and Care Plans (EHCP). Young people identified to have a Learning Disability and or Autism and eligible for support under the Care Act 2014 will transition into Adult Care services through the Preparing for Adulthood Pathway over the next four years.

This includes the following cohorts:

- Age group: 16-17: There are 15 young people who are attending special schools in the Rotherham. 2 young people are attending an independent special school outside of Rotherham combined with a residential care provision.
- Age group: 14-15: There are 15 young people in this cohort. 13 are attending special schools in Rotherham. 2 young people are attending independent schools including residential care, outside of Rotherham.
- Profound and Multiple Disabilities – there is currently a cohort of 3 young people aged 14

There are 26 young adults within the Preparing for Adulthood cohort aged over 18 who remain within either special school provision, specialist post 16 provision (ROC) or non-maintained special schools following their transition from Children & Young People's Services. 4 of these young adults are attending schools outside of Rotherham. These young people will require alternative accommodation and support solutions in the future.

Autism

Rotherham has high prevalence rates of Autism diagnosis for children and young people equating to 3.8% of the population. There is a cohort of 324 young people requiring support. Across the borough, 2,707 people have a diagnosis of Autism or Asperger's syndrome, though the majority do not currently access formal services (or have historically been allocated within the Learning Disability cohort).

From 2020 and over the next 5 years, the numbers of people aged 16-64 are expected to remain relatively stable, though the level of complexity is likely to increase. Autism is an exception and given the high prevalence rates amongst young people in the borough, it is likely that there will be an increase in demand for specialist care and support services in the future.

Service Provision for people with a Learning Disability and/or Autism

- As of 1 April 2019, Adult Care supported 780 people within Rotherham with a Learning Disability.
- 197 people were in receipt of day care, though this number has subsequently dropped significantly following the closure of the Oaks Day Centre in late 2019 and the further planned closure of Addison Day Centre in 2020, both of which are directly provided by the Council. Alternative day opportunity solutions have been developed and the Council welcomes more alternative provision that provides choice and promotes pathways to meaningful work and development of skills for people with a Learning Disability.

- 187 people were in receipt of a direct payment. These are used for a variety of different support solutions. The Council particularly welcomes the use of direct payments to support access to day opportunities.
- 152 people were residing in residential and nursing care provision. The Council intends to explore the option for future move on into more independent living solutions where possible for this cohort.
- 168 people were residing in supported living. The Council intends to further develop this offer, with a focus on core and cluster provision.
- 136 people were in receipt of managed direct payment. The Council intends to explore the future potential for offering Individual Service Funds (ISFs) to enable greater choice
- 44 people were being supported through Shared Lives. It is intended to grow this service offer.
- 24 people were being supported in their own home through Home Care and Support services. These individuals transferred to the new contractual arrangements from 1 April 2020
- 247 people accessed respite services over a 12-month period. The respite offer is due to change during 2020/21 with a mixture of directly delivered and commissioned residential provision from the independent sector.

N.B: Within this cohort, there will be individuals who are accessing multiple services and therefore the totals do not equate to the 780 people identified.

Provision for Younger Adults with Physical Disabilities (including Sensory)

- As of 1 April 2019, the highest volume of provision for people with a physical disability was a direct payment with 149 people using this option to meet their care needs. These are used for a variety of different support solutions. The Council particularly welcomes the use of direct payments to support the growth of personal assistant options alongside offers to support people to access paid or voluntary work or to enhance their skills.
- 146 people were receiving support within their own home from the home care and support service. These individuals will be due to transfer to the new contractual arrangements from 1 April 2020
- 101 people were utilising support through a managed direct payment. The Council intends to explore the future potential for offering Individual Service Funds (ISFs) to enable greater choice
- 29 people were supported in residential and nursing care provision. The Council intends to minimise future use of this type of provision in the future and to keep in their own homes where possible

Mental Ill-health

The Council has a paucity of data regarding the mental health cohort, with the majority of case management and recording sitting outside of the Council. This activity is led by the Rotherham, Doncaster and South Humber NHS Foundation Trust. The data visibility gap is currently being addressed with the further development of the Rotherham health and social care record. This will create a more holistic picture of individual requirements and enable practitioners to view data from outside of their discipline through a data warehouse.

Unpaid Carers

There are an estimated 31,604 unpaid carers in Rotherham, of which approximately 8,009 are older people and of these, 3,760 (39%) are providing 50+ of care and support hours per week.

This resource supports people of all age and client group and demonstrates a significant contribution to cost avoidance and reduction of dependence on formal services.

There are 347 Unpaid Carers, aged 55-69, currently supporting a person with a Learning Disability in Rotherham borough.

Housing Related Support

In addition to statutory services under the Care Act 2014, the Council also commissions a range of Housing Related Support services to deliver a preventative programme assisting individuals with multiple needs.

The aim of Housing Related Support is predominately to address and prevent homelessness – this includes provision for young people, adults and families. The approach assists the Council in discharging its duty under the Homelessness Reduction Act 2017.

During 2018/19 the following support needs were identified for homeless applicants:

- General needs (no requirement for Housing Related Support) – 59.6%
- Mental ill-health - 7.8%
- Drug dependency - 4.3%
- Alcohol dependency - 2.5%
- Offending - 4.6%
- Repeat homelessness - 1.9%
- History of rough sleeping = 1%
- Domestic abuse - 6.4%
- Sexual abuse - 0.8%
- Physical disability - 4.4%
- Complex needs - 6.7%

A total of 2075 people aged 16+ were in receipt of a Housing Related Support service for 2018-19

Provision for Housing Related Support

Housing Related Support has a clear focus on early intervention. Most of the cohort require a support package to gain the skills needed to maximise their independence and maintain settled accommodation. In some instances, services are provided to residents with chaotic lifestyles who may not be supported by more traditional statutory services.

Services are split into four pathways:

Complex Needs: This covers people with a history of rough sleeping, lack of engagement with support services and often alcohol/substance misuse issues contributing to a significant offending history.

Vulnerable Adults: This covers provision for people who fall below the Care Act 2014 eligibility criteria, but without a level of support may potentially have escalating needs that would require more costly and complex interventions. Examples includes people with learning difficulties, people with mental-ill health and people with alcohol/substance misuse issues.

Though not a specific cohort, a significant proportion of people under this pathway may also have an offending history.

Domestic Abuse: This includes refuge accommodation provision and support services for people who have experienced domestic abuse.

Young People and Young Parents 16-25: This covers accommodation and support for young people aged 16-25 experiencing homelessness, but requiring on-going support including teen parents, former child in need and looked after children.

The Service Offer for 2019/20 is defined below. The services operate at almost full capacity throughout the year due to the volume of demand coming through the Housing Options service.

Housing Related Support Service	Cohort	Capacity
Single Homeless Accommodation	Adults 18+	15
Young People Supported Accommodation	Young People 16-25	35
Young People Tenancy Floating Support	Young People 16-25	50
Domestic Abuse Refuge	Adults & Families	10
Domestic Abuse BMER Tenancy Floating Support	Adults & Families	32
Domestic Abuse Tenancy Floating Support	Adults & Families	50
Vulnerable Adults Supported Accommodation	Adults 18+	10
Vulnerable Adults Supported Accommodation	Adults 18+	15
Vulnerable Adults Floating Support	Adults 18+	110
Vulnerable Adults Floating Support	Adults 18+	110
Mental Health Supported Accommodation	Adults 18+	10
Housing First Complex Need	Adults 18+	20
Young Parents Supported Accommodation	Young People 16-25	20
Young Parents Tenancy Floating Support	Young People 16-25	27
Sheltered Housing Community Alarms	Adults 55+	236
Home Improvement Service	Adults 55+	1300
Total		2060

2. Understanding the Market

The current Rotherham social care market is relatively traditional reflecting the demographics of the borough with a focus on Older People and Learning Disabilities as the largest cohorts. Historically there has been a high reliance on residential care solutions, but this has decreased year on year with a deliberate policy of encouraging people to remain independent in their own home wherever possible.

The Council is both a purchaser and provider of care and support services. Services are primarily commissioned from the independent and voluntary sectors, as well as some micro-enterprises.

The Council welcomes new entrants to the Rotherham marketplace and is keen to engage in discussions with providers about new offers.

Market Overview

Older People's Offer

Rotherham has 2,172 units of housing for older people. This represents 61.5% of the total provision of housing for older people in the borough and 64.2% of the borough's social rent stock for older people. These are on 105 separate sites, giving a relatively small average cluster size of 20.7 units. Rotherham has a comparatively large stock of social rent units and shortfalls in the provision of units for owner occupation, shared ownership and private rent.

Most care and support provision for older people is delivered through the home care and support offer, residential/nursing care or direct payments. There is also support available for people with dementia through dementia cafés and for carers.

Key Points for Providers:

- The Council is looking to offer a wider range of provision under the new Adult Care pathway which commenced in October 2019. The new pathway has an increased focus on information and advice to encourage self-management and to increase take up of digital, equipment and assistive technology options.
- The Council will apply reablement principles as a default for people coming out of hospital or requiring first time support, with the emphasis on encouraging further independence and maximising people's strengths. This will be facilitated through a new integrated Intermediate Care and Reablement offer with the Rotherham Foundation Trust hospital due to start in June 2020.
- The Council also wants to facilitate more market choice for older people with a direct payment with increased options for people to:
 - access personal assistants
 - consider shared lives
 - take assisted holidays
 - make full use of universal services and community resources
 - socialise and keep active

Home Care and Support

The Council's vision for our Home Care and Support Service is to support residents of Rotherham to live full, active lives; to live independently and to play an active part in their local community. The Council and NHS Rotherham Clinical Commissioning Group (CCG) recently concluded a scheduled tendering process which has resulted in the commissioning of a new delivery model for home care and support from 1 April 2020. This enables people in receipt of care and support and their care workers to plan care hours more flexibility to decide when and how they deliver the support. There is a stronger emphasis on the attainment of personal outcomes and reablement, helping people to regain some of the skills they might have lost following a spell in hospital or an illness. The arrangements will be in place for an initial period of five years.

The new model operates at two Tiers under a Dynamic Purchasing System (DPS). The first Tier of 9 providers work on a geographical footprint (North, South and Central) to cover the whole borough and have first refusal on all new care packages operating a 'taxi rank call-off'. The Tier 2 providers offer specialists support e.g. for people with a Learning Disability and they can also take any new care packages not covered by the Tier 1 providers. There is also a specialist service to support Unpaid Carers. The DPS enables the Council to purchase home care and support services with no commitment to purchasing pre agreed volumes.

During 2019/20, 16,196 planned home care hours per week were commissioned for 1061 people. Around 350 care packages required multiple carers to attend.

A total of 191 people used their personal budget as a direct payment to purchase care from a commissioned home care provider during 2019/20. 43 people living in extra care facilities were also in receipt of home care from commissioned providers.

The service activity of contracted home care monitored over recent years shows an increase in dependency on the service with an average increase of 10% per year over the last three years.

Effective home care and support will enable people to remain at home longer, live independently and enable them to access community assets to maintain health and wellbeing. The new model fits with the personalisation and prevention agenda contained within the Care Act 2014 in addition to reducing demand for formal care services and therefore costs.

Key Points for Providers:

- The new delivery model combines the effective elements of the previous specification with new requirements. A key element is the continuation of the effective organisation of providers against a geographic footprint (zones).
- There will be 9 providers at Tier 1 and an unlimited number at Tier 2 – new providers can be added at scheduled intervals throughout the duration of the contract period. This supports an interface with assessment teams and health services i.e. community nurses.
- The new model will provide for personalised service delivery against agreed outcomes where providers arrange services to be delivered at dates and times preferred by the individual and their families and continue to meet their obligation where critical call times are required. This will be known as 'envelopes of time' and will be monitored through electronic call monitoring.

- Providers will be actively encouraged to apply reablement principles to maximise people's independence, beyond the initial six-week period directly delivered by the Council.
- Providers will also play a much more pivotal role in the organisation of care arrangements and will be involved in the review activity. In this model, provider reviews can result in adjustments to care packages to benefit the individual and increase opportunity for cost efficiency for the Council in situations where needs have positively changed.

Residential Care and Nursing Care

In total, there are 32 independent sector care homes (owned by 23 Organisations) in Rotherham. The independent sector care home market in Rotherham supplies 1,590 beds and accommodates around 1,377 older people on long-term and short-term placements.

The Council is no longer the dominant purchaser with only 48% of care home placements placed by the Council. 52% of beds are now being filled by self-funding residents or people from out of borough. 50% of care homes in Rotherham charge top up fees (10% in 2015/16) and 22% of residents are self-funders.

There is currently a vacancy factor of 213 beds or 13.4% of the total capacity.

The care home demographic is changing, with the average age entering care increasing to 85 years (83 in 2015/16). The average length of stay is 2-3 years (3-4 years in 2015/16).

There is high occupancy in nursing care home provision (90% occupancy) which is an area of increasing demand as a direct result of people living longer with more complex needs.

A total of 25 nursing beds have been de-registered over the past three years - 6% of total capacity. Other providers considering deregistration cited their inability to retain nurses and high nursing agency fees as the deciding factor. Skills for Care cite that in Rotherham 26% of nurses working in this sector are aged 55-64 years.

The Council also directly provides residential care for older people:

Davies Court, Dinnington is a 60 bedded care home for older people with long term conditions such as mental health, disabilities and dementia, included in the 60 beds are beds for intermediate care.

Lord Hardy Court, Rawmarsh is a 60 bedded care home for older people with long term conditions such as mental health, disabilities and dementia.

During 2018/19 there were 289 admissions into long stay residential care for older people, with an average of 24 admissions per month. This trend appears to be reducing with 310 long stay residential placements made in 2017/18. This downward trend may account for the increase in the demand for home care and support services.

Care home services are increasingly being commissioned by the NHS rather than the Council, either through the Rotherham Clinical Commissioning Group (CCG) or directly from the

Rotherham Foundation Trust hospital. In 2019/20 the following was commissioned through tender processes:

- A 24 bed community unit from independent sector for step up/step down/Discharge to Assess provision
- 10 Winter Pressures Beds from the independent sector to reduce Delayed Transfers of Care from hospital

Key Points for Providers:

- To develop more effective community multi-disciplinary working to support people to be at home for longer (or following hospital discharge), based on the philosophy of 'Home First'
- Prevention and early intervention placed at the front door, with a recovery model of reablement and rehabilitation for all age groups
- Care and support will be for people to live the best life that they can, living independently, in their own home (when possible), utilising the assets and the people around them, including use of assistive technology
- Residential and Nursing Care market is essential in circumstances where it is not appropriate or safe for a person to remain in their own home.
- Shift in market to provide targeted change to facilitate hospital admission avoidance, discharge and flow to contribute to managing year-round pressures/demand through the provision of intermediate care, reablement and winter pressure beds from the independent sector.
- NHS Long Term Plan (2019) sets out key priorities which include enhancing the offer of health care support to all care home residents.
- The Enhanced Health Care in Care Homes (EHCH) model is currently being rolled out over next 2-3 years to ensure stronger links between Primary Care Networks, with all care homes supported by a consistent team of health professionals, including named general practice support.
- The aim is that residents are supported to have good oral health care, stay well hydrated and nourished and supported by therapists and other professionals when they have become unwell.
- Primary care networks will also work with emergency services to provide urgent support which is needed out of hours.

Extra Care

There are three Extra Care Housing Schemes providing 113 units across Rotherham. These are at Potteries Court (Swinton), Bakersfield Court (Herringthorpe) and Oak Trees (Stag).

The schemes are managed by Together Housing Association with the care and support provided by the Council. The Council recognises that the model of care and support within the three establishments requires revision.

Key Points for Providers:

- The Council is keen to explore the recommendations from Housing Research in terms of developing new Extra Care provision in the right locations, predicated on industry best practice care and support models. [[Housing Research insert link](#)]
- The Council welcomes discussions with providers of existing Sheltered Housing schemes as to how these can best utilised and assistive technology be deployed
- In addition to Extra care, the Council also encourages developments of new properties to be designed flexibility to more easily accommodate adaptations to support independent living for people as they grow older. Wide doors, turning circles for powered wheelchairs and heavy load bearing ceilings/floors would allow for specialist equipment to be used in the future.

Support for people experiencing dementia

Dementia Cafés take place at a range of locations across the borough. Group support is offered at the cafes and individual support is be offered to carers in their homes, via face to face or telephone contact and/or at various locations within Rotherham. The services are provided by Making Space <https://makingspace.co.uk/news/2018/our-new-rotherham-dementia-service>

The services aim to enhance the quality of life of people with dementia and their unpaid carers and reduced the requirement for more intense support. They empower people by giving them information, advice and guidance on the options available to help them.

The service works proactively with capacity available in the community, encourages innovation, growth and utilisation of a diverse range of non-statutory organisations or groups that work with unpaid carers or people with dementia or both.

The service holds specialist knowledge, ability and skills in dementia to achieve positive outcomes in a personalised and safe way.

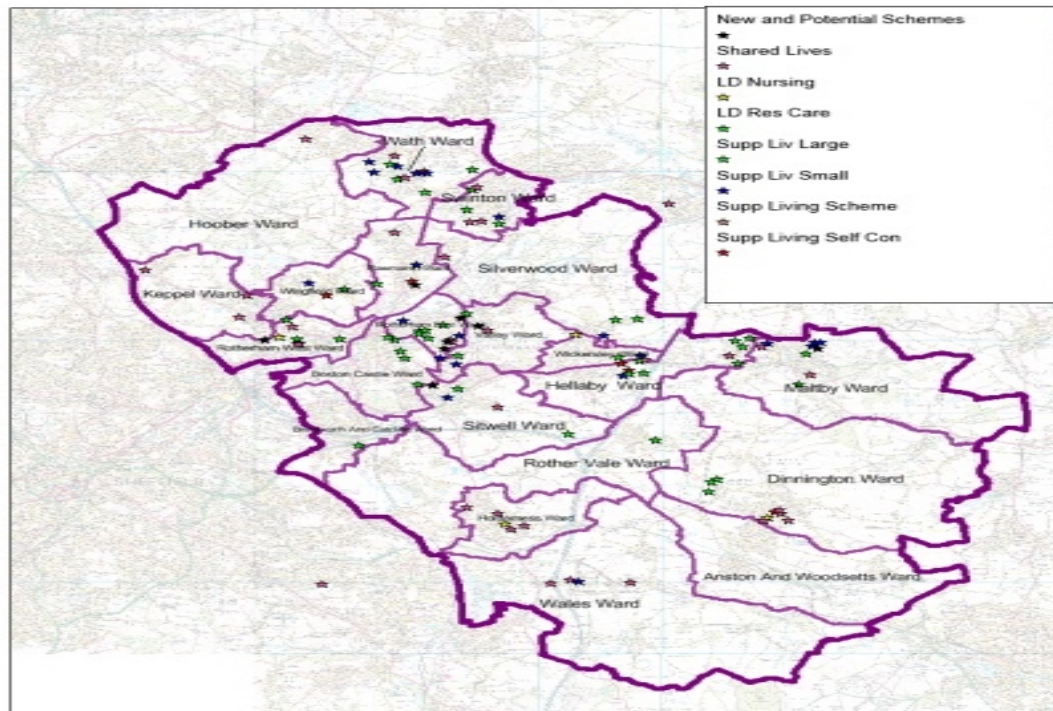
Key Points for Providers:

- The Rotherham Clinical Commissioning Group (CCG) is currently reviewing the dementia pathway for the borough. This will consider diagnosis and post diagnosis support, aligning the Council offer to the CCG and maximising investment opportunities.
- There is clinical support for dementia available to support care homes, but a gap in home care and community support for providers. It is hoped to address this through the new delivery model as not all people will be able to access dementia cafes.
- The use of assistive technology and the Internet of Things (IoT) needs to grow to enable people to remain in their own homes for longer and to provide help and reassurance for Unpaid Carers.

Learning Disability Offer

The Learning Disability offer in Rotherham requires significant development in order to respond to the transformation of services outlined within the *My Front Door* strategy. https://www.rotherham.gov.uk/downloads/file/3983/my_front_door

The map below demonstrates the spread of provision, though this has historically grown around the Council day centre provision, creating an imbalance of provision clustered around the Wath and Maltby areas of the borough.



Supported Living

There are currently 8 providers delivering Supported living provision to 168 Rotherham funded people with a Learning Disability across the borough and supporting the spectrum of need. Except for one scheme of core and cluster flats, the offer is based on a shared living model of 3-6 people.

Key Points for Providers:

The Council wants to develop further provision within the borough, on the following basis:

- people to have their own front doors - this means housing in ordinary streets in the community
- chosen sites will be where there is an identified need to enable people to stay in their natural communities. This will be for exclusive use by the Council
- no large schemes, though core and cluster provision would be welcomed - maximum of 8-10 flats with options for additional specialist bungalows for people with more complex needs

- the development of new small shared living models using adapted properties is not supported and providers should consider new build provision for up to 6 people
- all provision will have built-in assistive technology.
- all provision will be accessible e.g. for powered wheelchairs and consider bariatric requirements (ceiling height/load bearing)
- all provision will have outdoor leisure space
- proposed landlords must be bona fide and conform to national guidance from NHS England and NHS Improvement, Local Government Association and ADASS
- the Council would wish to select the care provider
- the financial modelling for any proposed scheme must be readily available in an accessible and transparent format
- rents must be set at a reasonable level to meet housing benefit requirements

Residential and Nursing Care

There are currently 19 providers delivering residential and nursing provision to 152 Rotherham funded people with a Learning Disability across the borough and supporting the spectrum of need. The Council intends to reduce reliance on residential care provision as alternative offers are developed, including more core and cluster Supported Living schemes, increased numbers of Shared Lives and Key Ring services.

Rotherham has historically been a borough with extensive residential care provision and a net importer of people from other local authority areas; there are residential care establishments in the borough that have no Rotherham residents. The Council wants to address this position through positive development of services that benefit our residents.

Key Points for Providers:

- The Council does not believe that there is a requirement for new residential provision within the borough for people with a Learning Disability
- Existing residential and nursing care provision should focus on people with more complex needs
- There is a need to improve transparency of pricing for existing residential and nursing care for people with a Learning Disability - this is inconsistent across services and providers
- Providers need to consider building in day opportunity elements to supplement their accommodation and support offer
- Providers need to more consistently embrace the use of assistive technology
- Providers of suitable schemes may consider de-registering to become supported living where appropriate

Day Opportunities

The Council is currently in the second phase of moving away from building based day support for people with a Learning Disability. The Council believes that people can be positively

supported through alternative day opportunities within the community. Oaks day centre in Wath closed in late 2019 and Addison, Maltby will close and be replaced by alternative provision by 2020. The aim is to maximise the potential of people with a Learning Disability by increasing life skills, offering cultural experiences and developing pathways in voluntary and paid work.

The Council will however continue to support the most complex people with a Learning Disability who will still require building based provision through the Reach service. This is currently based at Badsley Moor Lane in central Rotherham, though it is likely to move to alternative premises in 2020/21.

The Community Options Project is a partnership between Rotherham Council and social enterprise Community Catalysts and is aimed at establishing connections between people with a learning disability and their local community. The Project commenced in January 2017 and was commissioned to support the transformation of Learning Disability services. The project funds a Community Catalysts Worker who specifically focuses on the Rotherham area and responds to the specific needs of the Council. <https://www.communitycatalysts.co.uk/current-work/>

The project aims to support the development of community enterprises and groups-helping them to develop new activities and opportunities for people with a Learning Disability. These community enterprises offer an alternative option to people accessing day services.

There are currently 18 community enterprises across the borough. The Council actively welcomes additional enterprises to be developed or to more widely share their offer. The intention is to encourage the take up of more direct payments to enable people with a Learning Disability to directly purchase the day opportunity support that they want.

The Council has also commissioned specialist complex needs day opportunities provision via a framework agreement in April 2017 from the following providers:

- Sense <https://www.sense.org.uk/get-support/centres-education-and-day-services/>
- Mencap <https://www.mencap.org.uk/>
- Autism East Midlands (see Autism section)

Key Points for Providers:

- The Council would welcome discussions with providers to consider options to further expand this provision on the basis that the offer fits within the *My Front Door* strategy https://www.rotherham.gov.uk/downloads/file/3983/my_front_door
- The Council intends to support the existing micro-enterprises offering day opportunities and actively encourages further development of micro-enterprises, especially in the south of the borough as Addison day centre will close during 2020/21
- The Council welcomes providers who can support people with a Learning Disability to access employment and skills opportunities
- The Council will look to extend and further open out opportunities for providers to support the complex needs day opportunities offer

Key Ring

There are 3 key ring networks in Rotherham - Kimberworth, Thurcroft and Thrybergh, supporting 10 people in each network. <https://www.keyring.org/>

Key Ring offers an alternative to supported living. Each person lives in their own house/flat. The individuals are not all in one block or property but are within walking distance of each other. They provide mutual support, companionship and there are paid support workers who can work on the individual's support plan developing independence skills and facilitating access to a weekly drop in known as a 'hub'. The current model has not been expanded for some time and the Council is keen to explore opportunities for further development.

Key Points for Providers:

- The current Key Ring model has not been expanded for some time and the Council is keen to explore opportunities for further development to existing schemes and to support the creation of new schemes

Shared Lives

The Shared Lives service in Rotherham is a Council led model. There is a strong commitment, backed up with investment to expand the service offer to recruit more carers and to establish more matches. In the existing model adults with a Learning Disability spend time with approved Shared Lives carers and their families. It is person centred and cost-effective way to provide support. It enables people to live life to the full in the community. In many cases the adult moves into the household of the carer, but the scheme can also offer respite care to family carers and day support. Approved carers are self-employed and receive fees and expenses for the support they provide.

The Shared Lives scheme carefully matches approved carers with people requiring support. Carers and the people in receipt of the service are supported by Shared Lives workers. The service is registered with the Care Quality Commission, and is a member of Shared Lives Plus, our national organisation. <https://sharedlivesplus.org.uk/>

Some individuals could live in a Shared Lives household, where they pay rent and contribute to bills.

Family carers of adults often need regular respite to 'recharge their batteries'. Many people do not wish to go into a care home, though they may be happy to stay in a Shared Lives household.

Currently there are 48 people supported by the Rotherham Shared Lives service. Several people have more than one service – for example, living in the household of the carer and having respite with another Shared Lives family. Within the overall Shared Lives cohort there are people:

- living in a Shared Lives household
- receiving Shared Lives respite
- receiving day-time support.

Key Points for Providers:

- The Council welcomes discussions with individuals to register as Shared Lives carers
- The Council is also happy to talk to Shared Lives providers from the independent sector regarding their offer and how this might supplement the Council managed provision

Respite

There are currently four respite services available for people with a Learning Disability in Rotherham.

Treefields and Quarry Hill services provide 6 respite beds each and are directly delivered by the Council. They are due to be commissioned during 2020/21. The Council has developed new provision at Conway Crescent, East Herringthorpe. This provision will be delivered from two adjoining properties. They will have a smaller number of beds – 8 in total, though this will form part of a range of respite options. One of the houses will focus on provision for Autism and the other for people with mobility issues in addition to a Learning Disability and/or Autism, though all of the units are flexible to meet a variety of needs. Both properties will be fully accessible and will therefore be able to better support people. The new offer will also focus more on improving life skills.

The Council commissions 9 residential respite beds across two sites from the independent sector and a further 4 nursing beds also. It is proposed that 3 residential beds will be decommissioned during 2020/21 to supplement the new provision at Conway Crescent.

Eligibility for access to the respite services is based on the needs of the Carer, through a carers assessment.

There are 7,581 nights of respite commissioned each year across the services. The assessed need during 2019/20 was for 4,968 nights of residential provision.

Key Points for Providers:

- A new respite offer is proposed under the Council's *My Front Door* Strategy https://www.rotherham.gov.uk/downloads/file/3983/my_front_door and this will actively encourage alternatives to bed based respite including supported holidays and use of Shared Lives options.
- The current deployment of the bed base will also be reappraised during 2020/21 with the Council offering a directly delivered service in addition to purchasing beds 6 residential and 4 nursing beds from the independent sector, the latter in conjunction with the NHS Rotherham Clinical Commissioning Group.

Autism Offer

The Council is developing a co-produced all age Autism Strategy with a range of stakeholders including Unpaid Carers and people with Autism. This activity is due to be concluded by June 2020 and the Strategy will be subject to political discussion and Scrutiny prior to publication on the Council's website.

Aligned to the Autism Strategy will be an Action Plan. This will identify the activity required to deliver the ambitions of the plan. New provision and an expanded range of support solutions for people of all ages with Autism will be required.

The Council's offer to both Children and Young People and adults will undergo substantial change. The existing Autism specific offer is limited. Historically provision identified as Learning Disability support has also provided solutions for some people with Autism. The Council welcomes ideas and proposals for further developing Autism support.

The current dedicated offer is:

Adult Autism diagnosis (18+) from the Sheffield Adult Autism and Neurodevelopmental Service (SAANS) <https://shsc.nhs.uk/service/sheffield-adult-autism-and-neurodevelopmental-service/>

Day Opportunities are provided via the Rotherham Autism Hub provided by Autism East Midlands <https://www.autismeastmidlands.org.uk/adult-services/flexible-day-opportunities/rotherham-autism-hub/>

Employment Support is provided for adults with Autism through the Employment Solutions Service. This is available to Council tenants, Housing Association tenants and adults at risk of homelessness (regardless of who the landlord is).

The service will support adults referred to help them find full or part time work. This includes support to create a CV, provide advice about apprenticeships, identify training opportunities, work experience and look at solutions if an adult is facing barriers in terms of getting into employment. <https://www.autismplus.org/news/2017/may/support-find-employment-rotherham>

Key Points for Providers:

- The Council's offer to both Children and Young People and adults will undergo substantial change. The existing Autism specific offer is limited. Historically provision designed for Learning Disability support has also provided solutions for some people with Autism.
- The Council welcomes ideas and proposals for further developing Autism support.
- The Council welcomes providers who can support people with Autism to access employment and skills opportunities

- There is currently a shortage of supported accommodation specifically for people with Autism and options to provide additional units with support would be welcomed

Physical Disabilities Offer

There is a limited bespoke commissioned offer for working aged adults under 65 with a physical disability in the borough. This has been identified as a gap. Historically the offer has centred on direct payments, adapted housing using the Disabled Facilities Grant (DFG) and home care and support to keep people within their own home. Some adults with life-long limiting conditions are also funded through NHS Continuing Healthcare. There is a small cohort of adults living in residential care. In some instances, this may not be the most appropriate option.

Key Points for Providers:

- The Council welcomes discussions with potential providers about what they can offer, particularly with regards to specialist equipment and digital/assistive technology solutions to keep people as independent as possible.
- The Council also encourages developments of new properties to be designed flexibility to more easily accommodate adaptations to support independent living for people with physical disabilities. Wide doors, turning circles for powered wheelchairs and heavy load bearing ceilings/floors would allow for specialist equipment to be used in the future. Bariatric considerations would also be welcome.

Mental Health Offer

There are currently 305 people supported by the Council with a primary support reason of mental ill-health, of these 165 are aged under 65 years old. The Council has identified that the existing commissioned offer for people experiencing mental ill-health requires transformation. There is a requirement for services to have a greater focus on step down, recovery and supporting people to move towards independence.

The social care aspects need to better link in with the statutory offer commissioned by the Rotherham Clinical Commissioning group for hospital (Core 24) and community (Core Fidelity) as well as the Public Health campaigns relating to *5 Ways to Wellbeing* https://www.rotherham.gov.uk/homepage/486/five_ways_to_wellbeing and the suicide prevention messages through *Be the One* <https://www.rotherham.gov.uk/preventsuicide>

The existing adult care offer for Mental Health centres on day opportunities, residential care and supported housing options. Some people with mental ill-health are also supported through the home care and support offer.

- Day opportunities for up to 40 people are directly delivered by the Council from Wellgate Court. The services over time have moved away from building based provision to offer a more community focused approach with support available outside of traditional office hours.

- Supported housing and floating support is provided through the Housing Related Support budget. There is currently one service that is specific for individuals whose primary support need is mental health and on a Care Pathway Approach (CPA). This service, Burns Court, run by South Yorkshire Housing provides 10 units of self-contained furnished accommodation units in a core housing project. There is a need to improve the move on options to facilitate people to become more independent within alternative accommodation.
- Residential care – as of April 2019, there were 72 mental health residential care placements for people aged 18-65; 12 of which are placements outside of the borough.

Key Points for Providers:

- The Council would welcome provider input to the co-design of the future pathway to be developed in 2020/21
- The Council welcomes providers who can support people experiencing mental ill-health to access employment and skills opportunities
- There is currently a shortage of supported accommodation for this cohort and options to provide additional units with support would be welcomed
- There is a current overreliance on residential care for people requiring higher levels of support. Step down accommodation with a focus on recovery and move on to independence would enhance the existing provision.

Sensory Needs Offer

A review of services that support people with sensory impairment was undertaken in 2016. Findings were that Rotherham's model of support for people with sensory disabilities was focused on 'front loaded' statutory led support at the point of diagnosis. A significant gap in ongoing support for people who are deaf, hard of hearing, blind, partially sighted and deafblind was identified. It was decided that there was an urgent need to develop local services to assist people with sensory disabilities to remain as independent for as long as possible and prevent dependency on statutorily provided services.

In response to the review, the Council commissioned a sensory impairment service for people with both hearing and sight impairment. The service called Rotherham Sight and Sound, located at Ship Hill in Rotherham town centre commenced in October 2017. The service is delivered by Sheffield Royal Society for Blind and the offer extends beyond the Council's Adult Care statutory functions for a sensory offer. The original contract has been extended to also incorporate support for the Deaf Futures group through a sub-contract arrangement. The revised contract is due to run until April 2021 (with the option to extend to April 2022). <http://www.srsb.org.uk/Our-Services/Rotherham-Sight-and-Sound/>

Key Points for Providers:

- The Council would welcome additional provision to support the sensory needs community. However, funding for new services is limited and therefore support from the Council is likely to be non-monetary.

Support for Unpaid Carers

The Council's Carers Centre is known as Carer's Corner and is based at the Rain Building in Rotherham Town Centre. The Carer's Corner is a central point of contact to signpost unpaid carers to available support services in the community, whilst referring those with complex needs to statutory services.

Carers Corner works in partnership with the voluntary and community sector to develop flexible enabling approaches and provides a service that works with individual unpaid carers and their families. It aims to find personalised solutions for their needs, encourages self-help and links with communities to mobilise local carer support. It increases identification and awareness of unpaid carers by 'targeting' specific GP surgeries, and carers groups. The Carers Forum and Carers4Carers groups holds regular meetings at the Carers Corner and support other unpaid carers and those who's loved ones suffer from serious enduring mental health problem. https://www.rotherham.gov.uk/info/200015/carers/405/advice_for_carers/2

Rotherham Crossroads have recently opened the Carers Hub at All Saints Square in Rotherham town centre. This multi-faceted provision aims to provide a visible and accessible focal point for Unpaid Carers six days per week. It includes meeting spaces, a coffee shop and a charity shop.

Commissioned through the Better Care Fund, the Carer's Emergency Scheme provides vital replacement of care for informal unpaid carers in cases of emergency situations whatever that may be. The home care and support provider - Kinetic will replace care within one hour of notification and can provide up to a maximum of 48-72 hours of care service.

Key Points for Providers:

- The Council wants to build stronger collaboration between carers and other partners in Rotherham and recognises the importance of the whole family relationship. One of the key priorities for supporting carers identified in the 'Caring Together 2016-2021: The Rotherham Carers Strategy' is the development of a jointly funded Carers' Support Service to include:
 - a dedicated carers lead officer
 - breaks for carers
 - information, advice and support,
 - a revised Carers Centre model
 - targeted action around unknown carers, carers of young people going through the Preparing for Adulthood pathway into adult services
- <https://moderngov.rotherham.gov.uk/documents/s108721/Appendix%201a%20-%20Carers%20Strategy%202016-18.pdf>
- The Council would like to work with providers who can offer innovative and carer led solutions to support unpaid carers in their role, particularly working and young carers.
- The Council will explore alternative future arrangements to the Carers Emergency Scheme

Digital and Assistive Technology Offer

The Council is currently developing the Digital Strategy for Adult Care and a lead officer has been appointed to oversee the development of the digital and assistive technology offer. The aim of the strategy will be to:

- deliver financial savings from less reliance on formal services
- divert alerts away from the formal response service
- increase opportunities for reablement
- use data to support the accurate review of care packages
- support Unpaid Carers and families
- increase opportunities for early intervention to prevent escalation
- introduce new concept technologies to service users and their unpaid carers and families

Currently the Adult Care offer consists of:

- Rothercare community alarm – this is an installed alarm in the person's home. Should the person have an emergency, then the alarm button can be depressed, and this will enable help to be called for help and advice 24 hours a day, 365 days a year. https://www.rotherham.gov.uk/info/200593/social_care_and_support/412/apply_for_a_community_alarm
- Just Checking - is an activity monitoring service to support objective, evidence based care assessments with the discreet door and movement sensors around an individual's home. The data displays an overview of daily activity to enable a better understanding of where support is needed. <https://justchecking.co.uk/>
- Alcove – an assistive technology pilot project. The core equipment centres on Amazon Alexa technology with six sensors and is installed by the provider for the person accessing the service. Data is collected from the sensors over a 6-week period to determine the person's care needs and the effectiveness of the equipment for this person using. The individual can choose whether to purchase or return the equipment after the trial period. <https://www.youralcove.com/>
- I Age Well Rotherham – is an information and advice tool using The LifeCurve technology developed by ADL Research and Newcastle University's Institute for Ageing. The questionnaire-based approach aims to promote bespoke options for enabling a person to stay as fit and able as possible. <https://www.iagewellrotherham.co.uk/>
- Rotherham AccessAble (formally known as Disabled-Go) - an on-line detailed disabled access guide to inform people as to the accessibility of services in the borough. This includes shopping and leisure facilities in addition to public buildings. The guide is produced by independent reviewers and can be updated by members of the public. <https://www.accessable.co.uk/organisations/rotherham-metropolitan-borough-council>

Key Points for Providers:

- The Council recognises that it is at the start of the digital and assistive technology journey. The future offer needs to be determined and informed by the Digital Strategy. Ideas and suggestions from providers on an effective digital roadmap that promotes independence and a reduction in demand for statutory services would be welcomed.
- The Council's First Point of Contact service is updating information and advice on the Council's website with a view to creating improved digital access channels
- The Rothercare service requires modernisation and will be reviewed in 2020/21. The Council would be happy to talk to providers who can potentially offer a next generation solution.

Advocacy Support

The Council competitively tendered for a new Advocacy service during late 2019/20. The new contract covering the statutory elements and community elements has been awarded to Cloverleaf through their Absolute Advocacy brand. The new contract is due to commence on 1 April 2020. <https://www.cloverleaf-advocacy.co.uk/offices/rotherham>

Independent advocacy services are necessary to meet the Council's statutory requirements under the Care Act 2014, the Mental Capacity Act 2005, the Mental Health Act 2007 and the Health and Social Care Act 2012. Statutory independent advocacy services provide support to people who:

- may require assistance throughout the care and support assessment and through the review process,
- lack mental capacity to make decision about themselves
- are detained under the Mental Health Act
- require support to complain about services provided by the NHS.

In addition to the defined, block contract statutory elements above, the new model will include independent advocacy services which are non-statutory (or generic) are available to people living in Rotherham who have difficulty articulating and negotiating their health and social care needs. This support empowers people to effectively navigate the health and social care system. 50% of this contract provision, funded through spot contract must be awarded to providers from the Rotherham Voluntary and Community sector through sub-contract arrangements.

Key Points for Providers:

- The Council is happy to facilitate and broker discussions between the primary provider Cloverleaf (Absolute Advocacy) and the Rotherham VCS to support future sub-contract arrangements.

Local Healthwatch

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to make provision for a national Healthwatch England and for a local Healthwatch. This is a statutory service and each local authority is mandated to have a local Healthwatch. The local Healthwatch is expected to be the local consumer champion for patients, service users and the public, covering both health and social care for all ages, including children. <https://healthwatchrotherham.org.uk/>

A new contract for the Healthwatch Rotherham was awarded to Rotherham and District Citizens Advice Bureau in late 2019, following a competitive tender process. The new provision will commence on 1 April 2020.

Key Points for Providers:

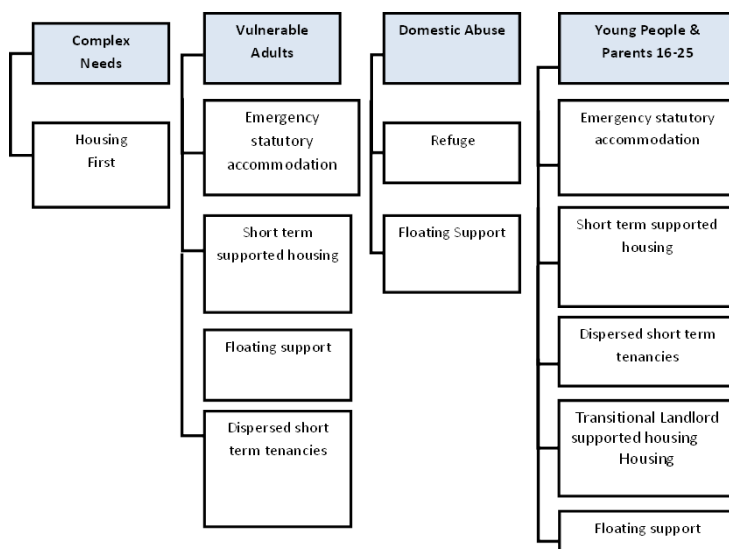
- The new service will require trustees, members and volunteers and the Council would welcome organisations providing support to Healthwatch Rotherham through their future Social Value commitments.

Housing Related Support Offer

The current Housing Related Support offer model provides four pathways which are:

- Complex Needs
- Vulnerable Adults
- Domestic Abuse
- Young People and Young Parents 16-25

Each of the pathways focuses on those who are homeless or at risk of homelessness, with a person's specific needs determining which of the four pathways best meet their needs. This is articulated in the diagram below:



The contracts for the Rotherham Housing First, Young People & Parents pathway 16-25 and Domestic Abuse pathway have recently been put in place with services not due to be re-let until 2021/22. The Vulnerable Adults pathway is currently under review.

The Housing Related Support offer is explained in more detail below:

Complex Needs	Current HRS Service Offer
Housing First	<p>The service operates the Housing First Model for 25 units. Housing First is a recovery-oriented approach quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.</p> <p>https://www.homeless.org.uk/our-work/national-projects/housing-first-england</p>
Vulnerable Adults Pathway Multiple Needs	
Homeless Families accommodation	There is currently one supported accommodation service for homeless families. This service delivers a range of family sized furnished supported housing across the borough.
Single Homeless accommodation	This service delivers 15 single self-contained units of supported accommodation.
Accommodation based furnished supported accommodation	<p>There are two services; each providing accommodation based furnished supported housing for single people.</p> <p>One service delivers 10 single self-contained units.</p> <p>The other delivers 15 single self-contained units.</p> <p>One of the services is specific for individuals whose primary support need is mental ill-health and is for people on a Care Pathway Approach (CPA) This service provides 10 units of self-contained furnished accommodation units in a core housing project.</p>
Floating Support Services	There are currently two services, each providing floating support services. Each service delivers 110 units of floating support, a total of 220.
Home Improvement Service	The Home Improvement service offers advice and support and a home improvement repair service for older people or people with vulnerability. 1300 individuals receive support from this service.
Young People Pathway Services aged 16-25	

Young people aged 16-25 with Multiple Needs	<p>This service currently delivers a seamless pathway for young people who are aged 16-25. The service consists of five key elements:</p> <ul style="list-style-type: none"> • 4 emergency units with 24-hour support. • 12 Core, single accommodation units with 24 hour support • 12 Semi-supported housing via a range of dispersed properties, both single and shared housing. • 7 units of Transitional Landlord accommodation • 50 units of Floating Support <p>A total of 85 units of support within the one service</p>
Young Parents 16-25	There are currently two services to support young parents.
Accommodation Based	One service delivers 20 units of supported furnished accommodation
Floating Support	This service delivers 27 units of Floating Support
Domestic Abuse Pathway Services	
Refuge Accommodation	The Refuge has 10 units of supported furnished accommodation
Floating Support Services	<p>There are currently two services providing floating support</p> <p>One service is for Black, Minority, Ethnic and Refugee (BMER) people - 32 units. The other service delivers 50 units of floating support.</p>
Other Housing Related Support	
Sheltered Alarms	Contribution of funding for the Sheltered Alarm provision to 236 individuals.

Key Points for Providers:

- The whole Domestic Abuse pathway will be co-produced during 2020/21. Providers will be asked to actively participate in this activity as key stakeholders and to facilitate willing participation from people in receipt of services. A procurement process will be run in Quarter 3 of 2020/21 for refuge and support provision.
- The Council is looking to access additional funding from central government to develop further units of Housing First provision to support people with Complex Needs
- Following the Vulnerable Adults review, to be completed in 2020/21, a procurement plan will be developed and shared with providers.
- The Home Improvement service provision will be reviewed in 2020/21 to determine future commissioning intentions

- The sheltered alarm provision from Registered Providers currently subsidised through Housing Related Support will be reviewed in 2020/21 to determine future commissioning intentions

Housing Offer from the Council

The Council offer a Tenancy Support service to Council housing tenants. All prospective tenants must undertake a pre-tenancy interview which reviews their income and expenditure and offers support with financial advice and will refer to other support agencies as required.

For many Council tenants getting a tenancy is their first home and tenancy support is provided to make sure that the tenant is supported to make a success of their tenancy and feel settled in their new home. On-line workshops are offered for all prospective tenants to prepare for having their own tenancy as a pre-condition of being able to bid on a property.

Housing Officers make welcome visits to new tenants within the first six weeks of their tenancy. The tenancy verification visit to tenants has now been expanded into a tenancy health check broadening the range of the visit and offering a wider range of support if the tenant needs this to help them maintain their home and independence. Tenancy health checks have focussed on the over 75's who live alone to help pick up any growing loss of independence and quality of life.

The financial inclusion tenancy support offer provides day to day support for Council tenants who are in financial difficulty and or experiencing other crises. The financial inclusion service runs community events to promote the service and offer support and advice. Employment support for Council tenants is also provided. This supports tenants to write CV's and assists them in finding employment.

Key Points for Providers:

- Awareness that the Tenancy Support Service can provide advice and support for marginalised people, particularly those experiencing difficulties with Universal Credit.

Self-funders

The Council has limited information regarding self-funders. Given the demographics of Rotherham, the Council is the majority purchaser in most markets, though the self-funder market is growing, particularly in residential care where the Council's market share is now 48%. For home care and support the Council is the dominant purchaser, but information on self-funders in this sector is difficult to obtain. Similarly, the Council is a dominant purchaser of services for people with a Learning Disability or Physical Disability, excluding people who have exercised choice to receive a direct payment.

The Council is keen to see older people maximise their benefit entitlement and works closely with the voluntary sector to encourage greater take up of Attendance Allowance. This approach also forms part of the co-production with the voluntary and community sector for the development of an independent pre-front door for Adult Care known as Active Solutions. It is proposed that the voluntary sector will provide people with information, advice and signposting to low-cost/no-cost options that they can buy directly to keep them as independent as possible.

The Council actively encourages the take up of digital solutions across all cohorts where this can support people to be independent or improve their wellbeing. This does not necessarily require Council intervention, though the Council is keen to further develop the commissioned offer.

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- This approach also forms part of the co-production with the voluntary sector of the development of an independent pre-front door for Adult Care.
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Quality

The Yorkshire & Humber region has the lowest level of Good Care Quality Commission (CQC) ratings in England for registered care services. Rotherham's services are currently ranked third highest overall for the region (out of fifteen), [\[Yorkshire & Humber ADASS or CQC - attach link\]](#) but there is a need to drive further improvement. A quality strategy is needed to set the direction for the required changes, applying learning from other areas that have seen marked improvements.

During 2018/19, the Council ended contractual relationships with two providers of older people's residential & nursing care that had been persistently rated as Inadequate by the CQC, despite on-going support from the Council and CQC. This ultimately resulted in their closure. The Council's intention is always to provide support and assistance to providers when they encounter quality issues, but this must be balanced against the safety and wellbeing of people in receipt of support.

The current CQC ratings for Rotherham across all settings are:

- Outstanding – 3

- Good – 82
- Requires Improvement - 15
- Inadequate – 1

Key Points for Providers:

- The Council will develop a Quality Strategy with aligned action plan during 2020/21 in order to improve the overall number of CQC ratings of Good/Outstanding in the borough for over 111 care settings. This will incorporate best practice from regional work by Yorkshire & Humber Association of Directors of Adult Social Services (ADASS) and also elements of the Local Government Association's Quality Matters <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/quality-matters> approach. The principle areas of focus will be on:
 - **Acting on feedback, concerns and compliments** - ensuring that people who use services, their families and carers receive information that is clear and standardised, and that complaints are handled quickly and effectively.
 - **Measuring, collecting and using data more effectively** - reviewing data across the Yorkshire and Humber region and developing a common approach to measuring key quality metrics to ensure consistency.
 - **Commissioning for better outcomes** - incorporating information about people's experience of care to co-produce the service specification and inform the commissioning outcomes.
 - **Better support for improvement** - encouraging the take up of sector-level improvement initiatives
 - **Shared focus areas for improvement** - ensuring that Adult Social Care is considered across health and social care initiatives and that people work collaboratively across sectors.
 - **Improving the profile of adult social care** - championing everything that is great about Adult Social Care so more people understand, support and celebrate the fantastic difference care and support makes to people's lives. The effective use of case studies and social media will support this.

Workforce

Skills for Care published: *A summary of the adult social care sector and workforce in Rotherham 2017/18*

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Local-authority-area-summary-reports/Yorkshire-and-Humber/Rotherham-Summary.pdf>

This was based on information received from the National Minimum Dataset and compares Rotherham to the Yorkshire & Humber region and nationally.

Key findings were:

- The estimated number of Adult Social Care jobs in the Rotherham area was 7,600 including 500 managerial roles, 300 regulated professionals, 6,000 direct care (including 4,400 care workers), and 750 other-non-care proving roles.
- Skills for Care estimates that the turnover rate in Rotherham was 27.2%, which was lower than the region average of 31.2% and lower than England at 30.70%. Not all turnover results in workers leaving the sector, over two thirds (71%) of those recruited came from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.
- Adult Social Care has an experienced 'core' of workers. Workers in Rotherham had on average 8.8 years of experience in the sector and 77% of the workforce had been working in the sector for at least three years.
- In Rotherham, 3.6% of roles in Adult Social Care were vacant, this equates to around 250 vacancies at any one time. This vacancy rate was similar to the region average, at 5.6% and lower than England at 8.0%.
- More than half (57%) of the workforce worked on a full-time basis, 37% were part time and the remaining 6% had no fixed hours. Around a quarter (27%) of the workforce in Rotherham were on zero-hours contracts.
- The majority (87%) of the workforce in Rotherham were female and the average age was 43.6 years old. Those aged 24 and under made up 10% of the workforce and those aged over 55 represented 25%. Given this age profile approximately 1,900 people will be reaching retirement age in the next 10 years.
- An estimated 97% of the workforce in Rotherham had a British nationality, 1% had an EU nationality and 2% had a non-EU nationality. Nationality varied by region, in England 83% of the workforce were British, while in Yorkshire and the Humber this was 93%.
- It is estimated that 56% of the Rotherham workforce hold a relevant Adult Social Care qualification (57% in Yorkshire and the Humber and 53% in England).

The Skills for Care statistics above paint a picture of the workforce challenges facing Adult Care within Rotherham. Though these issues mirror the national position, there is very much an urgent need for the Council to work in partnership with providers to address them.

Financing social care is a challenge for the Council and budget constraints limit the rates the Council can pay for services. However, the workforce issues are wider than just the hourly rates paid to service providers with the social care sector having a negative perception in terms of attractiveness for care staff.

Key Points for Providers:

In response to the situation described above, the Council proposes to:

- Put social care staff at the heart of new delivery models. For example, the new home care and support service aims to make home care a real career choice by allowing social care staff to manage the 'envelopes of time' for the people they support and seeing them as part of a wider multi-disciplinary team.
- Attract motivated social care staff with the right values through supporting providers with values-based recruitment. This reduces pressure and costs for providers to continuously recruit and train the workforce. The proposed model has been adopted in other local authorities providing a platform of experience and learning that the Council can build on.

- Engage the existing social care workforce in a targeted Learning and Development Programme run by the Council to support the new Adult Care pathway.
- Continue to work with the Rotherham and North Nottinghamshire College Group (RNN) to further develop the Health and Social Care syllabus for students aged 16+ to encourage entry to the profession.
- The Council is committed to supporting the principles of the Social Value policy <https://moderngov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=123080> and encourages, where possible for providers to pay their staff the Real Living Wage Foundation's Real Living Wage of £9.30 per hour

A Workforce Fit for the Future

Increasing demand and complexity will mean that the workforce will need to respond to and step up to meet the requirements across health and social care. There are however ongoing challenges relating to the recruitment and retention of staff across the system, especially at lower grades within the independent sector. Low wages and the impact of zero hours contracts against a backdrop of alternative sector options have resulted in a lack of stability in the workforce. Often vacant roles are not seen as an attractive proposition and the sector is finding it difficult to attract and retain new starters, further exacerbated by recent exit from the European Union.

The integration of health and social care will drive the need for different skill sets and the ability to discharge 'trusted assessor functions' outside of traditional disciplines. The merging of different cultures, one with a charging model and the other, free at point of access requires a mature outlook and the common focus on the customer. Effective and clear communication between professionals operating a key worker role, thereby minimising hand-offs and working in a multi-disciplinary environment will be the norm as community provision is blended at a locality level. To achieve this will require significant investment in organisational and workforce development at a system level.

The integration journey has started for the provision of home care and support and learning from this approach will be applied to a wider range of services over the next two years. For example, Housing officers have been trained to identify and support vulnerable tenants and to direct them to the relevant pathway.

As the Council further embeds the Care Act 2014 and drives forward the integration agenda, there will be significant implications for the Adult Social Care workforce including:

- increasing challenges relating to the retention and recruitment of staff
- an increased demand for carers assessments and services (including links to community assets)
- provider staff will need to become more actively involved in the reassessment process and form part of a wider system of professionals
- staff will need to be multi-skilled in order to support greater levels of integration

Key Points for Providers:

- The Council plans to engage providers in developing staff towards new roles which support a new model of services and the integration agenda with primary focus on the new Home Care and Support service.
- Providers will be actively encouraged to shape the offer, through co-design with the Councils Training and Workforce development service. The initial focus will be on strengths-based approaches and development of community assets.

Values Based Recruitment

The Council aims to make care and support a more attractive career option by improving conditions and career pathways; considering joint approaches to values based recruitment and other opportunities to grow and develop the workforce.

Recruiting people for their values and behaviours ensures that the right people work in the sector. People with the right values know what it means to provide high quality care and support and are more likely to stay.

This approach involves establishing strong workplace values and ensuring that the workforce matches them. Doing this will help to reduce time and wasted resources in recruiting the wrong people.

Key Points for Providers:

- Service Providers should refer to workforce guidance issued by Skills for Care and must demonstrate effective approaches to values-based recruitment and retention when looking to work with the Council in the future.
<https://www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Values-based-recruitment-and-retention.aspx>

Sustainability

During 2018/19 two providers, covering the older people's residential care and home care and support sectors ended their contracts with the Council as a result of their financial position. Both were national organisations, with one making a strategic decision to withdraw from this area of the business in a planned way and the other subject to a swift financial collapse. In these instances, the Council had a contingency plan in place and was able to mitigate the risks including finding suitable alternative provision when required. Though 2019/20 has seen more stability within the local provider market, the Council is far from complacent and actively encourages open dialogue with providers regarding their financial health.

A range of voluntary sector providers with a long history of working with the Council also faced significant financial difficulties during 2019/20, though these were ultimately overcome.

However, the fragility of the market is well understood. The challenging financial position of the Council and ten years of reducing budgets and requisite cuts means that there is limited slack within the adult care system to make direct contract savings. There is also limited scope for further decommissioning of non-statutory services, such as Housing Related Support as these are preventative services and to do so would prove ultimately more costly to the public purse in the longer term.

The workforce challenges have been highlighted above and these can impact on the quality of services and ultimately their sustainability. The Council is committed to working in genuine partnership with providers to ensure that the best possible people, with the right values provide care and support in the borough.

Notwithstanding the financial challenges, the Council remains a significant commissioner of services, increasingly investing jointly with NHS Rotherham Clinical Commissioning Group.

Key Points for Providers:

- The intention is to continue the transformation of the Rotherham service offer, primarily through maximising funding opportunities under the Better Care Fund, Improved Better Care Fund and Winter Pressures funding.
- The Council is keen to promote open book accounting and to start the conversation early as to fee setting for 2021/22 through an on-going fee consultation exercise during 2020/21. It is envisaged that the Council's funding position from central government will be better understood and a new Medium-Term Financial Strategy produced.

Resources

The Net Revenue budget for Adult Care, Housing and Public health in 2020/21 is £79,363m from a total Revenue budget of £233,333m for the whole Council. The Budget and Council Tax report 2019/20 identified savings proposals to meet the budget gap of £30m over the two financial years 2019-20 and 2020/21.

The directorate faces a number of significant demand challenges as a result of changes in population demographics. There is sustained budget pressure as a result of an aging population; a rising population of working age adults with long term health and care support needs; and increasing acuity and complexity of need for those residents who need support; and increased cost pressures including rising inflation and the implementation of policy decisions such as the National Living Wage.

These demand and budget pressures are resulting in a forecast over-spend in 2019/20 and the focus for 2020/21 is to both continue the complex set of changes needed to reduce demand, working with health and social care partners in the borough, alongside making significant changes to the way care services are delivered to make care more personalised, responsive and cost effective.

Total savings to come from Adult Social Care have been identified for 2020/21 has £6.329m.

The Council has agreed the implementation of the Adult Social Care Precept for 2020/21. However, there has been no increase in the Better Care Funding for 2020/21. Further investment in Adult Care has been provided within the 2020/21 budget to support the increase in demand for services. and to support the increase in the Adult Care Provider contracts due to the impact of the increase in the National Living Wage.

The Better Care Fund

The Better Care Fund budget for 2019-20 is £40.370m. This has increased by £4.8m due to additional funding from improved and additional Better Care Funding (£2.6m), Disabled Facilities Grant (£0.2m), the inclusion of Winter Pressures Funding (£1.345m) and additional investment from RCCG (£0.6m).

The following table summarises the Better Care funding over the key themes:

Budget 2019-20	2019/20 INVESTMENT		2019/20 SPLIT BY POOL		
BCF Investment	RCCG SHARE	RMBC SHARE	Pool 1 RMBC Hosted	Pool 2 RCCG Hosted	Total
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,169			1,169	1,169
THEME 2 - Rehabilitation & Reablement	10,813	4,433	15,245		15,245
THEME 3 - Supporting Social Care	3,617			3,617	3,617
THEME 4 - Care Mgt & Integrated Care Planning	4,893			4,893	4,893
THEME 5 - Supporting Carers	600	50		650	650
THEME 6 - Infrastructure	241			241	241
Risk Pool	500			500	500
Improved Better Care Fund		12,710	12,710		12,710
Winter Pressures		1,345	1,345		1,345
TOTAL	21,833	18,538	29,300	11,070	40,370

The Better Care Fund has two separate pooled funds. RMBC host pool 1 (£29.3m) which is made up of Theme 2 – Rehabilitation and Reablement and the Improved Better Care Fund and Winter Pressures grant funding. The RCCG host pool 2 (£11m) which are the remaining themes plus including a risk pool.

The improved and additional Better Care Fund has been allocated towards meeting Adult Social Care pressures and service transformation, reducing delayed transfers of care from hospital including meeting pressures during the winter period and maintaining market sustainability within social care.

Additional funding to support the social care and local health system to manage demand pressures over the winter period has been allocated to Local Authorities and is to be included in the Better Care Fund for 2019/20. The funding is to be used to on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care in place, and which will help promote people's independence.

3. The Vision

The Council has embedded the **Adult Social Care Vision 2017-20**

‘We will act together to support the residents of Rotherham to live full active lives; to live independently and to play an active part in their local communities’

<https://moderngov.rotherham.gov.uk/documents/s116917/Adult%20Social%20Care%20Vision%202017-20.pdf>

All residents are encouraged to recognise their strengths, build their active independence and identify the support that their family, friends and local community can give them, based on three key themes:

Theme 1	<i>Act to help yourself</i> We want to promote personal responsibility and for people to have opportunities to become a greater part of their community through increased opportunities for socialising, gaining personal recognition and building relationships, whilst remaining in their own homes and communities as long as possible.
Theme 2	<i>Act when you need it</i> The delay of the development of long term care needs by targeting our support at those who have experienced a recent crisis or acquired an illness or disability.
Theme 3	<i>Act to live your life</i> The meeting of needs to help individuals to live their lives will be based on looking at the support and help available to them through their existing family networks or community. This will mean looking at what an individual can do for themselves and what they might need help with.

The core principles are to:

- **Focus on the Person** – to encourage people to recognise their strengths in a way that supports choice and control and ensures a personalised approach to safeguarding.
- **Best Value** – to make the best use of collective resources to get maximum value for the residents of Rotherham at a sustainable cost.
- **Quality** – to make sure that people receive good quality support that meets their needs in a way that it is timely and safe.
- **Working Together** - to work creatively with partners and communities, empowering them to deliver the best possible outcomes so that people can live well.

As part of the Council’s Big Hearts Big Changes Programme, which is looking to shape the future of the Council whilst achieving financial sustainability, a new pathway for Adult Social Care has been developed.

Through extensive engagement with staff, data analysis and comparator research, it is evident that although the Council want people to be receiving the right care, in the right place, by the right professional for the right amount of time to achieve their personal outcomes we know there is far more the Council can do. Direct engagement with staff has further confirmed this, with many voicing their issues/thoughts with the current operating model, its impact on their ways of working, and ultimately how it is impacting on the people we support.

The ultimate aim of Adult Social Care is to help people meet their needs to achieve the outcomes that matter to them in their lives and which in turn promotes their wellbeing. In Rotherham, due to historic practices and models of delivery, these aims have not always been achieved, resulting in people being overly reliant on their care packages, weakening their drive for independence and ability to do things for themselves. This has created a cycle of decreasing independence and therefore an increasing level of care provided, moving away from any possibility of reablement.

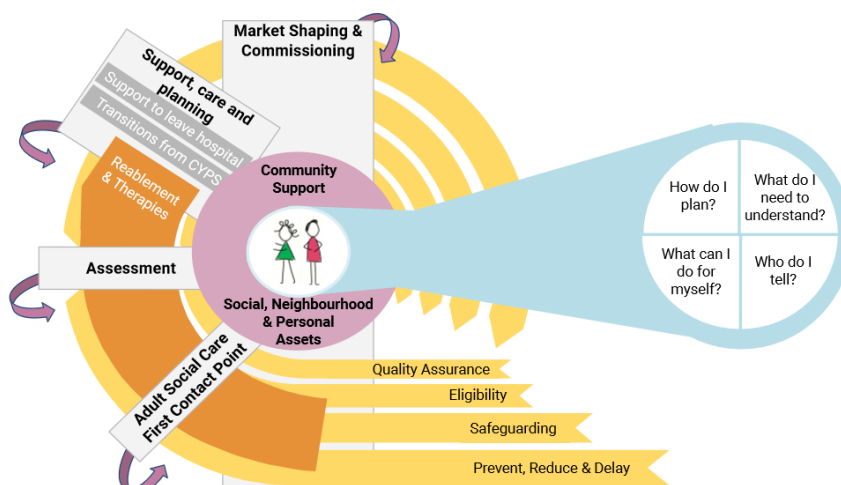
The Council requires a new way of providing care and support that utilises the assets within communities and supports its population to become more independent.

The intention is that in future people will be better informed through information and advice as to what is available for them across universal services (e.g. free public services such as libraries) and from more structured approaches – universal plus, where public buildings are used to host voluntary sector organisations to engage with people making enquiries about care and support and signposting them to suitable alternative solutions. Early intervention will be applied to people who are on the edge of receiving care and support from the Council and may include equipment, digital solutions or time limited voluntary sector support.

Under the previous operating model, the Council was not as effective as it could be regarding proactive early intervention and prevention. Consequently, more people went on to receive a formal assessment than in other Councils with similar demographic profiles. The new Adult Care pathway introduced in October 2019 aims to address these issues.

The new Adult Care pathway is the framework to deliver vision. This is articulated in the diagram below:

How we will work in the new model



The Adult Care pathway puts the person at the centre to ensure that solutions are personalised and bring out their strengths. The aim is to prevent, reduce and delay the need for formal care and support through effective information and advice from the Adult Care First Contact Point. However, if a person is eligible and assessed as needing care and support, then this will be delivered at the person's home within a community setting, where possible, regardless of age or cohort requirements. Any market solutions will be of good quality and will safeguard people.

If a person has had a period within a hospital setting prior to receiving adult care, then they will be first supported through reablement and occupational therapy to maximise their independence before receiving ongoing care and support.

Young people transitioning to Adult Care through the Preparing for Adulthood pathway will be supported in the community with the aim that they have their own front door whenever possible.

Housing Strategy

The Rotherham Housing Strategy (2019-22 v11) sets out the vision and ambition for Housing in Rotherham:

- people living in high quality homes
- the Council being the best housing provider in the country
- reducing the gap between the most and least deprived neighbourhoods so that everyone can live in safe, healthy and vibrant communities
- households living in energy efficient homes
- a revitalised town centre with a new urban community

The Strategy can be found at:

<https://moderngov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=119675>

The Housing Strategy sets out the commitment of the Housing Service to support:

- people who are facing financial difficulties by providing advice and support, and affordable, decent homes
- people to remain in their homes or find suitable housing that better meets their needs
- improve the housing offer for people with disabilities
- reduce the numbers of people presenting as, or at risk of, being homeless
- tenants to get involved and make their voice heard

Housing Growth

Rotherham will have a high quality housing and leisure offer to assist with attracting world class business and a world class workforce. 14,000 new houses will be delivered by 2030. Housing will dovetail with major sites such as the new community at Waverley strategically placed near to the Advanced Manufacturing Park (AMP) and future Advanced Manufacturing Innovation District (AMID) on the Rotherham/Sheffield border.

The Council will also create additional housing in and around Rotherham town centre to increase its economic vitality. More details can be found in the Rotherham Economic Growth Plan 2015-25:

[file:///C:/Users/nathan.atkinson/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/Rotherham Economic Growth Plan 2015 25%20\(1\).pdf](file:///C:/Users/nathan.atkinson/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/Rotherham_Economic_Growth_Plan_2015_25%20(1).pdf)

Over the next three years the Council will:

- increase the number of care and support ready homes
- future proof new homes
- improve the housing offer for people with support needs by working closer with Social Care and Health professionals
- roll out joint initiatives that promote healthy homes, independence and healthier lifestyles
- provide housing that supports and encourages independence
- review existing care and support services, including piloting the use of assistive technology solutions in reducing adult care costs
- develop housing services which help reduce the number of people presenting as, or at risk of, being homeless
- build on successes and lessons learned from the *Housing First* pilot
- be clear about how local providers can support us to provide the right type of accommodation for our vulnerable residents
- strengthen the tenant voice and empower people so that they are better equipped to deal with life changes

Homelessness

The Council and partners are committed to ending homelessness and rough sleeping. The Homelessness and Rough Sleeper Strategy sets out the Council's commitment to end homelessness in Rotherham, making sure everyone has somewhere to call home, providing the right support in place in times of crisis to prevent homelessness. The strategy can be found here:

<https://moderngov.rotherham.gov.uk/documents/s121164/Rotherhams%20Homelessness%20and%20Rough%20Sleeper%20Strategy%202019%2022.pdf>

Models of Housing, Care and Support

Quality of care will be developed and improved through further integration between health and care partners in the borough. Firstly, it will ensure that residents are better supported at the front door through an integrated point of contact that connects residents with the most appropriate type and level of support. An integrated rapid response service will be tasked with delivering short, tailored interventions to support unplanned episodes of care and an improved discharge model will support timely transition from hospital to home and reduce delayed transfers of care.

Supporting people to live well at home, for as long as possible, will be a key focus and will improve quality of life for residents, while reducing cost. This will be achieved through investment in preventative care, to reduce acute and long-term interventions; access to appropriate, coordinated support including more effective support to carers; and personalised care delivered by skilled care workers, family and through new technology.

Residential care for adults with complex support needs will be transformed to enable residents to access both high quality primary care and a broader range of care pathways, and stronger connections to family and community support. Similarly, the Council will work together with health partners to continue the remodelling of Mental Health services, with a greater focus on early intervention, improved accessibility and more responsive, personalised service.

These priorities are designed to deliver a long term, sustainable reduction in demand pressures facing the Council, as well as addressing over-spending from previous years.

It is not the intention of the Council to be prescriptive about the service models that we require or to mandate to the minute detail what is required in a service specification. The approach will be to determine the key outcomes we wish to achieve and the principles and approaches as to how we believe a provider should deliver the accommodation or care and support solution. The Council will be looking for values when selecting providers and is keen to work with organisations that thrive on a relationship driven model.

The Council is committed to a neighbourhood working model and the knowledge of our Wards, the make-up of the people and properties in them, helps us to determine where we require new accommodation solutions.

See area profiles: https://www.rotherham.gov.uk/jsna/info/50/places/14/area_profiles

The Council wants people with care and support needs to thrive in communities rather than become their own community. The agglomeration of services in certain Wards can destabilise them and there are parts of the borough that are already saturated. The summary information from Housing Research [\[insert Housing Research links\]](#) and the Local Plan https://www.rotherham.gov.uk/info/200074/planning_and_regeneration/617/a_guide_to_the_local_plan will assist in demonstrating where we require new provision.

Key Points for Providers:

The Council wishes to work with providers who buy into the principles and approaches of the new Adult Care pathway and can offer effective, affordable care and support solutions. The Council is particularly seeking the following:

- services that provide a strong and co-ordinated preventative offer, to be delivered in partnership with the voluntary and community sector
- a reablement and recovery ethos woven throughout services
- a wide range of options for day opportunities, particularly community based
- options to support people to enhance their skills and access opportunities for paid and voluntary work
- a reduced emphasis on institutional care and greater use of community solutions supporting *Home First* principles

- innovative approaches including the use of digital, assistive technology and specialist equipment to keep people independent within their own homes
- an effective Housing Related Support offer that contributes to a reduction in homelessness and reduces demand on the Housing Options service
- support for Unpaid Carers recognising the vital role they play
- a commitment to deliver Social Value

Social Value

The Public Services (Social Value) Act 2012 came into force on 31st January 2013. Local authorities and other public bodies have a legal obligation to consider the social good in contracts that are subject to the Public Contracts Regulation 2015. The aim of the Act is not to alter the commissioning and procurement processes, but to ensure that, as part of these processes, councils consider the wider impact of the services delivered. The Act also promotes the use of co-design in commissioning processes as a valuable tool to strengthen local delivery.

Social value is defined by the Social Value Hub as:

‘The benefit to the community from a commissioning or procurement process over and above the direct purchasing of goods, services and outcomes’.

This definition has been adopted by the Council and a Social Value Policy has been developed and agreed for the borough. A copy of the policy can be found at this link: <https://modern.gov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=123080>.

The Social Value policy document sets the Councils approach to social value, as well as the practical steps it will take to maximise the local impact of Council spend. The approach applies to all procurement processes run by the Council. The framework set within the policy specifies how providers can potentially deliver against the six key outcomes:

- Raising Living Standards for residents
- A strong local economy, with employment and skills opportunities and a growing business base
- Young People have the opportunity to develop skills and find worthwhile employment
- Equality of opportunity for disadvantaged people and communities including disabled people
- Strengthened and sustainable community and voluntary sector
- Greater environmental sustainability including accessible green public spaces

Providers with contracts over £100,000 per annum in value are mandated to complete regular returns via the Social Value Portal <http://socialvalueportal.com/>.

4. Commissioning Intentions 2020/21

Theme 1: Act to help yourself:

The Council will **further test digital solutions/assistive technology options**, including Alexa technology and will also explore options for the next generation of community alarm provision. Workforce and process developments will be made through the Adult Care Pathway in order to learn from the testing. This will ensure that appropriate technologies are made available to the right people at the right time and that effectiveness is reviewed at regular periods.

The Council will support **community capacity building and asset based community developments** working closely with Voluntary Action Rotherham <https://www.varotherham.org.uk/> and the wider sector, particularly to support people experiencing Mental ill-health, people with a Learning Disability or Autism. The development of a pre-front door, 'Active Solutions' to provide information/advice in various community settings and support for an independent Unpaid Carers Hub in the town centre will be two key components. The Council will also continue to support activity to reduce social isolation across the borough.

The Council will continue to commission services and opportunities that support social inclusion and promote social value through the **development of micro and social enterprises**, especially for people with a Learning Disability and/or Autism with a focus on day opportunities. Enterprises are particularly encouraged for the central and south parts of the borough.

The Council will embed the principles of the integrated lifestyle service aimed at improving the health of people in the borough through a preventative approach and continue to champion and promote the principles of **5 Ways to Wellbeing** https://www.rotherham.gov.uk/homepage/486/five_ways_to_wellbeing

Theme 2: Act when you need it:

The Council will support the mobilisation and development of the new delivery model **for home care and support** throughout 2020/21. The new model will enable individuals to use their support in a more flexible way in order to achieve independence, promoting reablement and recovery principles. The training of the provider workforce and embedding new ways of working including health tasks will take time. The Council recognises this and will work closely with providers to deliver the ambition. The Tier 2 framework will also be opened for new applications from September 2020.

The Council will commission a range of services through a **Dynamic Purchasing System for Learning Disabilities and Autism**. This will focus on a range of areas, particularly supported living support, short breaks, respite for Unpaid Carers, day opportunities and services that support training, work and skills.

The Council will **increase the number of flexible supported living units** available across the borough through the development of core and cluster schemes that will enable people to step up/down depending on their bespoke requirements. All schemes must adhere to the ethos of *My Front Door* Vision

https://www.rotherham.gov.uk/downloads/file/3983/my_front_door for Learning Disability services. Services will be situated in parts of the borough that have limited existing provision and will enable people to be integrated into the wider community rather than being the community.

The Council will procure a **Recognised Provider List (RPL) for developing housing options**. This will run alongside any procurement process for Care and Support services. This will ensure that where needs are identified a joined-up approach to accommodation with care and support can be applied and the quality of the providers and the services they offer has already been established.

The Council will work together with health colleagues from Rotherham Doncaster and South Humber Mental Health Trust (RDaSH) and the Rotherham Clinical Commissioning Group to **review the Mental Health social care pathway**. The aim will be to support a joined-up system that supports people through prevention and early intervention or when they hit crisis, resolves immediate concerns and engenders a recovery ethos. This will link to the statutory Core 24 and Core Fidelity elements. **New service delivery models to support a recovery ethos for people with Mental Ill-health will be welcomed.**

The Council will review the offer for people with a **physical disability** as the evidence from the demand data identifies potential gaps in the service offer, particularly with regard to **suitable accommodation and use of assistive technology**.

The Council will facilitate **growth in the Shared Lives** offer including support for day opportunities, closer links to **Key Ring support** services, as well as live in arrangements and respite.

The Council will review a host of services funded through the **Better Care Fund to create new pathways and delivery models that promote reablement and Home First principles** <https://www.england.nhs.uk/wp-content/uploads/2018/12/3-grab-guide-getting-people-home-first-v2.pdf>

The Council has recently tendered the Children & Young Person's 16-25 service and the contract position for other Housing Related Support services for children and young people and the Domestic Abuse pathway have been clarified until 2021.

The **Vulnerable Adults Housing Related Support pathway will be reviewed in 2020/21**. The outcome of this review will inform future commissioning intentions for 2021/22 onwards.

The *Housing First* model will continue for a further two years in order to continue to grow and develop the offer for people with complex and often chaotic lives, forming part of the Council's offer under the Homelessness Prevention and Rough Sleeper Strategy <https://moderngov.rotherham.gov.uk/documents/s121164/Rotherhams%20Homelessness%20and%20Rough%20Sleeper%20Strategy%202019%2022.pdf>

Theme 3: Act to live your life:

The Council will further develop a suite of support service provision for people in receipt of Direct Payments with a **focus on recruiting more Personal Assistants**.

The Council recently tendered for a Care Act Advocacy service to deliver support for people requiring a specialist advocate. The service specification requires that 50% of non-statutory community advocacy is sub-contracted to the Rotherham Voluntary and Community sector. The Council will **promote opportunities for the voluntary and community sector and work closely with the primary Advocacy provider to facilitate suitable arrangements.**

The Council will work with the new Rotherham Healthwatch service to champion the voice of the community and people using health and social care services and support.

The Council will develop alongside the Rotherham Clinical Commissioning Group **a new Dementia pathway**, identifying opportunities for investments to support people with dementia to remain independent.

The Council will continue to work with Rotherham Clinical Commissioning Group to align support **services to Unpaid Carers that prevent carer breakdown** or swiftly resolve first time instances of Carer breakdown.

The Council will develop a Quality Strategy to ensure continuous improvement in CQC ratings and improved outcomes for people in receipt of support based on *Quality Matters* <https://www.gov.uk/government/collections/adult-social-care-quality-matters>

Key Dates and Timelines

Financial Year 2020/21				Financial Year 2021/22			
Quarter 1 (Apr - Jul)	Quarter 2 (July – Sept)	Quarter 3 (Sept – Dec)	Quarter 4 (Dec – Mar)	Quarter 1 (Apr – Jul)	Quarter 2 (Jul – Sept)	Quarter 3 (Sept – Dec)	Quarter 4 (Dec – Mar)
Soft Market testing for community alarm solutions							
	Launch of Active Solutions pre-front door model						
Mental Health Pathway Review	Mental Health Pathway Review	Mental Health Pathway Review					
	Better Care Fund 2019/20 sign off from NHS England						
	All Age Autism Strategy sign off and implementation of Action Plan						

Home Care & Support new contracts start		Tier 2 Home Care and Support DPS opens	Appraisal of Tier 2 Home Care and Support Applications	New Tier 2 Home Care and Support provision commences			
Statutory Advocacy new contracts start	Voluntary and Community Sector partners identified to deliver 50% of community advocacy provision						
Healthwatch Rotherham new contracts start							
Learning Disability Flexible Purchasing System co-production and specification development	Learning Disability Flexible Purchasing System – soft market testing	Learning Disability Flexible Purchasing System tender on tender portal	Learning Disability Flexible Purchasing System award / mobilisation	Learning Disability Flexible Purchasing System new contracts start			
Recognised Provider List (RPL) Housing Options - – soft market testing	Recognised Provider List (RPL) Housing Options specification development	Recognised Provider List (RPL) Housing Options tender on tender portal	Recognised Provider List (RPL) Housing Options contract award / mobilisation	Recognised Provider List (RPL) Housing Options new contracts start			
Opening of new Council building based residential respite offer	Decommission 3 units of independent sector residential respite provision						
Soft market testing and development of a service specification for specific Supported Living Schemes for adults	Supported Living tender on tender portal	Supported Living contract award / mobilisation	Supported Living new contracts start				

with a Learning Disability							
Co-production of new delivery model for Housing Related Support domestic abuse offer	Co-production of new delivery model for Housing Related Support domestic abuse offer	Domestic Abuse commissioned services tender on tender portal					
Review of Housing Related Support Vulnerable Adults pathway	Review of Housing Related Support Vulnerable Adults pathway	Soft market testing for various Housing Related Support Vulnerable Adults pathway	Tender for services providing services for Housing Related Support Vulnerable Adults pathway				
Dementia Pathway Review							
Co-production of Rotherham Quality Strategy							

5. Commissioners Approach to the Market

Managing the Relationship

An underlying principle of effective commissioning in Rotherham is a commitment to embed genuine co-production into all commissioning activity. This is part of a conscious move towards a relationship-based approach. The energy, skills, interests, knowledge and experiences of providers must be harnessed to influence accommodation, care and support services in the borough. Active participation alongside commissioners in the shaping of and design of new service delivery models will be the default position. Co-production gives a collective sense of ownership and connects providers to the Council and partner organisations with a common purpose. It also leads to more effective service delivery and attainment of outcomes for people in receipt of care and support.

In addition to co-production, the Council commits to using formal and informal soft-market testing approaches to inform service design and procurement models. This will take a number of forms; from one to one discussion, to more structured events and participatory workshops.

Long standing engagement models will continue with cohort and service led themes such as:

- Home care provider forum
- Care home provider forum
- Learning Disability provider forum
- Housing Related Support provider forum
- Strategic Housing forum
- Side by Side Homelessness Forum

The Council will also commit to a quarterly focus group for general provider feedback on key issues and new strategies, harnessing the positive commitment of providers to co-produce the Market Position Statement. In order to support this there will be a commitment to:

- future MPS provider workshops (noting that attendance needs in future to be strengthened)
- the creation of a provider MPS editorial panel
- developing the role of provider forums in service design

Future Support

The Council has maintained, despite austerity, a long-standing commitment to support the independent and voluntary sectors with a free to access training offer. This is set to continue for 2020/21, but the emerging new delivery models for example home care and support and for intermediate care/reablement place a strong emphasis on:

- strength based approaches
- maximisation of use of community assets
- a values driven workforce

Therefore, the Council will focus on these areas as a priority for supporting workforce development across the independent and voluntary sector.

The Council recognises that opportunities for external funding are hard for many organisations to attain and that the available global pots are shrinking. However, the Council remains committed to support organisations to access external funding through grant applications/bidding processes and social investment, in a fair and transparent manner. Proactive discussions from providers to explore taking external funding opportunities forward are therefore actively encouraged.

Support for micro-enterprises is also available and the Council has contracted with Community Catalysts to develop the offer in Rotherham, particularly where there are gaps such as day opportunities for people with a Learning Disability or Autism and employment/skills opportunities.

The Council continues to work in partnership with Voluntary Action Rotherham (VAR) to support the Rotherham voluntary and community sector. For example, the Council has used some of the Improved Better Care Fund monies for 2019/20 to work with the VAR sub-group, the Adult Care consortium. This is to support the new Adult Care pathway by co-designing a pre-front door model known as Active Solutions. This will provide information and advice within the community for people on the margins of requiring Adult Care support to maintain their independence from both fixed and mobile locations.

5. Useful Links and Contacts

Our current contracts register can be viewed at:

You can contact us by email at:

commissioningenquiries@rotherham.gov.uk

Or alternatively please direct any queries you may have in relation to the context of this report to any member of the Commissioning Team:

Nathan Atkinson - Assistant Director Strategic Commissioning	nathan.atkinson@rotherham.gov.uk Tel: 01709 822 270
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Kate Tufnell – Head of Mental Health and Housing Related Support (Joint role with Rotherham CCG)	Katherine.Tufnell@rotherhamccg.nhs.uk Tel: 01709 302 743
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Sue Shelley – Business Development Manager	Sue.shelley@rotherham.gov.uk Tel: 01709 822 540

Appendix 1

Rotherham Key Facts

Geography

- Rotherham Borough covers 286 square kilometres (110 square miles)
- 70% of the borough area is open countryside

Population

- The total population is 264,700 (2018), larger than the cities of Derby, Hull and Wolverhampton, with an increase of 2.7% since 2011
- Births in the year 2017/18 were 3,009 and deaths numbered 2,689, a natural increase of 320
- There are 62,900 children and young people aged 0-19 (23.8% of the population)
- 51,700 people are aged 65+ (19.5% of the population)
- 6,100 people are aged 85+ - an increase from 4,200 in 2001 (+45%)
- Rotherham has more people aged over 60 (67,400) than under 21 (65,400)

Ethnic backgrounds

- There were 20,842 residents (8.1%) from over 75 different BME communities in 2011 – almost double the figure of 4.1% in 2001.
- The BME population is estimated to have risen to 10.5% by 2016 and continues to grow.
- The largest BME community is Pakistani/Kashmiri - 7,912 people in 2011
- 92% of the population was classified as White British in 2011 and 95% were born in UK
- English was the main language of 96.6% of residents in 2011 and there are 121 community languages spoken in Rotherham (2018)

Housing

- There are 111,000 households and 116,000 dwellings (2.6% empty)
- 410 new homes were built in 2018/19
- There are 20,297 council rented homes (41,850 residents) plus 4,680 other social rented in the borough. Social housing constitutes 22% of households
- The median house price of £140,000 (2018) is 58% of the English average (£240,000)
- The types of Council rented properties are 76 bedsits, 4,763 bungalow, 5,019 flats, 10,222 houses and 217 maisonettes
- There are 7,225 households on the Council's Housing Register. These applicants are placed into the following bands: Band One - 258, Band Two -1673, Band Three -1948 Band Four - 2035, and Transfer band - 1311
- During 2018/2019, 1768 households made a homeless application. Of these 6.7% have complex needs. Thus far the number of homeless applications has increased - based on the fact that 540 households made a homeless application during the first quarter of 2019/20 and of these 7.3% have complex needs.
- The age profile of homeless applicants during 2018/2019 was 23.1% aged 24 or below, 48.1% aged 25-40, 22.1% aged 41-64, 2.3% aged 65+ and 4.4 unknown

<h1>BRIEFING</h1>	TO:	Overview and Scrutiny Management Board
	DATE:	4 th March 2020
	LEAD OFFICER:	Ian Spicer, Assistant Director Adult Social Care & Integration Sally Morris-Shaw, Principle Social Worker
	TITLE:	Update re Adult Social Care Restructure and Pathway

1. Background

1.1 Adult Social Care Pathway:

On October 21st 2019, the Council implemented a new Adult Social Care operating structure and introduced new pathways for Rotherham residents to access information, guidance and support. All staff moved into new teams on this date.

This followed a period of engagement and formal consultation.

The main aims of the new structure and pathways were to ensure a more customer focussed and responsive offer to the residents of Rotherham resulting in less waiting times at point of contact; a stronger reablement offer enabling more people to regain independence; increase the continuity of council staff involved; a simpler structure for residents and partners to understand and to raise practice standards and overall performance.

Post restructure a coaching programme has been in place to develop leadership and management skills.

2. Key Issues

2.1 Adult Social Care Pathway

1. Restructure was successfully completed with a very small number of compulsory redundancies.
2. Reablement service has been able to increase the number of people who it supports at any one time. Resulting in more people having access to vital reablement, regaining independence and confidence for the future.
3. More people can contact the council and enquire about adult social care services without waiting.
4. Extensive workforce development programme is in place, increasing competence and improving practice in line with the objectives of the new Pathway.
5. The Coaching programme has been successful in building leadership skills and has resulted in a new 'Operating Rhythm' for teams that includes daily 'huddles' assisted by technology that enables key information and actions to be shared and frees up time in the day to respond to people's needs and enquiries.
6. Overall performance has improved since implementation:

	Previous position	Current	DOT
% new customers reviewed in 1st year of service (initial reviews)	56%	69%	+13%
% customers on service over 12mths who have had an annual review	45%	49%	+4%
Reduction in reliance on residential care	941	907	-34 (3.6% decrease)
Increase in mthly average of Care Act Assessments (this year to last)	135	138	+3
% of people who feel their Safeguarding outcomes are met	97%	98%	+1%
Number of hours of reablement delivered in a week (new data)	238 (Dec 2019)	342 (Jan 2020)	+44% on December position

Whilst there are clear signs of improvement in performance, it is recognised there is the need for significant further improvement.

Sector led Improvement Regional Peer Challenge:

Peer Review scope:

- To identify the confidence levels of staff and managers
- To understand the level of culture change
- To feedback on practice assurance

Strengths:

- Leadership is strong throughout the directorate
- very clear evidence around partnership working (internally and externally)
- strong investment in our workforce
- culture has changed in a positive way
- coherent performance management framework

Areas for consideration:

- Pathway clarity
- Sufficient capacity
- Sustainability
- Celebrating successes
- Improving the Carers offer

The main report is due in about 4 weeks.

3. Key Actions and Timelines

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| 3.1 | <ul style="list-style-type: none"> • Peer Review taken place 12-14 February, with a key focus on the Pathway changes. • Internal Audit commissioned to review impact of the changes |
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| | <ul style="list-style-type: none"> • Formal 6 month Review of the restructure and pathways to be undertaken in April 2020. • Further work around the 'Digital Offer' and accessibility to advice and information is continuing. • Development of an Assistive Technology Strategy is a vital element to supporting reablement and independence. • Coaching programme ended on the 14th February. Sustainability plans in place to continue the progress made. Investment in internal resource to support this. |
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4. Outcomes

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| 4.1 | <ol style="list-style-type: none"> 1. Restructure and Pathways have been delivered as planned and successfully. 2. Overall performance has increased; staff retention and sickness levels improved; responsiveness to residents improved. 3. Reablement outcomes increasing. 4. Positive Peer Review. |
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BRIEFING	TO:	Overview and Scrutiny Management Board Performance Subgroup
	DATE:	12 February 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive’s Directorate 01709 254421
	TITLE:	Outcomes of Workshop on Sickness Absence
1. Background		
1.1	Present: Cllrs Steele (Chair), Keenan, Jarvis and Walsh.	
1.2	Apologies: Cllrs Cusworth, R Elliott, Jepson, Mallinder, Napper, Taylor and Wyatt. Lee Mann, Human Resources (HR) and Graham Saxton, Finance and Customer Services (F&CS).	
1.3	Attendees: Cllr Alam, Cabinet Member for Corporate Services and Finance; Nathan Atkinson, Adult Care, Housing and Public Health (AC, H&PH); Ian Henderson (HR); Shokat Lal (Assistant Chief Executive); Tanya Lound (Corporate Improvement and Risk); Luke Sayers (F&CS), David McWilliams, Children’s and Young People’s Services (CYPS); and Paul Woodcock, Regeneration and Environment (R&E).	
1.4	This was the third in a series of workshops in relation to specific underperforming measures in the Council Plan identified as a concern by OSMB. The session followed a similar format to previous ones with an initial briefing and detailed presentation setting out corporate and directorate level performance on the measure and actions to address the underpinning issues. Directorates provided more detail of actions they were taking and highlighted any service-specific matters.	
1.5	Focus of the session <ul style="list-style-type: none">• Measure 5D2 - Sickness Absence is managed and staff wellbeing supported• Definition: Number of days lost per full-time equivalent (FTE) – target 10.3 days• Long term sickness absence - 20 or more days as this accounts for 70% days lost	
2. Key Issues		
2.1	Over the last two years, the Council had struggled to achieve the corporate target of 10.3 days lost per FTE, with an outturn for 2018-19 of 11.4 days per FTE. The number of days lost had risen each month between July and November 2019 (11.87) but had reduced in December to 11.01 days and to 10.8 days by the end of January 2020.	
2.2	The main reasons for long-term sickness absence were stress/anxiety/depression 41%; back and shoulder 9%; and other musculo-skeletal 22%.	
2.3	Adult social care showed the highest level of sickness absence, which reflected the anxieties provoked by a major restructure during 2019. Proactive work with the service had seen the number of long-term absentees nearly halved between August 2019 and January 2020.	

2.4	In addition to restructuring, other factors involved were the need to capture the right information on employee working patterns and a time lag on data in the new HR system.
2.5	<p>Focused activity and work with managers helped to bring about this recent improvement in performance. These actions will continue throughout 2020 to sustain the behaviour shift in managing absence and supporting employees back to work. Activity includes:</p> <ul style="list-style-type: none"> • Updated policy and processes to ensure responsibilities for line managers in effectively managing long term absence and support are clear • Clarity around what should be done and when, so that line managers can be held to account and non-compliance escalated • Case conferences at Head of Service level to review long term cases with direct reports • Regular progress reporting to Directorate Leadership Teams (DLTs) • Data on current long- and short-term sickness data shared with managers • New occupational health provider from October 2018 – created an integrated service and the number of referrals increased by 30% from previous contracts, plus positive feedback • Building management capability and confidence - masterclasses in attendance management and managing stress at work, and stress risk assessment training • HR Consultancy – dedicated officers in HR working more with senior managers to manage cases proactively • Early intervention – day one referrals to occupational health for stress and musculo-skeletal issues • HR system – working patterns reviewed and updated to ensure over reporting reduced
3. Directorate Information	
3.1	<p>CYPS</p> <p>As CYPS has a large workforce, proportionately more sickness absence would be expected. A clear correlation existed between peaks in sickness absence and service restructuring, which reflected the picture across the Council overall. Social care transformation and new pathway development coincided with an upturn, with anxiety regarding expectations, caseloads and demands on staff. Early Help had the highest sickness absence levels within the directorate and this linked to Business Support, who were undergoing a restructure, being moved into that team. Stress and anxiety were understandable, so it was a question of how to support people. A standard item for meetings with trade unions gave them notice of any forthcoming consultation.</p> <ul style="list-style-type: none"> – Good support from HR colleagues on individual cases – Weekly discussion at DLT or area management teams – Quarterly information and standard item on the agenda for Early Help and Business Support – Obligatory masterclasses for managers on changes to the policy had been beneficial in leading to a consistent approach – Drilled down into cases and for some serious health issues it was a case of just managing the absence <p>The service did receive a number of fit notes for employees for a two-month period and if people were off for a long time it could be harder to come back to work, potentially adding to stress/anxiety. It was a question of being reasonable and proportionate about what could be done to help people back.</p>

3.2	<p>AC, H&PH</p> <p>The bulk of the long-term absences were stress-related or musculo-skeletal and with an ageing workforce there were injuries, especially to front line staff. The directorate concurred with several points made by CYPS around management actions undertaken and regarding fit notes.</p> <ul style="list-style-type: none"> - Clinics and training - Trade union engagement - Discussion at DLT - Proactive use of occupational health - Stress risk management assessments <p>As reported above, a major restructure took place during 2019, coupled with the legacy of the 2016 restructure which had led to anxiety and stress. In order to mitigate some of the stress this time the restructure had heavily involved staff in the redesign from January to May 2019, through workshops, meetings with teams and 1-to-1s. Recruitment to the new structure had taken place from May, with a significant percentage of staff in danger of no longer having a role, so this again correlated with the figures.</p>
3.3	<p>R&E</p> <p>As the highest number of staff, 42%, are employed in this directorate, many with part-time jobs and many with manual jobs, performance in R&E has a significant impact on corporate performance on the measure. Absence management has been prioritised and the overall position is below 10 days per FTE.</p> <ul style="list-style-type: none"> - Driving through the new policies - Training and workshops, including with team leaders such as school cooks - Day one referrals to physiotherapy and for stress – counselling/support - Case management – reduction by 25%
3.4	<p>F&CS</p> <p>As some teams within this directorate are small the graphs could show significant variation in performance against the measure by virtue of one person being absent. The main concern was in Legal Services but again this service had undergone significant changes in the last year with restructuring and a number of vacancies. Points made by other directorates also resonated for F&CS.</p> <ul style="list-style-type: none"> - Individual case management - HR support - Support for managers to get the balance right between providing support and getting people back to work
3.5	<p>ACX</p> <p>As with F&CS there are small teams in this directorate. Overall performance was below 10 days per FTE with only HR exceeding the target in Quarter 3.</p>
4. Key Points Discussed	
4.1	<p>Stress-related absence</p> <p>Managers had voiced concerns about engaging with staff who were absent for this reason, so there had been a focus in the training in this area as shown above. It was also important to try and capture whether the primary reason was work-related or personal, although often it was a combination of both. It might merit further work to unpick stress with people as it could be mainly personal but stress at work could be a tipping point. Members agreed but felt that stress, anxiety and depression were different</p>

issues and should be recorded separately and unpicked. Officers agreed it was easy to put things down to stress and that there was work to do on mental health awareness and to look at the categories and opportunities to self-declare.

4.2 Restructures

OSMB asked if there was guidance available for managers on how to deal with staff anxiety during a restructure. It was confirmed that there were legal obligations around consultation and expectations on how managers managed the process but existing guidance probably did not go far enough in terms of considering workforce wellbeing issues. This could potentially be built into the training.

4.3 Phased returns/Alternative jobs

Reports from Occupational Health would talk about the whole process of returning and what would work for the employee. Phased returns would be encouraged as it was difficult for people to return after a long time off. How long people would need varies on an individual basis and there might be differing views on how long for, but usually for one-four weeks. Alternative jobs, including other teams/projects would be an option to explore to help people if they were no longer able to do their own job.

4.4 Training for Trade Unions

Trade Unions had had the training they requested and were also encouraged to attend the other sessions.

4.5 Potential knock on impact of sickness absence on other team members

Members reiterated concerns about the potential for a negative impact on colleagues when they were trying to cover for a long-term sickness absence in their team, resulting in others having sickness absence, and asked for this to be revisited in 2020-21.

The importance of preventative work on stress was emphasised. Another avenue would be developing greater flexibility in being able to move people round the organisation, not just within services. Good managers needed to be proactive to avoid any knock-on effect within a team, which could be difficult to mitigate, by using the stress risk assessment tool at an early stage.

4.6 Maternity cover

OSMB identified that a similar pressure could result if employees were picking up additional work during a colleague's maternity leave. Budget was not always available to backfill a post and others were encouraged to act up or secondments offered. For some jobs backfill would be needed and this might mean bringing in agency staff.

4.7 Ageing demographic – more than 50% of the Council's workforce aged over 50

Given the age profile of the workforce, the question was raised as to whether it was almost inevitable that the number of days lost to sickness absence would increase, as people's health tended to worsen as they got older.

As the workforce had reduced over the last ten years there had been fewer new starters and some loss in skills and experience which might make it more difficult for on the job learning. This was recognised within some disciplines which had an ageing workforce and new people would be required to come in, such as transport and engineering, but might also reflect the nature of the national labour market. Conversely other roles might attract older people who wished to work part-time. It was harder to attract 16-25 year olds.

A number of employees aged 50+ were not leaving but rather had requested to reduce their hours. This could be difficult if they wanted to go from 37 to 30 as it could be difficult to recruit for only seven hours.

4.8	<p>These were all important issues from a wider workforce planning perspective. HR reported that progress had been made with succession planning including the developmental apprenticeships giving people qualifications so they would be able to step up to higher level posts. Good use of the apprenticeship levy was also part of this.</p> <p>Wider HR policies</p> <p>Linked to the demography, many people may have caring responsibilities that could lead to sickness absence due to their own health or that of others. Confirmation was given that flexible working policies helped people with caring responsibilities but it would depend on their job role. The Council had signed up to the TUC Dying to Work charter. Policies to support disabled employees were also in place.</p>
5. Conclusions	
5.1	<p>Overall OSMB felt positive about the improvements made recently regarding this measure. The importance of training and guidance was highlighted as it was good to have greater consistency in the application of policies across all job roles and services. Members recognised the use of measures to keep people in work with the right support and acknowledged how redeployment and phased returns could facilitate this process. Wider policies to support disabled employees and people with caring responsibilities will continue to be important.</p>
6. Recommendations from the workshop	
6.1	<p>That consideration be given to developing guidance for managers around enhanced emotional support for employees during a restructure, given the links to absence through stress and anxiety.</p>
6.2	<p>That data be disaggregated regarding absence through anxiety, stress and depression, as these should be recorded as discrete issues and to have a better understanding of sickness absence.</p>
6.3	<p>That follow up work be undertaken to ensure managers proactively support staff and manage workloads across teams to prevent any potential knock on effect in terms of sickness absence as a result of staff assuming additional work to cover for an initial long-term sickness absentee.</p>

FORWARD PLAN OF KEY DECISIONS
1 February 2020 – 30 April 2020

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 of Key Decisions due to be taken by the Authority and of those parts of the Cabinet meeting identified in this Forward Plan will be held in private because the agenda and reports for the meeting will contain confidential or exempt information as defined in the Local Government Act 1972.

Contact Information:-

Governance Unit
Democratic Services
Riverside House
Main Street
Rotherham
S60 1AE

Email: governance@rotherham.gov.uk

What is the Forward Plan?

The Forward Plan contains all the key decisions the Council expects to take over the next three months. It will be refreshed monthly and will give at least 28 days' notice of any Key Decisions and, if applicable, the Cabinet's intention to discuss an item in private. This gives you the opportunity to submit relevant documents to the decision maker concerning any individual Key Decisions and draws to your attention any relevant constitution process.

What is a Key Decision?

A Key Decision is one which is likely to:-

- relate to the capital or revenue budget framework that is reserved to the Council, or
- result in income, expenditure or savings of £400,000 or greater, or
- have a significant effect on two or more wards

A Key Decision can be made by the Cabinet. The Forward Plan also includes some matters which are not Key Decisions under the heading "Decisions which are not Key Decisions".

What does the Forward Plan tell me?

The plan gives information about:

- what key decisions are to be made in the next three months;
- the matter in respect of which the decision is to be made;
- who will make the key decisions;
- when those key decisions are likely to be made;
- what documents will be considered;
- who you can contact for further information

Who takes Key Decisions?

Under the Authority's Constitution, Key Decisions are taken by the Cabinet.

Key Decisions are taken at public meetings of the Cabinet. The Cabinet meets once a month on a Monday at 10.00am at the Town Hall, Rotherham.

Further information and Representations about items proposed to be heard in Private

Names of contact officers are included in the Plan.

If you wish to make representations that a decision which is proposed to be heard in private should instead be dealt with in public, you should contact Democratic Services by no later than five clear working days before the meeting. At the end of this document are extracts from the Local Government Act 1972 setting out the descriptions of information which may be classed as "exempt", and the definition of confidential information.

The members of the Cabinet and their areas of responsibility are:-

Councillor Chris Read	Leader of the Council
Councillor Gordon Watson	Deputy Leader of the Council and Cabinet Member for Children's Services and Neighbourhood Working
Councillor Saghir Alam	Cabinet Member for Corporate Services and Finance
Councillor Sarah Allen	Cabinet Member for Cleaner, Greener Communities
Councillor Dominic Beck	Cabinet Member for Housing
Councillor Emma Hoddinott	Cabinet Member for Waste, Roads and Community Safety
Councillor Denise Lelliott	Cabinet Member for Jobs and Local Economy
Councillor David Roche	Cabinet Member for Adult Social Care and Health

Decision title	Date added to the Forward Plan	What is the decision?	Cabinet Portfolio	Who will be consulted	Documents to be considered	Wards affected	Is the decision to be made in private	Directorate and contact for further information
KEY DECISIONS TO BE TAKEN ON 17 FEBRUARY 2020								
ADULT CARE, HOUSING AND PUBLIC HEALTH								
New building based respite offer to replace current provision	1 Jan 2020	To approve the development and opening of Council respite facilities for people with disabilities in the borough and for the Council to deliver the service directly.	Adult Social Care and Health	Members officers and service users	Report	Borough-Wide	Public Report	Anne Marie Lubanski 01709 822397 annemarie.lubanski@rotherham.gov.uk
CHILDREN AND YOUNG PEOPLE'S SERVICES								
Operational delivery of LAC Sufficiency Strategy – proposals to develop new residential provision	1 Nov 2019	To approve proposals to develop the residential provision for children that is required for the operational delivery of the LAC Sufficiency Strategy.	Children's Services and Neighbourhood Working	Relevant Members, officers and stakeholders	Report and appendix	Borough-wide	Public report	Sally Hodges 01709 334162 sally.hodges@rotherham.gov.uk
FINANCE AND CUSTOMER SERVICES								
December Financial Monitoring	1 Dec 2019	To note the current revenue and capital monitoring position and agree any required actions	Corporate Services and Finance	Relevant Members, officers and stakeholders	Report	Borough-wide	Public report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk
Budget & Council Tax 2020-21 and Medium Term Financial Strategy	1 Dec 2019	To recommend to Council the Budget and Council Tax for 2020-21 and the Medium Term Financial Strategy to 2022/23.	Corporate Services and Finance	Relevant Members, officers and stakeholders	Report	Borough-wide	Public Report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk

Decision title	Date added to the Forward Plan	What is the decision?	Cabinet Portfolio	Who will be consulted	Documents to be considered	Wards affected	Is the decision to be made in private	Directorate and contact for further information
NON-KEY DECISIONS TO BE TAKEN ON 17 FEBRUARY 2020								
FINANCE AND CUSTOMER SERVICES								
Annual Renewal Applications for Business Rates Discretionary Rate Relief	1 Dec 2019	To consider the recommendations for the annual renewal applications for Business Rates discretionary rate relief.	Corporate Services and Finance	Relevant Members, officers and stakeholders	Report and Appendices	Borough-wide	Public report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk
KEY DECISIONS TO BE TAKEN ON 23 MARCH OR LATER								
ASSISTANT CHIEF EXECUTIVE								
Crisis support - outcome of co-design for provision of crisis support 2020-2023	1 Jan 2020	To report on the outcome of the co-design for the provision of crisis support for the years 2020-2023 following Cabinet approval of the process in October 2019.	Leader of the Council	Food in crisis partnership, voluntary sector advice providers; relevant officers	Report	Borough-wide	Public report	Shokat Lal 01709 822773 shokat.lal@rotherham.gov.uk
Climate Change Action Plan	1 Jan 2020	To approve the carbon strategy, action plan and target for reducing carbon emissions.	Cleaner Greener Communities	Relevant officers. The action plan will include future consultation activity.	Report and appendices	Borough-wide	Public report	Shokat Lal 01709 822773 shokat.lal@rotherham.gov.uk
FINANCE AND CUSTOMER SERVICES								
January 2020 Financial Monitoring Report	1 Jan 2020	To note the current revenue and capital monitoring position and agree any required actions	Corporate Services and Finance	Relevant officers, Members and stakeholders	Report	Borough-wide	Public report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk
REGENERATION AND ENVIRONMENT								
Licensing Act 2003 - Statement of Licensing Policy	1 Jan 2020	To recommend that Council adopts the Licensing Act 2003 – Statement of Licensing Policy	Waste, Roads and Community Safety	Full public consultation has informed the Policy	Report and appendices	Borough-wide	Public report	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk

Decision title	Date added to the Forward Plan	What is the decision?	Cabinet Portfolio	Who will be consulted	Documents to be considered	Wards affected	Is the decision to be made in private	Directorate and contact for further information
Gambling Act 2005 – Statement of Licensing Policy	1 Jan 2020	To recommend that Council adopts the Gambling Act 2005 – Statement of Licensing Policy	Waste, Roads and Community Safety	Full public consultation has informed the Policy	Report and appendices	Borough-wide	Public report	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Hackney Carriage and Private Hire Policy	1 Jan 2020	To adopt the Hackney Carriage and Private Hire Policy	Waste, Roads and Community Safety	Full public consultation has informed the Policy	Report and appendices	Borough-wide	Public report	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Clean Air Zone Final Business Case	1 Jan 2020	To agree the Final Business Case to improve Air Quality in Rotherham	Waste, Roads and Community Safety & Jobs and the Local Economy	Public consultation and relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public Paper	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Review of Fleet Maintenance	1 Jan 2020	To agree the outcome of the review of fleet maintenance and the approach to the future delivery of the service.	Waste, Roads and Community Safety	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public Paper	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Surplus Properties	1 Feb 2020	To agree the recommendations for the disposal of various properties.	Jobs and the Local Economy	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public Paper	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Town Centre Masterplan implementation		To agree actions to take forward the delivery of Town Centre Masterplan	Jobs and the Local Economy	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public Paper with exempt appendices	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
NON-KEY DECISIONS TO BE TAKEN ON 23 MARCH OR LATER								
FINANCE AND CUSTOMER SERVICES								
New Application for Business Rates Discretionary Relief for Rotherham United Community Sports Trust	17 Jan 2020	To consider the recommendation for a new application for Business Rates discretionary relief.	Cabinet	Relevant Members, officers and stakeholders	Report	Borough-wide	Public Report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk
New Application for Business Rates Hardship Relief	17 Jan 2020	To consider the recommendation for a new application for Business Rates hardship relief.	Cabinet	Relevant Members, officers and stakeholders	Report	Borough-wide	Public report with exempt appendices	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk
New Applications for Business Rates Discretionary Relief	17 Jan 2020	To consider the recommendation for a new application for Business Rates discretionary relief.	Cabinet	Relevant Members, officers and stakeholders	Report	Borough-wide	Public Report	Judith Badger 01709 822046 judith.badger@rotherham.gov.uk

Decision title	Date added to the Forward Plan	What is the decision?	Cabinet Portfolio	Who will be consulted	Documents to be considered	Wards affected	Is the decision to be made in private	Directorate and contact for further information
ASSISTANT CHIEF EXECUTIVE								
Council Plan Q3 Performance Report	1 Jan 2020	To report on the Council's performance against the Corporate Plan for quarter 3 in 2019/20	All Portfolios, Lead Portfolio – Corporate Services and Finance	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public report	Shokat Lal 01709 822773 shokat.lal@rotherham.gov.uk
CHILDREN AND YOUNG PEOPLE'S SERVICES								
Response to recommendations from Children's Commissioner Takeover Challenge	1 Feb 2020	To respond formally to the recommendations arising from the 2019 Children's Commissioner Takeover Challenge	Children's Services and Neighbourhood Working	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public report	Sally Hodges 01709 334162 sally.hodges@rotherham.gov.uk
REGNERATION AND ENVIRONMENT								
Transport Capital Investment Programme 2020-21	1 Feb 2020	To note the specific funding allocations for the Transportation Capital Investment Programme for the 2020/21 financial year. To note the proposed programme as the basis for further feasibility works, detailed design and implementation during the 2020/21 financial year.	Jobs and the Local Economy	Relevant Members, officers and stakeholders	Report and appendices	Borough-wide	Public report	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
Recommendations from Overview and Scrutiny Management Board – Petition – Droppingwell Landfill	1 Feb 2020	To respond formally to the recommendations from the Overview and Scrutiny Management Board in respect of a petition concerning the Droppingwell Landfill	Waste, Roads and Community Safety	Relevant Members, officers and stakeholders	Report and appendices	Keppel and Rotherham West	Public report	Paul Woodcock 01709 823815 paul.woodcock@rotherham.gov.uk
NO MEETING IN APRIL								

LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
ACCESS TO INFORMATION: EXEMPT INFORMATION
PART 1
DESCRIPTIONS OF EXEMPT INFORMATION: ENGLAND

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes –
 - a. to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - b. to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

PART 2
QUALIFICATIONS: ENGLAND

Paragraphs 1-8 repealed.

- 9 Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992.
- 10 Information which –
 - a. falls within any of paragraphs 1 to 7 above; and
 - b. is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information

LOCAL GOVERNMENT ACT 1972
SECTION 100A(3) – DEFINITION OF CONFIDENTIAL INFORMATION

Confidential information means –

- a. information furnished to the council by a Government department upon terms (however expressed) which forbid the disclosure of the information to the public; and
 - b. information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court;
- and, in either case, the reference to the obligation of confidence is to be construed accordingly.