

ORANGE BOOK FOR INFORMATION

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

Date: Wednesday, 30th October, 2019

Time: 2.00 p.m.

A G E N D A

1. Health Select Commission (Pages 1 - 65)
2. Improving Lives Select Commission (Pages 66 - 80)
3. Improving Places Select Commission (Pages 81 - 101)
4. Overview and Scrutiny Management Board (Pages 102 - 210)

HEALTH SELECT COMMISSION**Thursday, 13th June, 2019**

Present:- Councillor Keenan (in the Chair); Councillors Bird, Brookes, R. Elliott, Ellis, Jarvis, Walsh, Williams and Wilson.

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

Apologies for absence were received from The Mayor (Councillor Jenny Andrews), Councillors Cooksey, Short and Vjestica.

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

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

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH APRIL, 2019

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 11th April, 2019.

Further to Minute No. 83 (Intermediate Care and Re-ablement Project) it was hoped that the basic principles of the business case would be available by September, 2019 as this had to take into account new requirements regarding Primary Care Networks.

With regards to Minute No. 84 (My Front Door) a seminar was in the process of being arranged in July when the evaluation was complete. It was also noted that only five people remained at Oaks Day Centre and this this would have reduced to nil by the end of the month.

Further to Minute No. 85 (Implementation of Health and Wellbeing Strategy) it was noted that the Autism Strategy was likely to be on the November meeting agenda and A date for the Carers' Strategy was yet to be confirmed.

Reference was made to Minute No. 87 (Work Programme) where it was suggested that the Commission revisit the transition from CAMHS and check on its progress.

The Scrutiny Officer would also liaise with officers and partners on the full draft work programme for agreement in July. Any further suggestions were welcome.

In regards to the JSNA – Public Health working with I.T., this had moved from October to be listed in either November or December.

It was also noted that Ward Plans helping with prevent work and JSNA profile modernisation should be available in the near future.

With regards to Minute No. 88 (Healthwatch Update) no feedback had yet been received on maternity complaints.

In addition, the database regarding access to GPs issues had been checked and showed comments regarding access to GP appointments that same day with a named GP of choice. If patients wanted an appointment with a specific GP that usually had to be booked in advance. Most G.P. surgeries offered a same day appointment with an ANP (Advanced Nurse Practitioner) who could prescribe, or offer a telephone appointment with a G.P.

Further to Minute No. 91 (date and time of the next meeting) the 17th October, 2019 meeting had since moved to the 10th October, 2019.

Resolved:- That the minutes of the previous meeting held on 11th April, 2019, be approved as a correct record.

4. COMMUNICATIONS

- (a) The Chair advised the Commission that an issue had been raised in connection with Yorkshire Ambulance Service. This would be followed up and brought back to a future meeting.
- (b) Councillor Jarvis provided an update following the last meeting of the Improving Lives Select Commission where it was noted the meeting had considered key challenges for education in Rotherham via John Edwards, Regional Schools Commissioner (East Midlands and the Humber Region). Officers took on board his comments for consideration.

The agenda also included Rotherham Education Strategic Partnership Update where an overview and update of progress was provided in respect of the key areas for action identified within the RESP strategic plan. Four meetings had so far taken place and feedback on what was working well, what was not and any issues needing development. Further detail was provided on the seven issues including SEND, Gypsy, Roma and Traveller students, Early Years, Primary, Secondary, Post-16 and Social Emotional and Mental Health (SEMH).

A report on the Children and Young People's Services 2018/2019 Year End Performance provided a summary of performance under key themes and headlines.

- (c) The Scrutiny Officer provided an update on the membership for the three quality account sub-groups TRFT, RDaSH and Yorks Ambulance, plus the performance sub-group.

It was, therefore, proposed to keep the same membership as last year unless any Member wished to change if they had particular commitments or if any new Members had a particular preference. Discussion had already taken place with some Members, but as a reminder the membership would be re-circulated.

5. SEXUAL HEALTH STRATEGY FOR ROTHERHAM (REFRESH 2019-2021)

Consideration was given to the report introduced by Councillor Roche, Cabinet Member, which detailed how the Strategy, previously approved by the Health and Wellbeing Board, had since been refreshed and an action plan agreed ready for consultation.

Gill Harrison, Public Health Specialist, was welcomed to the meeting who presented the 2019-2021 refresh of the Sexual Health Strategy for Rotherham.

The Strategy set out the priorities for the next three years for improving sexual health outcomes for the local population. It provided a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life course.

It aimed to address the sexual health needs reflected by the Public Health England sexual and Reproductive Health Epidemiology report 2017 which highlighted areas of concern. The following were identified as concerns to identify actions for 2019-2021:-

- Sexually Transmitted Infection diagnosis in young people.
- Sexual health within vulnerable groups.
- Under 18 conception rate.
- Pelvic Inflammatory Disease admission rate.
- Abortions under 10 weeks.

The refreshed Strategy also reflected concerns expressed in the Rotherham Voice of the Child Lifestyle Survey 2018 which showed increased numbers who said that they did not use any contraception and a significant increase in those reporting that they had had sex after drinking alcohol and/or taking drugs.

HEALTH SELECT COMMISSION - 13/06/19

Sexual Health had since moved on and it was timely to look at new changes and new priorities.

A PowerPoint presentation highlighted:-

- Definition – sexual health.
- Strategic Ambitions.
- Improving sexual health.
- Rates of gonorrhoea (2013-2017) – success stories – public awareness and good contact tracing and working with partners.
- Priorities STI.
- Improving Reproductive Health – downward trend reduced the rate of under 18 conceptions by 60% between 2008 and 2017 higher, but started off a lot higher. A range of factors contributed – access to clinics, contraception, good reputation good relationship and sex education – range of other interventions self- esteem and aspirations.
- Priorities – under 18 conception rate, access to contraception and timely access to abortion services.
- Focusing on vulnerable groups – showing young people affected.
- Priorities – diagnosis of new STIs, prevention, treatment and care.
- Building on successful service planning and commissioning.
- Priorities – provision of integrated services and building on success.
- Key indicators for success.
- Implementation and monitoring – action plan.

Discussion ensued with the following issues explored:-

- What had been successful in the 2015-19 Strategy, what had not been delivered on and why was the focus on repeat abortions?

It was not just repeat abortions but it was important to focus on problems with ongoing care and with relationships. The Pause Programme dealt with repeated pregnancies, identified problems and how issues could be dealt with.

The refresh of the Strategy looked further as it had not previously had a fully integrated service delivery model which was viewed as a priority and was now in place.

- The statistics appeared to be incorrect, especially in relation to Chlamydia.

The populations were different as the figures for Chlamydia focused on 15-24 year olds so they were correct.

- How did the national graph or local graph compare with other areas and were specific areas of concern targeted.

Public Health England had a fingertip tool that showed the national figures and individual areas and allowed an individual to manipulate and compare across the country. The Services were keeping an eye on trends around the country and would target specific areas if there appeared to be an issue. If there was a specific issue or an increase of STI's in Rotherham then Public Health England would be in touch.

- It would appear that one of the diseases was identified as borderline untreatable.

Certain strains were resistant which required a combination of antibiotics to treat. So far the Service had not found one that was not treatable. However, a watching brief would continue and any particular issues were plotted for the area. There were, however, a couple of highly resistant strains in the country that had hit the national news, but this was being closely monitored.

- There had been a marked improvement in Gonorrhoea so what intervention had been effective.

There had been no specific interventions put in place, but awareness raising in populations with increased contact tracing has probably had an impact.

- What was the cost of this awareness raising and could the Service pick the next worse one and do the same thing.

Awareness raising had all been within existing resources so there had been no extra funding. Some partner organisations would have had extra workloads that had the cost of staff time. Commissioned services worked within a financial envelope and some infections would require more work than others and national campaigns would be used.

- There had been a reported rise in men who have sex with men contracting STI's, but were there any indications this was happening in Rotherham.

The proportion of reported new STIs from men having sex with men was a relatively small number, but there had been seen a significant increase within that small population. Specific work had been undertaken and they had identified as one of the vulnerable groups to work with.

- Was there a profile of groups most likely to present with PID?

There were no profile as such. One of the things planned as a group was to unpick this by looking at the data with partner organisations such as the Foundation Trust to find more about it, see if there was a profile and identify what partners should be doing.

- Often a different story was heard around this including changes in sexual practices of young people and young women's confidence and esteem. Information earlier said this was more than about infection control which was what we seemed to measure success by. Was there any evidence to document this?

From work that was taking place with various people there were models of good practice in relation to young people and attitudes to sexual health. The latest voice and influence survey raised a few concerns around risk taking behaviour in relation to alcohol, drug use and anti-barrier contraception, which appeared to be at odds with other surveys when risk taking tended to be lower than it used to be. This needed to be unpicked. Traditional interventions needed to change and move on. Whilst some concerns were shared, from experience there was some good practice taking place.

- There were lots of different experiences targeting vulnerable groups and issues. Around healthy relationships and education in schools, what percentage of schools were taking this up and what was happening in primary and secondary schools including how many schools were not doing it? It was disappointing in that there was more information on infection control and a focus on this in the measures rather than on consent, sexual abuse, reduction of CSE, reduction of rape and sexual assault healthy relationships.

All information had come from the Sexual Health Strategy Group. An annual update from the Schools' Effectiveness Services highlighted what information was provided to primary and secondary schools in relation to sex and relationship education. Overall a good number of schools were providing good sex and relationship education. There were some pockets where this was not happening, but this would happen more widely when it became a statutory duty to do so. The Strategy Group would look at this as to how partners could assist schools to maintain that level of education.

- The numbers of participating schools and information from schools needed to be shared on how this would be delivered and whether this had an impact on young people if the data was sophisticated enough to show that.

This would be taken back to the Strategy Group to discuss, but it was noted that the data was provided by schools and questions about education should be addressed to Children and Young People's Services. Data about Child Sexual Exploitation fell under the remit of the Safer Rotherham Partnership.

- Was the Strategy made up a variety of partners and multi-agency?

The Strategy was signed up to by range of partners originally from the Health and Wellbeing Board as a Sub-Group and was multi-agency.

- With regards to the media coverage of a faith school talking about gay relationships, did this have a knock-on effect with regard to about healthy sexual relationships?

Rotherham had laid out its policy on sexual health and PSE and all schools should adopt it.

- Teenagers socialised more in a virtual world so to what extent did this have an influence?

There was no research available.

- Data access to contraception was concerning as it had been good up to 2017, but then contracts were terminated for LARC (long-acting reversible contraception) to be supplied through GP services. The Strategy did not seem to recognise or mitigate for that. There appeared to be a bottleneck for LARC for non-contraceptive services which had been effective and very safe for debilitating conditions such as fibroids or endometriosis. Recent information from the Pause Project indicated that people were having trouble accessing appointments for LARC so what could be done to resolve this to give patients better access?

Contracts with GP's were terminated, but not completely as the Integrated Sexual Health Service sub-contracted these after the first year. There had been issues with regard to clinical governance and maintaining GP competency, but it was important to have a main provider and training. Performance meetings had taken place with services and information provided on the GPs who provided the range of different LARC services to all ages.

In terms of endometritis the LARC IUCD (COIL) tended not to be used for young women other than for regulating menstrual difficulties or gynaecology issues rather than contraception. Long waiting lists had not been reported so this information would be taken back to the partnerships within the Strategy Group.

- Gynaecological issues were intertwined as these conditions affected fertility.

There had to be a cut-off point for the Sexual Health Strategy. The Group had had discussions on a whole range of issues, but was it universal and, if so, why had the Service chosen to go down that path?

- Young people had a particular vulnerability, especially those who were Looked After. Had there been any targeting of resources or reversal as to why the Service had chosen to go down that path.

Younger people were likely to be more disadvantaged by STI's and Looked After Children were a vulnerable group. One of the things the Group was looking at was how to target and get information out to young people and tease this out. An action plan was being re-introduced with targets to see how this could be done better.

- Could data be drilled down further as part of an EIA?

This was recognised and more details would be provided on the EIA as part of the Strategy.

- Did we know what the origins of the gender imbalance were as it appeared to affect more females than males at an early age?

It was not apparent, but this would be looked into further about what was happening in other areas and to be able to see the difference.

- Some of the priorities in the action plan were contracted to other people; how was this monitored, were there any issues and if there were was there consideration to bring this back in-house to give some reassurance how the contract was managed?

There were some direct contracts in relation to the Integrated Sexual Health Service at the hospital. There were regular performance monitoring meetings to discuss and monitor the Service specification. Actions in the action plan were assigned to specific partners.

- Delivering awareness - quality was important with young and vulnerable people so how did the Service ensure the quality was good?

Yorkshire Mesmac were contracted to provide this service and were successful following a tender process. Evaluation had taken place to drill down using nationally accredited information and techniques with quality assurance built in.

- What measures were being taken to make access to Sexual Health Services more accessible in circumstances where vulnerable teenagers lived with prudish parents who were against pre-marital sex?

Information was easily accessible. The Voice and Influence survey asked where did teenagers go for sexual health information and the vast majority identified peers, but this information needed to be culturally acceptable with the young people themselves to ensure the right messages and information were passed on. A presentation had

been made on ten week abortions at one of the Strategy Group meetings by two providers and consideration given as to how this information was easily accessible to people and who young people could talk to.

- Some of the indicators were a bit woolly and it would be better to have smarter targets and indicators so that hard information could be interpreted in measuring the impact for good sexual health. If social issues around consent and safe, healthy relationships were not going to be measures within the Strategy should they be left out?

This would be taken on board.

Resolved:- (1) That the refreshed Sexual Health Strategy and the associated action plan be noted.

(2) That school data questions be sent to Children and Young People's Services for a response to be scheduled into the work programme for future discussion.

(3) That the EIA be submitted to Health Select Commission for this Strategy and for any new or refreshed strategies.

(4) That consideration be given by the Sexual Intervention Group to developing a broader and SMART range of performance indicators to measure success.

6. RESPONSE TO THE SCRUTINY WORKSHOP - ADULT RESIDENTIAL AND NURSING CARE HOMES

Further to Minute No. 135 of the Cabinet Meeting held on 15th April, 2019, Nathan Atkinson, Assistant Director, Adult Care, Housing and Public Health, supported by Councillor Roche, Cabinet Member, gave an update on the recommendations and corresponding actions arising from the Scrutiny Review of Residential and Nursing Care Homes for Adults aged over 65.

The purpose of the review was to consider progress in bringing about improvements to safety, quality and effectiveness in the sector as well an opportunity to explore the impact of the Care Homes Support Service as the care home sector was one of the transformation initiatives under the Rotherham Integrated Health and Social Care Place Plan.

The Commission was advised that the Service had not closed any care homes, but three private care homes had closed so in two of these cases people placed by the Council had been withdrawn. One home was re-opening shortly under a new provider but people would not be placed there unless it complied with the Council's standards.

The Council's powers with private care homes were very limited. However, they were monitored under contract compliance and residents removed if there were issues about their care especially with regard to safeguarding. There were also close links with CQC and G.P.'s as every care home had a G.P. linked to them. Wherever possible, good relationships with private care homes were maintained.

In comparison to the rest of Yorkshire, Rotherham did not have a single failing care home, which was an improvement. Work was still taking place to improve the direction of travel towards outstanding and it was pleasing to report that the Cabinet agreed to the recommendations which endorsed current and planned work in this area. Scrutiny were thanked for their work on this review.

All the recommendations were now in place and in recent weeks emails had been circulated to relevant Ward Members to update them on Care Quality Commission (CQC) ratings for homes in their Wards. Detailed briefings were also provided if there were any concerns or if the CQC had been in.

Discussion ensued with the following issues being raised and clarified:-

- Training for staff - how was this being monitored, were there any issues and how was it implemented?

Of the two care homes that were run by the Council, training was provided and monitored. However, in terms of private homes, it was made clear what the requirements were and what steps would be taken if they were not compliant. However, in terms of training, the Council could only suggest, cajole and recommend.

The Council had maintained the training offer for the independent sector. It also had its own services and needed to make sure these were of requisite standard with staff access to training and refreshers. Much was also open to the independent sector but the onus was on organisations to take up that offer. Part of the contract monitoring was to look at where staff were in regard to annual refresher training and any areas for additional training were welcomed or if there were issues identified.

Contract compliance required registered providers to carry out an annual self-assessment that related to the Council's contract, including policies and procedures, staffing and training. Validation work examined the annual training matrix and this was cross referenced against staff records. The Council found that when training had been booked staff had not attended and this was addressed to ensure the non-attenders were charged.

There was regular communication between Contract Compliance Officers and the training team who were available to be contacted for advice, guidance and support. Any issues were addressed to the home manager and a six week period improvement plan put in place to address issues.

The Service annually produced a training programme in consultation with care providers and commissioned on need. There was always an element of flexibility in the programme as not all staff could attend on the dates organised and the trainers did reschedule to get value for money if numbers were low. Attendance at training was booked through Directions internally and all information was made available to providers direct. Training provided externally to the Council had to be ratified and identified through Skills for Care.

Work with the Care Homes Support Service had gone well and the Clinical Quality Advisor undertook a range of audits and the Service then targeted any additional training around the themes where issues have been found. It was confirmed that contractually providers were obliged to pay staff to attend training. Training and Development colleagues would be able to answer questions with regard to the use of Directions.

- Had there been any progress to increase the number of nursing beds within the local provision?

The closure of some nursing homes had seen the reduction in nursing beds, but Greasbrough nursing home would be re-opening shortly with some provision. This was a challenge nationally for the sector in securing nursing staff when competing for agency nurses and driving costs up. There were also challenges around standards as nursing homes tended to have lower CQC ratings than residential. It was the aim with all new providers to steer towards nursing care as there was still substantial over capacity on the residential side.

Pay remained an issue in care homes and some providers had gone bankrupt due to rising costs.

- Training pathways for young people in partnership with local college had been discussed previously.

The Council was involved in work taking place with the Health Education England Skills for Care to develop these. The trainee Nurse Associate course was attracting more people to make a career in nursing. Other work would take place with regard to the new Home Care Service to make careers in the Service a more attractive proposition for younger people.

- Under-provision of nursing care had been mentioned. Were there waiting lists given that there was an excess of residential care?

There were no waiting lists per se but capacity in the system was limited and, for example, as part of the Winter Plan, block buying of nursing beds was often done by Health colleagues. There had never been a situation that did not have a solution within the Borough but there was more provision of residential than nursing beds but much depended upon location. Choice was part of the assessment.

The first choice was always to return a person home, but there could be delays if adaptations were required. There was a redefined pathway for intermediate care and enablement under the principles of Home First to get people back home independently and for them to continue to live in their community.

- What were the current vacancy rates?

There were 1,686 beds across the Borough with a 31.6% vacancy factor, which equated to 84 residential, 92 residential EMI beds, 36 nursing beds and 18 EMI beds.

- With vulnerable children and adults there was the environment for potential abuse and neglect especially when people were not properly trained or paid enough. Was the Council sufficiently confident to spot neglect and abuse at an early stage for families in residential care to ensure issues were picked up quickly.

In terms of older people, there were thirty-four homes in the Borough, of which two were Council-owned. There was regular monitoring from the Local Authority, which was very frequent, along with health professionals who were also going into the care homes, so the eyes and ears were good. Rotherham did not have any inadequate homes as the sector had been proactive in dealing with issues. The number one priority was to work with providers to address some of the concerns and raise standards and there were excellent working relationships with the CQC with joint working and sharing of intelligence to ensure joint visits were effective.

There were often concerns about the potential for abuse in people's own homes and some of the smaller establishments for people under 65 were monitored closely. There were 111 smaller establishments in the Borough and all were monitored.

The CQC did a recent league table relating to quality ratings and Rotherham was third out of fifteen in the Yorkshire and Humber. Everyone was doing their best and, whilst there would still be challenges, the aim was to be a proactive Borough and remain passionate about quality.

- Was anyone talking to residents?

Performance colleagues were resourced to carry out this work and ensure the Service user was heard. There was also free independent advocacy for people which they were encouraged to use and the Service worked closely with Healthwatch Rotherham but did want to get more Service user voice.

- Were there any plans to have a “trip adviser” type review for care homes?

An older people care home guide identified homes available in Rotherham and another explained what a family or resident should be looking for in a care home in order to make the best choice.

- Recognising that work was being developed on Service user voice, could the Select Commission contact Healthwatch Rotherham to ascertain how they captured the Service user voice?
- How was the work of the Quality Board progressing, including the Quality Matters initiative and the Leadership Academy?

Work on the Quality Board was in progress. Plans were in place to expand membership to wider health partners. Quality matters and principles of good contract monitoring were in the Service Plan working on a quality strategy. It was recognised there were real challenges, but progress was on an upward trend and the workforce, availability of quality and adoption of the key principles remained a priority.

- The issue of choice and whether to go back into the home required lots of professionals to work together and evidence showed that was being successful.

Resolved:- (1) That the response to the recommendations of the Scrutiny Review of Residential and Nursing Care Homes for Adults aged over 65 be noted.

(2) That consideration be given to inviting Healthwatch Rotherham to submit a response to the meeting should they be unable to attend.

7. 2018 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Councillor Roche, Cabinet Member, introduced the 2018 independent annual report. For the previous three years, the annual reports had focused on the life course; the 2018 report took a new approach and sought to champion the strengths of Rotherham's local communities and share experiences of what kept its residents healthy, happy and well.

The general public had been asked to submit photographs which showed what kept them healthy, happy and well where they lived. These were then grouped by theme and found that they fell into two main themes – community and the environment – as well as capturing all five of the ‘five ways to wellbeing’.

The 2018 annual report was broken down into chapters on:-

- What does keeping healthy, happy and well in Rotherham mean to you
- Our communities
- Five ways to wellbeing
- What can we do to support health and wellbeing
- Recommendations
- What we will do together
- Progress on last year’s recommendations

The key recommendations in the report were:-

- Consider ‘health and wellbeing’ in the wider context of being influenced by everything around us
- Seek first to understand what is ‘strong’ in our communities and what assets we can build on together to support the health and wellbeing of our residents.

Terri Roche, Director of Public Health, gave a presentation via PowerPoint which highlighted:-

- What does it mean to be healthy in Rotherham?
- Health influencing factors.
- Recommendations – consider health and wellbeing in the wider context, what is strong and what assets can build on together.
- What can be done together?

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

- How was Wickersley chosen to host the loneliness project, when it was thought other areas may have benefitted from the research more?

Multi-agency groups in Wickersley, Dinnington and Maltby explored projects to work on together. The group in Wickersley were aware of issues around loneliness for all services and chose to run with it. Comments on the choice of area and disjointedness would be taken back but loneliness did not demonstrate barriers and it was a factor for all age groups.

- The asset/strengths based approach was positive, as was the five steps to wellbeing being simple and evidence based. This process seemed increasingly disconnected and disjointed when much more impact could be achieved if there was joined up work with adults, community learning and some of the work with older people, neighbourhood working etc. Of concern was the growing level of inequalities in health with the need for discussion on this and how the resources could be targeted at communities who needed them most.

In looking at universal proportionalism and how inequalities could be addressed resources were getting tighter. However, it was time to make a real difference through our good partnership model, with a good Housing Strategy incorporating homelessness, neighbourhood ways of working and robustness in Equality Impact Assessments were building blocks bringing the work together. This was about engaging with communities and using that intelligence in a different way.

- There were inequalities of health and it was appreciated that there was a universal approach, but how could this be driven to encourage others to be connected and for this to link some important areas of work in the community and adult learning. The five ways to wellbeing could be used to target some of the energy and resources in the most deprived areas suffering inequalities.
- The issues were bigger than Public Health and it was more about how a real difference could be made to the community to ensure the most deprived areas were supported.

There were strengths and a weakness in neighbourhood working as it was reliant upon relationships and personalities and there were opportunities and risks. It was about working better together; this was working in some areas, but it could always be better. Some of the work in Paul Walsh's team was more globally working well. In time there was more to scrutinise and to challenge ourselves on health equality in all policies. In the political arena there were opportunities for working differently, for good practice to be shared with a systematic way of working more widely.

- How many volunteers were there as some actions were channelled through areas that had Parish Councils. More broadly, it was about keeping volunteers going including how well the VAR volunteer scheme matched up people and opportunities. It was also about contract monitoring to ensure quality. So how could there be scrutiny of the work being undertaken and how it was being delivered to be equal.

It was not possible to comment on how VAR could be scrutinised, but they were part of the solution. Volunteers did not have to be outside their home to be able to offer valuable support. With the free flow of volunteers it was difficult to control, but different ways of working and

different models sometimes stifled the flow. Some of the MESMAC activity was positive on how they reached people.

When the contract was up for renewal there might be an opportunity for more input around the volunteering scheme and this would be followed up.

- Consideration needed to be given to the best forum for volunteers and the offer and whether there was a role for Scrutiny.
- Wellness schemes only worked if people engaged. Wellness goes to the root, but did require individual citizens to change their own lives. In more deprived neighbourhoods this might be more difficult and somehow citizens had to be motivated and engaged. To what extent would Social Prescribing help to achieve this?

Behavioural changes were challenging in addressing some of the inequalities. There was some reliance on individual experiences, but self-prescribing could work for some people. It was more about societal changes within the environment people lived, worked and played to make them more healthy.

- In terms of the Members' Cycling and Walking Group, what initiatives encouraged people to engage in cycling and walking as a means of getting active and was there a link with cycling with travel and transport planning.

There were many initiatives that encouraged walking with the health walks, the cycling hub located regularly outside Riverside House on a Thursday and staff could also try out the electric bike. There was also a link to active travel and Regeneration and Environment were looking to link the Members' Cycling and Walking Group to the Rotherham Active Partnership.

- The report referred to 13.4% people in Rotherham suffering with depression. How did this compare with other areas or nationally and was it increasing or decreasing over time.

Accurate figures would be provided.

Resolved: - (1) That this Commission's concerns about health inequalities be raised with the Health and Wellbeing Board and the Rotherham Partnership.

(2) That the actions below be supported:-

- Continuing to raise awareness of the 'Five ways to wellbeing' and working together to tackle loneliness and social isolation
- Supporting the continued development and expansion of Social Prescribing as laid out in the NHS Long Term Plan

- Continuing to support healthy work, through initiatives such as the 'working win' trial and promoting uptake of the BeWell@Work workplace award.

8. HEALTHWATCH ROTHERHAM

No issues had been raised.

It was suggested, however, that any written comments be provided when representatives were unable to attend.

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

There were no matters to feedback from the Committee as it had not met since March, 2019.

A further meeting would be scheduled shortly. Options were being developed around the hospital services programme.

10. URGENT BUSINESS

There was no urgent business to report.

11. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday, 11th July, 2019, commencing at 10.00 a.m.

HEALTH SELECT COMMISSION
11th July, 2019

Present:- Councillor Keenan (in the Chair); The Mayor (Councillor Jenny Andrews) Councillors John Turner, Albiston, The Mayor (Councillor Jenny Andrews), Cooksey, R. Elliott, Ellis, Jarvis, Williams, Vjestica and Walsh

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

Apologies for absence were received from Councillor Bird, Tony Clabby (Healthwatch Rotherham) and Robert Parkin (SpeakUp).

The webcast of the Council Meeting can be viewed at:-
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12. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting

13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

14. COMMUNICATIONS

The Chair introduced William Brown from Rotherham Youth Cabinet who was on work experience with the Council.

The Chair formally thanked Councillor Short for his hard work as Vice Chair on the Select Commission.

Improving Lives Select Commission

Councillor Jarvis would supply a written report to be circulated to the Select Commission Members.

Hyper Acute Stroke Care

The changes to the Service were being implemented with patients going to one of the three hub hospitals for the Hyper Acute phase. Additional staff had been recruited to manage the increased numbers of patients in the hubs.

Integrated Discharge Team

The joint team, which comprised staff from RMBC and Rotherham Hospital, had won an award in Acute Service redesign for their work in ensuring care and support were in place for patients on their discharge from hospital. Three other teams at the Hospital had also been commended at the awards.

15. MONITORING REPORT ON DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICES

Anne Charlesworth, Head of Public Health Commissioning, Joy Ainsworth, Deputy Director CGL North East and Michaela Bateman, Associate Nurse Director for the Rotherham Care Group, Rotherham Doncaster and South Humber (RDaSH) delivered the following presentation:-

Original purpose of scrutiny spotlight review

“To ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract”

Specific updates from the commissioning perspective

- CGL were still having monthly Performance and Quality meetings with Public Health to ensure transparency of performance, look at serious incidents and ensure implementation of recommendations of CQC Report.
- After the CQC inspection delivered its findings of ‘Requires Improvement’ a joint report was produced with Bradford Services, but this was amended to have a Rotherham specific report to enable specific Rotherham improvements.
- ‘Requires Improvement’ was due to issues in at least two areas, and some related to building specific concerns which had been rectified. CGL had an internal team that prepared for CQC and were expecting a return visit this year.

By the end of August all tasks that had been identified by the CQC should have been completed. With regards to the concerns around the building, the CQC inspectors were used to looking at secure mental health facilities where the standard was different rather than community-based drugs and alcohol services.

- There were several performance areas of concern – ‘exits’ generally. Non-opiate exits were under particularly scrutiny as it may have received less focus due to a push to improve opiate exits.
- Alcohol pathways needed more work, as did keeping the number of patients flowing through into Shared Care as Rotherham had quite a tight target for making sure as many patients as possible were with their own GP.
- Original predictions were that it would take 18 months to see any real improvement with regard to opiate exits due to the clinical time required to change long term care packages. Rotherham was still within that timeframe, but a close eye was being kept on progress.

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- Despite looking for trends and patterns in the deaths information, no clear picture was emerging as yet. The overview of deaths in service were being built into the Strategic Suicide Review Group, chaired by the Strategic Director for Adult Social Care and Health to ensure strategic oversight.
- Pre-tender soft market testing was now taking place regularly – a recent example was Children's Weight Management, as a result of which the approach was changed significantly.

Service Perspective from CGL

Background – CGL Rotherham

April 2018

- ✓ Fully integrated Drug and Alcohol Services
- ✓ Shared Care provision - 24 GPs/46 % of Service users
- ✓ Pharmacy Contracts for Supervised Consumption and Needle Exchange – 28 pharmacies

Service Users

1,537 clients entered structured treatment April 2018-March 2019 (NDTMS)

- ❑ 1,018 opiate users (66%) – National average 52%
- ❑ 361 alcohol clients (23%) – National average 29%
- ❑ 103 Non-opiate or crack users (Non-OCU) (7%) – National average 9%
- ❑ 55 Non-OCU & Alcohol clients (4%) – National average 10%

891 clients were recorded as receiving a brief intervention equalling a total of 2,428 people who had engaged with CGL Rotherham in the first year. A brief intervention was someone who did not require access to a service but required advice and information on substance or alcohol use.

Graphs and Pie Charts

- Opiate Successful Completions (Public Health Outcome Framework - PHOF)
- Opiate Successful Completions May 2019 (CGL Data)
- Opiate Representation Rates May 2019 (CGL Data)
- Non Opiate Successful Completion Rates May 2019
- Rotherham: Expected and Unexpected Deaths

The target for opiate exits in the first year was an increase of 1.5%. Successful completions were going in the right direction with representations remaining low and the PHOF indicator would catch up.

Targeted work with all Service users on low doses of medication was taking place. Staff completed a detox readiness tool and, through their medically assisted treatment modules on the case management system, identified the cohort of people that were ready to reduce and would be the next people to successfully leave the Service.

Expected deaths tended to be deaths of service users with really complex health issues and who had an end of life care package in Hospital, not through an overdose.

Drug Related Deaths - Reporting, Investigating, Shared Learning Reporting

- Incident Reporting Framework
- CQC Notification process
- Commissioner Notification

Investigating

- Death Learning Tool – all deaths
- Collaborative Approach, shared timelines

Learning

- Internal - Integrated Governance
- Collaborative - Death Review Meeting, Suicide Prevention Group, Loss of Life Forum

Actions in Rotherham to reduce drug related deaths

- ✓ Accessible Services
- ✓ Evidence based Clinical interventions
- ✓ Continued roll out of Naloxone to those most at risk via pharmacists/GPs/housing providers
- ✓ Blood Borne Virus (BBV) Testing to all Service users in Rotherham;
- ✓ Smoking Cessation via Get Healthy Rotherham.
- ✓ Multi-Agency Working and Shared Learning: Death Review Panel, Suicide Prevention Group, Loss of Life Forum
- ✓ Development of a Dual Diagnosis pathway

Dual Diagnosis Pathway – RDaSH and CGL

Purpose

- To improve care and outcomes for Service Users with both drug/alcohol and mental health issues.
- To improve access to both Services
- To reduce duplication during assessment process
- To ensure Service users/patients received the interventions they needed in a timely way

What do we know about our Service Users?

- High percentage of SU's accessing both Services
- Many requiring input from Mental Health and Drugs and Alcohol Services due to complexity
- An ageing opiate using population with co-morbidity issues

Strengths

- Expertise across both Services
- Commitment to improving the way we work
- Services were passionate and Service user-focussed
- Familiar relationship between staff in both Services

Barriers

- Lack of co-ordinated approach/joined up care
- Different referrals/paperwork
- Different Data Systems
- Limited joint training

January-March 2019

- ✓ Dual Diagnosis pathway jointly developed and agreed between CGL and RDaSH

Pathway includes:

- Clarity around who co-ordinates care
- Process for escalation, joint ownership and training
- Mutually agreed Service Access

May 2019

- ✓ Training rolled out jointly between CGL and RDaSH to all relevant Mental Health and Substance Misuse Staff
- ✓ Champions from each Service self-nominated to lead on embedding the pathway
- ✓ Joint focus group established to continually monitor pathway effectiveness

40 staff attended and their engagement was really positive with a clear drive and willingness to work more effectively together to support the Service user population. One of the most positive aspects was setting up Champions meetings and groups with staff from both organisations and from different parts of RDaSH to look at joint shared learning on current issues in terms of the local footprint and how to best support people. Some of that progressed on to reflective practice work and how to share referrals in a more timely manner rather than through a traditional system through front-end services. Basic work took place on sharing contact details for both Services and attending each other's team meetings and Service meetings to provide an update on the respective footprints in terms of both Services at the time.

Copies of CGL's annual report had been circulated to Members which included more information around Service activity. The Dual Diagnosis Pathway flowchart and decision making matrix were also shared.

Members explored a number of issues following the presentation:-

- Changes from joint training and working arrangements were very recent, so how quickly would Service users see the effects of those changes?
 - Some were virtually instantaneous, such as direct communication elements and knowing where to seek information and support. If a member of CGL staff felt someone needed mental health input or assessment with this quicker pathway, staff would know how to access that information.

- Staff had been saying they did not have a really clear escalation process from substance misuse to mental health and vice versa, so that was now agreed and in place for staff to refer to. If there were any sticking points or barriers, or somebody felt the pathway was not working/a Service user was unable to go through the pathway as intended, the Champions would act as the point of contact to escalate the issue to either Joy or Michaela so they could understand the issue in more detail. People would see small changes soon and then once embedded it would be standard practice.
- Non-opiate successful completion rates - what was classed as successful and what were the reasons for the differential between successful completions in Rotherham and nationally, which was a concern? Did other areas use the same model of intervention?
 - Successful completions were measured on an 18 month rolling basis and re-presentations were over 6 months. It was not the same cohort of people who left and came back because of the different time spans in the data. Services counted everybody who left over a period of time and then checked on an individual basis if they came back. If a person left and then came back in 6 months that would be an unsuccessful exit and would not be counted as a successful completion. As this was the first year it was difficult with the data but the difference over 2 years would be measured in the light blue indicator from the PHOF.
 - Engagement work had been undertaken and Rotherham had a really small number of non-opiate users who accessed structured treatment. CGL had carried out a number of brief interventions with people who were not in structured treatment, as seen on the slide earlier, but did look to identify people who would benefit from structured treatment to engage and therefore improve the exits.
 - People came into Services who were not opiate users and who might be cannabis/spice/prescription drug users; anything that was not an opiate. For the last 20 years the Service had typically been dominated by opiate use, for which there was a very recognisable structured treatment in Methadone. Rotherham traditionally had had very low numbers of Crack and Cocaine users and lower numbers, for example, of users injecting Amphetamine, as seen in other areas of the country. Typically Rotherham had people who were unsure whether they wanted to come into structured treatment or not or for the more psychological treatments offered e.g. for Cannabis or Spice use. Nationally, it was more recognised that if somebody was involved in Crack Cocaine then escalation into difficulties in other areas of their life became very rapid, so in some ways it was easier to bring structure there than for somebody who was periodically using Cannabis and fairly undecided whether they wanted treatment or not. Thus in some ways, because the number of

presentations for this type of treatment was low, it was harder to achieve a good response rate but this was being looked at as something to improve on.

- CGL had recently implemented a specific psychosocial intervention package for non-opiate users within Rotherham, obtained from other services. The specific package was based on their substance of choice, as, for example, work with a Cannabis user would be different to how the Service would work with an Amphetamine user. As the packages had been rolled out very recently within the Service the impact had not yet been seen.
- Characteristics of Naloxone - what did it do and how successful was it? What did it mean that those most at risk could obtain it via a pharmacist, GP or housing provider?
 - Naloxone was quite a novel drug and had only been available in Rotherham since April of last year. Services had never had anything like Naloxone before that was as easy to administer, including by non-medical staff, which could bring someone back from an overdose. A recent example was a kit in one of Rotherham's housing providers where a couple of people living there were felt to be at risk of overdose. Having that kit available for non-medical staff to use, including some security staff who operated in some of those housing accommodations, was a means of giving a faster first response than an ambulance could get there because it would bring someone back from overdose. Obviously there was a role for a Naloxone kit to be given to family members if they had an opiate user in the family and were worried they might overdose.
 - Naloxone basically reversed the effects of opiates, so whereas before someone would call an ambulance and a paramedic would come and administer an equivalent to the Naloxone, once people were trained it was very easy to administer and quicker. CGL trained staff, family members and anybody who might come into contact with someone in this situation so they could use and administer Naloxone. It did save lives and nationally CGL had recorded that it had saved hundreds of lives. Naloxone was being made available nationally in police cells because of the risk that someone might come into police custody or in prison. It reversed the overdose effect initially but the person would still need medical attention as opiates were still in their system so they could not go out and use again straight away without experiencing a really negative impact. People would be given that advice once it had been administered.
- Borough-wide figures for expected and unexpected deaths – were these broken down by the Service, for example by Ward, to spot any local patterns or trends within a specific area and then responded to proactively target any specific issues?

- Although they seemed large numbers, they were relatively small for services to start to break down, with a risk that it might make Service users identifiable. They would be looked at in the detail of the review. For example, checking addresses to make sure it was not people in close proximity to one another as there might be a connection/knew each other or had a relationship. No emerging trends had been identified but Services were second in that process after the Coroner whose job it was to look at that in great detail.
- Was there specific learning from each case even if some may have looked similar?
 - Every death was investigated separately and the learning shared separately even though trends and themes were looked for. No staff member would be investigating 2 deaths at the same time although they might involve some of the same people e.g. if it was the same prescriber that was involved. Learning from each death informed Service quality improvement plans, not just around the themes of deaths but the themes around improving Service quality as a whole.
- Contacts - had there been any delays when the new Service commenced or were there pathways in place if someone presented with depression or suicidal ideation?
 - Everybody who was with the RDaSH Substance Misuse Service on the 31st March automatically transferred on 1st April, so their case went live immediately. It was a seamless transfer for everyone in Service at the time. The dual diagnosis pathway had been implemented recently and before there had been a process of staff individually making contact and making a referral through to the other Service in the same way as others such as a GP would. The pathway had been there but was less responsive and not as quick to access. Staff in CGL could now bypass some of that lengthy pathway because they already had a Mental Health Assessment which RDaSH would accept, remembering that the CGL service had a consultant psychiatrist.
- At the last meeting, Members learned that a pharmacy had withdrawn from providing the prescription drugs and this meant some people had to travel a lot further. Had that been looked at since?
 - This had been the unexpected closure of the pharmacy at the Community Health Centre from which a high number of substance misuse service users picked up their prescriptions. The pharmacy gave the minimum term of legal notice to NHS England. All those Service users were successfully relocated, with the majority not needing to travel very far having gone to a pharmacy near the old football stadium which offered the same flexibility in terms of opening hours. In the end it was useful because it led to reviews with all Service users to check if this was still the best place for them to go.

- Regarding the low positive Service exit rate, was there confidence in achieving where we needed to go. Offset against this it was positive that Rotherham maintained success longer than the national picture, so what was being done differently here?
 - On transition to CGL the first priority was to have a safe service so that all drug-users transferred safely to the new Service provider. It was reassuring that once people were leaving the Service they were not re-presenting; if the re-presentation rate had been higher that would have been more of a concern. The Commissioning Officer visited the Service several times a month, met with Service Managers monthly and reviewed the Service Improvement Plan in great detail. Clinical tools to determine which Service users were most recovery ready had been introduced in a safe manner. Rotherham had a legacy of Methadone users who were concerned that if they gave up their Methadone the Methadone offered a second time around might not be as good because the ethos around Methadone had changed. It was a difficult task but the tools used by CGL showed some slight improvement and it would be more concerning if exit numbers were doubling in case this meant people were leaving treatment too early. Any issues raised by GPs were considered and as almost half the client group had care with their own GP that provided assurance their care was safe. CGL and the GP jointly agreed the best course of action for each Service user.
 - The number in shared care could act against us because as people were receiving long term care from their GP, they were quite comfortable. Many were in work and had had their children returned to live with them and were stable and safe and, therefore, not exposed to the recovery community at Carnson House. In the longer term it might be a case that more people would have to be brought in centrally to get them talking around recovery.
- With regards to the dual diagnosis pathway, domestic abuse did not feature despite the close links between mental health, domestic abuse and drug use in terms of being quite a toxic trio. Was that something that could be looked at going forward and why had it not appeared as a risk factor, even in terms of family history.
 - The pathway included a sheet for staff for escalation between Substance Misuse and Mental Health Services and behind that sat a full assessment that would ask about domestic abuse, which was a priority. The escalation risk matrix was taken from national guidance and was not a standalone document but one supported by a range of assessments and information about the whole picture around that person.

- From an RDaSH perspective, if they were providing advice, support or conducting any assessment, that would definitely be a key feature and they had really positive links with the 3 non-statutory organisations in Rotherham so there were very clear pathways. Going forward in terms of the Champions' work, discussion had taken place with the Trauma and Resilience Service staff to look at embedding some of that work. The pathway was a starting point and would develop to incorporate many non-statutory organisations within it for that whole breadth of knowledge and experience to support anybody along their journey.
- What was the routine questioning and data collection around domestic abuse?
 - At CGL when questions were asked at assessment that would be recorded on their system. It was not something routinely asked about by commissioners but the facility was there to ask CGL specifically about their current caseload, to make sure that section was completed and to ask how many people had disclosed domestic abuse. Usually it was a relatively low figure in terms of numbers coming in to Service but did form part of the assessment.
 - CGL undertook full risk reviews which captured that information in a separate module on the database. They also had a designated Safeguarding lead in the Service who had links with the Domestic Abuse Services and could also people who had experienced domestic abuse.
- It would be good to make sure the pathways were really clear and in place and to develop our understanding about the inter-connectivity and complexity of people's lives and what their most pressing issue was at that time.
- Some measures described in the slides were not very specific and talked in general terms about reduction or improvement. Were these more specific in the action plans and were people content with the rate of improvement?
 - The 1.5% improvement target on Opiate exits had not been reached by CGL in the first 12 months of the contract, so they had been asked to roll that requirement forward into the next year, which would make year two of the contract delivery more challenging. The current rate of improvement showed the number of Opiate exits were going up and had been for the last 3 months. It was hoped this improvement seen at Service level would be borne out in the national end of year data from NDTMS. It was difficult to do anything other than compare itself with neighbouring areas because strictly speaking there could not be an enforceable target. When Opiate exit recovery was first talked about, some areas set very high targets for Services and Public Health England had concerns as the only sure fire

way to get someone off Opiate use was to stop their prescription, which would lead to high rates of re-presentation. The performance improvement plans demonstrated that CGL were doing all the right things based on good practice from elsewhere in the country. Not meeting the target was disappointing but it was felt that it would happen and officers knew it would take time to change the culture.

- Was there confidence in being able to meet the target in year 2 after incorporating the deficit from year one?
 - There was an absolute number that the Service would have needed to meet to get the 1.5% increase last year and Services were actually working with all the people that would be the target group but they were just not ready to leave yet. Looking at the overall number of people who were prescribed in Rotherham, it was right to be ambitious because the Service was so far behind the national picture that it had to keep pushing to get somewhere near it. It had been the case for too long that people on Methadone in Rotherham were less likely to exit than in other places in the country. There was no reason for that other than cultural history around Service users getting a Methadone offer and sticking fast to their prescriptions. CGL had been very keen to work with the Service and in other areas had pushed the rate up quite quickly from 3.5% to 7%. The tools used in some other areas were the same ones being implemented here and as they had worked elsewhere that gave the confidence, coupled with a detailed Service Improvement Plan that adhered to national guidance.
- Was it possible to separate out historical cases from ones coming through more recently or which were not so embedded.
 - The longer somebody stayed on a prescription the more difficult it was for them to exit treatment. When the recovery process started about 5 years ago the average length of stay on a Methadone prescription in Rotherham was around 6 years and if people had not left the average grew longer every year. For someone starting a method of substitution prescription today it would be a different offer to the one 5 years ago, with people now quicker to come into Service, become stabilised, reduce and go back out. It was the legacy numbers that were the most difficult and linked back to the earlier point about GP care and shared care. People's general health had improved as a result as they could have all their other health issues sorted out. Rotherham had an ageing drug-using population with people now in their forties and fifties so it got more difficult with every year. The aim was to get somewhere in the region of statistical neighbours and the national position and to make sure everybody had had that offer in the Service and to understand that recovery was possible.

Councillor Roche, Cabinet Member, reminded Members that CGL had come into Rotherham at very short notice to establish a “holding service” when Lifeline, the previous provider of recovery services, entered administration. They had made a good start but things needed some time to bed in. They were moving in the right direction but the figures needed to improve.

Resolved:- (1) To note the information provided with regard to progress on the outstanding recommendations from the spotlight review.

(2) To note current performance and service developments in the Drug and Alcohol Treatment and Recovery Service.

(3) To be updated on pathway developments to include wider issues such as domestic abuse.

William Brown assumed the Chair for the following agenda item.

16. HEALTH SELECT COMMISSION WORK PROGRAMME 2019-20

Janet Spurling, Scrutiny Officer, submitted the final draft of the Select Commission’s work programme for the 2019/20 Municipal Year.

The overall priorities for the Select Commission for 2019/20 included:-

- Rotherham Integrated Health and Social Care Place Plan
- Adult Social Care - performance and development (in conjunction with Overview and Scrutiny Management Board)
- Autism Strategy and Diagnosis Pathway
- Social and Emotional Mental Health
- Sexual Health
- Developments in Primary Care
- Health and Wellbeing Strategy implementation
- South Yorkshire and Bassetlaw Integrated Care System – NHS transformation (Joint Health Overview and Scrutiny Committee)
- Monitoring past reviews

Appendix 1 of the report submitted showed the schedule to date for agenda items and sub-group meetings, with a small number of Adult Care items still to be scheduled.

Appendix 2 set out the proposed membership for each of the NHS Trust Quality Account Sub Groups and the Performance Sub-Group for consideration. The membership was based on the previous year’s membership to retain the knowledge developed by Members of those Health partners’ services.

With regard to the Health Select Commission undertaking a review on gambling/gaming, liaison would take place with the Cabinet Member and Director of Public Health (Minute No. 4 Health and Wellbeing Board) This

would ensure added value and avoid duplication with work currently taking place on Harmful Gambling.

The Commission had agreed to hold a single session on the national Adult Social Care Outcomes Framework once the final data and benchmarking was available rather than 2 sessions, which would free up a sub-group meeting to look at another area of performance.

Members asked when an update on progress with My Front Door would be considered. A Member seminar on July 16th would cover progress with Oaks Day Centre and lessons learned and, following full evaluation, a further update could probably be scheduled from October, including plans for respite.

It was suggested that inequalities in health in Rotherham, and whether enough was being done in Rotherham to address those issues, could be a possible spotlight review in 2020-21. This was acknowledged as an important issue and attention was drawn to the ensuing agenda item on Primary Care Networks where one of the national workstreams coming on board would be addressing health and economic inequalities, which might provide an opportunity to link in with Services such as Planning and Housing that also influenced health inequalities. Councillor Roche welcomed the suggestion for the Commission to look at the work of the Health and Wellbeing Board in this area as it was one of the Board's 2 main priorities, together with the work of Primary Care.

Ward profiles, which had been introduced through the Health and Wellbeing Board to support work on early intervention, were being refreshed and would soon be available with detailed information on each Ward with regard to health inequalities.

Resolved:- (1) That the draft work programme for the 2019/20 Municipal Year be approved.

(2) That the proposed membership for the Quality Account Sub-Groups and Performance Sub-Group for 2019/20 be as follows:-

Rotherham Doncaster and South Humber (RDaSH)

Councillors Keenan (Chair), Andrews, Ellis, Jarvis, John Turner and Walsh

plus Councillor Brookes or Councillor Yasseen (to be confirmed)

Rotherham Hospital

To be confirmed - Councillor Keenan or Vice Chair to Chair

Councillors Albiston, Bird, Cooksey, R. Elliott, Vjestica and Williams

Yorkshire Ambulance Service

Councillors Keenan (Chair), Vice Chair, Councillors Evans and Wilson

plus Councillor Brookes or Councillor Yasseen (to be confirmed)

Performance

Councillors Keenan (Chair), Bird, R. Elliott and Ellis

The Mayor (Councillor Andrews) and Councillor Jarvis to be confirmed

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

Cllr Keenan re-assumed the Chair of the meeting.

17. INVESTMENT AND EVOLUTION - PRIMARY CARE AND DEVELOPING ROTHERHAM COMMUNITY HEALTH CENTRE

Jacqui Tuffnell, Head of Commissioning NHS Rotherham CCG, gave presentations on Primary Care and Developing Rotherham Community Health Centre as follows:-

Investment and Evolution – Primary Care

NHS Long Term Plan: Overview

Published in January 2019

Sets out the key ambitions for the NHS over the next 10 years

Produced in response to a new five- year funding settlement

- 1 New Service Model
- 2 Prevention and Health Equality
- 3 Care Quality and Outcome Improvement
- 4 Workforce Pressures
- 5 Technology
- 6 Sustainable Financial Plan
- 7 Next Steps

A New Service Model for the 21st Century

Five major changes to the NHS service model:

- Boosting 'out-of-hospital' care and finally dissolving the historic divide between Primary and Community Health Services
- Redesigning and reducing pressure on emergency Hospital Services
- People will get more control over their own health, and more personalised care when they need it
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere - in relation to concerns about health inequality population it was about making sure the population's health would be managed appropriately.

What this means

- Urgent Community Response and Recovery Services – integrated rapid response and care home liaison
- Primary Care Networks of Primary and Community Teams – localities now in place renamed PCNs and strengthened
- Guaranteed NHS support for care homes - already had care home alignment with GP practices so one GP practice tended to look after a care home instead of everybody being assigned to different care homes, getting different levels of care and it being reactive instead of proactive
- Supporting people to age well – right support services when needed
- Increasing patient choice
- Same day emergency care – ensuring people were in and out of hospital on the same day by increasing the kind of conditions managed within a 24 hour period so people went back home
- Personalised care when needed
- Reducing delays in patients going home
- Digitalisation of Primary and Outpatient care
- Integrated Care systems everywhere by 2021 – focussing on population health

Rotherham already had some of these Services, therefore, the long-term plan did not bring any big surprises in relation to the direction of travel already taken.

Investment and Evolution: A Five Year Framework for GP Contract Reform to implement to NHS Long Term Plan

- Introduces automatic entitlement to a new Primary Care Network Contract
- Gives five-year funding clarity and certainty for practices

This was quite significant in relation to how GP practice currently operated. It had not been expected to be so clear on the expectations in relation to how Primary Care would change.

The Vision for Primary Care Networks (PCNs)

- The key building block of the [NHS long-term plan](#)
- All GP practices in geographical based PCNs with populations of around 30,000–50,000 patients - < 30,000 probably too small to be able to provide shared services across the network and ensure you could almost share staff/back-office staff as well between practices. > 50,000 would start to get a little too big
- Intended to dissolve the historic divide between Primary and Community Medical Services – latter ultimately provided from PCNs with leadership arrangements changed not necessarily contractual
- Proposals from practices submitted and agreed in May 2019 by CCG
- Small enough to provide valued personal care;
- Large enough to work with other practices and organisations
- General practices working at scale together, to

- recruit and retain staff;
- manage financial and estates pressures;
- provide a wider range of services to patients
- integrate with the wider health and care system.

What will PCNs do?

They would be more flexible in relation to how they would operate in terms of providing care for generally healthy people. Some practices had only a 1,400 population and were starting to struggle in terms of resource for the wider remit of care expected from general practice. As part of that Network somebody else might provide the more complex care on their behalf for a particular patient. Some practices did not have any female GPs or male GPs and some people only wanted to see a female GP or a male GP, so it was to provide that support to ensure the population got the appropriate care and also enabling patients.

- Provide care in different ways to meet different needs, e.g.
 - flexible access to advice and support for generally healthy people
 - joined up care for those with complex conditions
- focus on prevention and personalised care,
 - supporting patients to make informed decisions
 - to look after their own health
 - connecting patients with statutory and voluntary services
- provide a wider range of services through a wider set of five funded staff roles i.e.
 - First Contact Physiotherapy, Associate Physician, Paramedic
 - extended access
 - Social Prescribing (100% funding, others 70%)
- deliver 7 national Service specifications.
 - 5 would start by April 2020: Structured medication reviews, enhanced health in care homes, anticipatory care, personalised care & supporting earlier cancer diagnosis
 - 2 would start by 2021: Tackling local health inequalities, CVD case finding
- join up the delivery of urgent care in the community
- Be responsible for providing enhanced access services and extended hours requirements
- Publication of GP activity and waiting times data alongside hospital data
 - New measure of patient-reported experience of access

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- Will be the base for:
 - integrated community-based teams
 - Community and Mental Health Services
- will consider population health,
 - from 2020/21, will identify people who would benefit from targeted, proactive support.
- will represent Primary Care in integrated care systems, through the Accountable Clinical Directors from each Network

How will the funding work

Practices have to be part of the network to receive payments, which will include:

- Separate national funding for digital-first support from April 2021
- Funding for additional roles to support general practice: Clinical Pharmacists and Social Prescribing Link Workers in 2019/20,
- funding for physiotherapists, physician associates and paramedics to follow (worked through in terms of the numbers being trained and supported)

PCN Accountability

- Practices were accountable to commissioners for the delivery of Network services.
- A legally binding agreement
- An accountable clinical director for each Network
- Publication of GP activity and waiting times data alongside Hospital data
- New measure of patient-reported experience of access

Benefits for Patients

- More co-ordinated services; where patients do not have to repeat information many times (Rotherham Health Record)
- Access to a wider range of professionals in the community – patient education needed to explain for example how physiotherapists had greater experience on musculo-skeletal (MSK) issues than GPs)
- Appointments that work around patients' lives; shorter waits & treatment and advice delivered through digital, telephone and face to face
- More influence when people want it, with more power over how Health and Care Services were planned and managed
- Personalisation and a focus on prevention and living healthily

Benefits for Practices and the Wider Health System

- Greater resilience; using shared staff, buildings and other resources to balance capacity and demand
- Better work life balance
- More satisfying work; each professional able to do what they do best
- Improved care and treatment for patients,

- Greater influence on the wider health system
- Better co-operation and co-ordination across services
- Wider range of services in community settings, meaning patients do not default to Acute Services – for example DVT this year
- Using the expertise in Primary Care on local populations to inform system-wide decisions and how resources were allocated – Housing and Social Care involvement expected in understanding health impacts for our population and what we can do better together

Rotherham Primary care Networks

6 Primary Care Networks all over 30,000 population:

- Health Village/Dearne Valley PCN - Clifton Medical Centre, Crown Street Surgery, Market Surgery, St. Ann's Medical Centre
- Maltby Wickersley PCN - Morthern Road Group Practice, Wickersley Health Centre, Manor Field Surgery, Blyth Road Medical Centre, Braithwell Road Surgery, Queen's Medical Centre
- Raven PCN -Gateway Primary Care, Treeton Medical Centre, Stag Medical Centre and Rose Court Surgery, Brinsworth and Whiston Medical Centre, Thorpe Hesley Surgery
- Rother Valley South PCN - Dinnington Group Practice, Village Surgery, Swallownest Health Centre, Kiveton Park Medical Centre
- Rotherham Central North PCN - Greenside Surgery, Woodstock Bower Group Practice, Greasbrough Medical Centre, Broom Lane Medical Centre, Broom Valley Surgery
- Wentworth 1 PCN - Magna Group Practice, High Street – Rawmarsh, Parkgate Medical Centre, Shakespeare Road, York Road Surgery, Rawmarsh Health Centre

A number of the Clinical Directors had been in this system and supported either CCG projects or were Deputy Chairs of Committees. However, others were new to undertaking this type of work so there would be development programmes, both national and local, as this was a big ask for Primary Care in what they were being asked to do in terms of change.

- We would all welcome people being treated in the community rather than being in a hospital, but how confident were you that the out of hospital services could cope as in some areas a lack of trained staff has been reported for example.
 - It was about being cleverer in terms of utilising and bringing resources together and losing the divide that currently existed because of employment, although a lot was already happening. Staff would do things such as take bloods because they were already with the patient or this could be done in general practice rather than patients returning to the hospital as before. Work currently happening included understanding the Home First model and ensuring the right resources were in place for this.
- On communications, an officer attended a Ward event to talk about the Rotherham App and people were very impressed. Had it been rolled out well enough and did people know about it? Surgeries did

not seem to offer appointments at the hubs and previously the Select Commission had suggested that surgeries could play a recorded message when people were holding on the phone alerting them to the option to go elsewhere, so could that be considered.

- Regarding the app, the CCG were working with practices in relation to the release of the appointments. This had held them up as they did not want large scale communication when practices had not actually enabled the appointments yet. The marketing plan included going to big companies in Rotherham and the Council to make sure they knew about it and would hopefully send messages in turn so that everyone knew about the app. The CCG wished to ensure that every single practice released that 25% capacity so people could see there was an appointment, see extended access and see that you could have a Physio First appointment. These would all be bookable but needed to be up on the app so no-one would be disappointed.
 - The phone message suggestion could be taken back and as practices tended to use one company across Rotherham it should be quite easy to do.
-
- What had been the geographic rationale for the grouping of practices into Primary Care Networks as they did not seem to follow natural communities.
 - A lot did and they were predominantly based on how the district nursing structure. Thorpe Hesley did not really fit with Raven but as it would soon become part of the Gateway Primary Care grouping that had been done immediately thinking ahead.
 - The idea of amalgamating Primary Care into bigger entities made perfect sense, so why not just merge the practices.
 - For GMS practices a lifetime guarantee existed in essence that there would be no change to how they operated so the CCG had to negotiate to make any changes and a merger could not be enforced on a practice.
 - First Contact Physiotherapy - what would that service look like.
 - First contact physios were not physiotherapists providing actual physiotherapy; they were doing the diagnosis/assessment that would have been done by a GP if a patient had gone to them with a MSK issue. They would sort immediate pain relief and determine whether additional physiotherapy was required or referral to the hospital. They could also provide physiotherapy leaflets.
 - The Primary Care Network names seemed rather odd, for example having Rother Valley South but not having Rother Valley North and also Rotherham Central North but not Rotherham Central or Rotherham Central South, so did these need another look.
 - The Networks determined the names, some of which were just historical but all were recognisable other than Raven.

- What were the advantages of links with other Services, particularly between Primary Care and Adult Social Care, for the older person?
 - Social Workers would not be seen out in PCNs but staff in RDaSH and the Council had been digitally enabled to be able to link in with MDT discussions without all being in the same room unless they really needed to be.
- Tackling health inequalities - how would links be made with other departments such as Housing.
 - This was probably one of the most significant changes in General Practice in 70 years, so the first thing they needed to do was work together as GPs. They all knew each other but had never had to share resources or how they operated and it probably meant changing their operating models to align together. One joint bank account had been set up for the monies coming in for Primary Care Networks. So without wishing to push too quickly in relation to developing these, the expectation was that it would bring all that care together having those conversations rather than it just being one individual GP trying to resolve things.
- Would there be consistency of care for older people who might go into residential care and have to change their General Practice because they no longer lived in the area covered by the Practice, and would that reduce their choice and control.
 - When care homes were aligned people were not told that they would have to change Practice but they started to see that people who were all connected to that Practice were getting a different service to them. No significant change in relation to care homes was anticipated from the PCNs as they had already aligned. As new people went into care homes they could still choose to remain with their current GP but most of them chose to move.
- We needed to build more engagement into this model, with patients and people in the community. Are we taking choice away from people about where they go for care? Other concerns were early intervention picking up cancers early and how waiting times for GPs would be measured.
- What about holistic care rather than treating individual things? Could medication reviews be done over the telephone rather than taking up an appointment, unless bloods were needed, and then people who wanted to see a GP might be more able to see one? How would this model enable Practices to recruit GPs who were holistic and had often known families for years and had more background knowledge? There were reports that Practices were unable to recruit GPs and if that became a growing issue could it destabilise the model or would it exist with the other provision.

- In terms of holistic care the concerns were recognised but there were not enough GPs, which meant supplementing the workforce. Pharmacists would not detract from holistic care as they would be working within the Practices not remote from them and for some PCNs it would be almost one per Practice. Next year's funding was for 36 additional posts for Rotherham and by year 5 there would be about 100 extra people working in General Practice in those new types of role. As a number of pharmacists already worked in Practices, the benefits for patients and the Practice were known, including freeing up GPs to spend longer with patients who needed more time. Physio First had been in place for a year and freed up significant time for the GPs and the numbers referred into secondary care had levelled off after a huge hike nationally in terms of the numbers going to physio.
- The biggest benefit has been people getting an appointment within 24 hours if prepared to go anywhere in Rotherham to one of the hubs. Patients could be seen the next day for Physio First when they could have waited 2 or 3 days to see their GP and are often getting earlier resolution. It was a dilemma in relation to how you ensured holistic care, but by having those regular MDT discussions there was wider understanding of what was happening with that patient and with that family.
- The other point was who would be screening patients, as currently this was done by non-medical receptionists in some Practices, and was it in the plan.
 - A number of receptionists from the Practices had been trained in relation to care navigation so the message already on the systems from the lead GP said that people would be asked a number of questions. That was to ensure people went to the right services. This had been supported by customer care training around how the questions were handled and people being treated courteously. More care navigation was likely to happen.
- Regarding the proposals that were submitted and agreed in May, would the Commission be able to have a summary of the content.
 - Yes, it was available publicly.
- Would this create parity across the Borough.
 - A lot of work had taken place in relation to ensuring a consistency of offer around the population. There were mandated local enhanced services so that wherever patients were they should get the same level of service and the same offer. Minor surgery and Dermatology happened across the Borough but there was a view that some Practices, particularly the single-handed practices, would gain by being able to check out what they were actually delivering. The big Practices held

regular sessions where they review each other in relation to what they had done with patients so that was expected to happen more globally now in the Networks. The data used would be the population health data which would pinpoint areas where more support might be needed and that was how achieving parity was expected.

- Would extended hours and access go beyond what was currently in place through the hubs.
 - Currently 132 hours per week were available and work would take place in relation to the offer. Very little use was made of Sunday appointments still yet the Hospital was under pressure on Sundays. It was a case of bringing those offers together and might mean the hours available would not need to increase, although it centred on providing what was required in terms of access into the system and some would say in-hours provision required boosting up.

Rotherham Community Health Centre

- Rotherham Community Health Centre – purpose built to house the walk-in centre, GP practice, Dental Services and Community/Outpatient facilities, already included quite a lot of therapy
- Services had changed resulting in 2/3rds of the Centre now being empty – clear feedback from our population that it needs to be better utilised

The Walk-in Centre had in essence been amalgamated within the Urgent and Emergency Care Centre although with a slightly different offer and diagnostics were difficult to provide from the Centre so were now provided on the main Hospital site.

What will work best for the Centre and our population?

- 5 options considered - CCG worked with its estates and advisers across our community and undertook a One Estate Review as well, including the Council, RDaSH and the Hospital.
- Recommended option to relocate Ophthalmology outpatients enabling:
 - amalgamation of the Service
 - to meet CQC requirements separating children from adults
 - ensuring the estate was fit for purpose to meet current and future capacity (double the floor space)
 - reducing the footfall substantially on the Hospital site (by approximately 48,000 visits per year), freeing up car parking and increasing the footfall into Rotherham's town centre, which should contribute to regeneration of the town centre
 - responding to the public's request to utilise this central, good quality facility

This was all subject to feasibility for the Hospital so had not been signed off but it was hoped that it would be achievable for the Trust and would go to their Board. One issue raised already was that the pedestrian crossing from the bus station to the centre was a silent one.

Next Steps

- Engage current Service users:
 - surveys with patients and carers in the department
 - publicise in the Hospital main reception outlining the plans and asking for comments
 - Utilising social media to undertake surveys
 - Identify relevant stakeholders and key audiences
- Incorporate comments into the case for change
- Work up a plan for changes required to accommodate Ophthalmology as there would be some estates work
- If finally agreed, facilitate relocation before the end of the financial year

Following the presentation Members sought clarification on the following points:-

- In terms of the figures, what proportion of the total footfall were the 48,000 visits per year.
The exact proportion was not known but with 15,000 going to the Hospital site for Diagnostics, more than triple that number would come off site for Ophthalmology.
- Would Pharmacy Services in the Centre be sorted out from the beginning to enable people to get any follow-up medications swiftly or would they have to go to the Hospital, or return to the Centre later, to collect them.
Prescribing had been picked up as part of the proposal to move the service and people would not be expected to go to the Hospital.

The Select Commission was supportive of making better use of Rotherham Community Health Centre and requested a follow up report with the outcomes from the public engagement.

Resolved:- (1) To note the information provided regarding the development of Primary Care Networks.

(2) To note the plans for ophthalmology services at Rotherham Community Health Centre.

(3) To receive a further report on the plans for Ophthalmology following the public engagement.

18. HEALTHWATCH ROTHERHAM

No issues were discussed.

19. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the Health and Wellbeing Board held on 29th May, 2019.

Resolved:- That the minutes of the Health and Wellbeing Board held on 29th May, 2019, be noted.

20. SOUTH YORKSHIRE DERBYSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

There were no matters to feed back from the Committee as it had not met.

21. DEPRESSION PREVALENCE

Further to Minute No. 7 of the Health Select Commission meeting on 13th June 2019, additional information had been provided showing comparative data with other areas and also ward-specific data.

Resolved:- That depression prevalence be a specific agenda item at a future meeting of the Health Select Commission.

22. URGENT BUSINESS

There was no urgent business to report.

23. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 5th September, 2019, commencing at 2.00 p.m.

**HEALTH SELECT COMMISSION
5th September, 2019**

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

Apologies for absence were received from The Mayor (Councillor Jenny Andrews) and Councillor Brookes.

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

24. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

26. ENHANCING THE RESPIRATORY PATHWAY

Jacqui Tuffnell, Head of Commissioning at NHS Rotherham Clinical Commissioning Group (CCG) gave the following short presentation outlining the rationale for change to the respiratory pathway, what was being proposed and the plans for engagement.

Why do we need to make changes?

- Poorer outcomes for our patients than our counterparts across the integrated care system (NHS Right Care data)
- Fragmentation across the respiratory pathway
- Fragmentation of the home oxygen service
- Improve diagnosis across Rotherham – accreditation needed for spirometry testing
- Improvement the management of respiratory patients
- High numbers of patients going into hospital – for example other areas support patients with low level pneumonia at home
- Longer stays for patients when they are in hospital
- Long term plan states care should be provided closer to home

What changes are proposed?

The development of the enhanced respiratory pathway has been a clinically led process, developed in line with best practice and the clinical benefit for patients has been at the forefront of discussions

The enhanced model for respiratory includes:

- Standardising the care across primary care for diagnosis and management – engagement on what this should look like.
- Improving patient education and access to support patients to self-manage – including digital options/apps
- Delivering care closer to home, with a specialist community respiratory team, reducing the requirement for inpatient care
- Delivering care during the day, at evenings and weekends to fit in with patients' lives
- For those who do require inpatient support a dedicated respiratory unit at TRFT
- Increased support for high intensity users to help stabilise their conditions

Service user, carer and stakeholder engagement

Patient and public and stakeholder engagement on the proposed changes is scheduled throughout September and will be via the following forms:

- Surveys, online and paper
- Face to face drop in sessions across Rotherham, including breathing space – different days and times so working population also have opportunity to be involved
- Mjog (Memory Jogger) text messages to patients, aimed at those with a specific respiratory condition
- Media messages
- Animation – to follow

The intention is to try and involve the wider population of respiratory patients, not just the 20% who particularly use Breathing Space.

Next Steps

- Incorporate engagement responses into the business proposal
- Governing body 2 October 2019/ Trust Board
- Commence recruitment to the new structure

The following issues were raised and discussed:-

- Mjog
 - Mjog or Memory Jogger was a well-used texting system from GPs for sending reminders and messages, for example to alert people about flu jabs. It would be used to inform a large number of people about the engagement sessions.
- Current relatively poor outcomes - to what extent was there still a legacy from the old mining industry?
 - Not so much now and there had been changes in smoking habits associated with that, but respiratory conditions were still growing. It appeared to be linked more with how the pathway actually worked.

- What was the scale of the poor outcomes for our patients and being worse than counterparts?
 - It was significant enough to need to do something because as well as poor outcomes Rotherham had the highest spend in relation to respiratory across South Yorkshire. The main areas were in relation to pneumonia care but also COPD management. It was around 10% difference with spend about 30% more. A slide pack with all the information could be circulated to Members.
- Improving patient education and access – would this include prevention as well as self-management?
 - Regarding prevention, other work had taken place in relation to smoking cessation, in particular through the QUIT programme which secondary care were on board with, including in the hospital. Smoking cessation was within the Public Health team as well and would be looked to see how it could be enhanced as part of this programme. My COPD on the app would support patients in terms of whether they were doing things that were unhelpful. Having more dedicated support from the respiratory specialist community nurses and physiotherapists within the communities would definitely support them to remain in the community as well.
- Face-to-face drop-in sessions – would these be in any particular locations or would they be borough-wide?
 - These had all been planned to take place at Breathing Space but Members were invited to suggest other locations.
- Rotherham Show – would the NHS have a presence at this?
 - The materials were not quite ready.
- Timeline and length of the engagement, as once live it would only really be two weeks.
 - During September the surveys would go online with messages through Mjog to people on how to access them. Sessions were planned during the whole of September to inform the pathway. Something was needed in preparation for winter in relation to respiratory care, hence it was important to engage but also to get on with implementing a model as described. The clinical model needed to be right, so the timeline included the winter period. Ideally there would be more engagement and the comments would be taken on board and if it was felt that the CCG had had insufficient input during that time they would be prepared to extend the process.
- When would success measures be seen for whether the changes were of benefit, as presumably one of those would be to save at least the 30% of current spending?
 - The pathway focused on improving outcomes, which was the reason for the changes proposed, whilst anticipating that those efficiencies would be made. The slide pack to follow would say

that 12 months after implementation significant improvement was expected in order to achieve the same level as our peers.

- Clear information was requested to show what the CCG expected that significant improvement to look like.
- Would Rotherham Hospital and other health premises such as doctors' surgeries have a presence or information?
 - Literature would go out to GP practices as well as using Mjog but as Public Health TV was quite difficult to change information would not be on there.
- Would this link in with the Rotherham Health App in terms of people being able to access the services through that mechanism?
 - Absolutely.
- What changes had resulted from the relocation of inpatients from Breathing Space to the hospital for their care?
 - Patients were relocated to the main hospital site a number of months ago due to some patient safety measures that needed to be put in place. The Trust had issues with sickness within Breathing Space and within the acute hospital and had to rationalise the nursing team to ensure safe patient care was provided. This was separate to the pathway review and until the review had been completed had not been identified as a permanent position.
- The Chair requested that the consultation materials be shared with the committee.

Resolved:-

- 1) That the Health Select Commission note the information provided regarding the proposed changes to the respiratory pathway.
- 2) That the following be provided for the Commission:
 - the slide pack;
 - consultation materials;
 - animation;
 - success measures for the pathway.

27. HOME FIRST - INTERMEDIATE CARE AND REABLEMENT

Anne Marie Lubanski, Strategic Director for Adult Care, Housing and Public Health gave the following powerpoint presentation, recapping the information provided previously and focusing on how the work would be taken forward. This included how it would link in with the service redesign in Adult Social Care, which would see a 30% reduction in its workforce, maximising the front door, reablement and the preventative offer.

The pathways would be joint integrated working pathways with health rather than structural changes, although these could follow at a later stage. This was a significant piece of work and a testimony to partnership working and the maturity of it in Rotherham, as health and social care were two very different systems, especially regarding contributions and charging. The pathways were based on best practice, on the 12-week recovery model seen in mental health principles and two proof of concept initiatives would run with the reablement team to test things. The trusted assessment role would also be looked at so that people would not have to wait to see someone else to get something they might need.

From a commissioning perspective across the CCG and RMBC the view was that this would become a more cost-effective model, not immediately as some of it would be iterative going through the process. In Year 2 it would be a question of looking at where things could be done differently and whether it was about efficiencies or reinvestment would be considered later on.

Heading into winter was part of the challenge of how to double run and test things, at a time when it was also critical for the Trust not to impact on flows in and out of the hospital.

Communication and engagement were key areas to get staff on board and to understand the cultural changes and potential professional changes necessary. Work would also be needed with the GP Federation following the introduction of Primary Care Networks (PCNs).

Why Change?

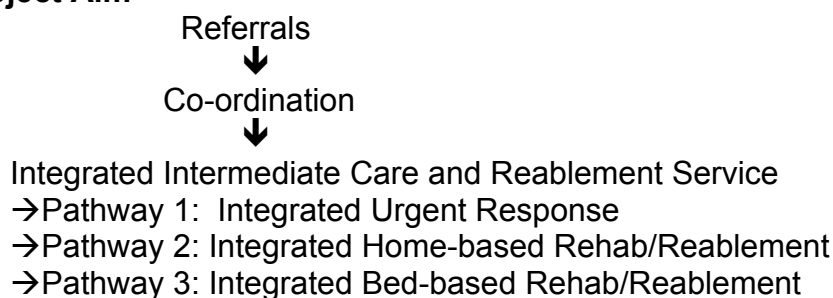
- People have told us
They would like to be at home wherever possible
They would like to regain their independence
Current services were disjointed and could be hard to navigate
- Care Quality
Evidence shows people did better at home
We know that a large number of people received care in a community bed when they could have gone home with the right support
Rotherham had significantly more community beds than other similar areas
Current services were focussed on older people and their physical needs
Through changing the way we worked, more people were going home and our community beds were not fully utilised

Current Services

- Community-based Services
Integrated Rapid Response (TRFT)
Community Locality Therapy – urgent (TRFT)
Independent and Active at Home Team (TRFT and RMBC)
Reablement (RMBC)

- Bed-based Services
Intermediate care at Davies Court and Lordy Hardy Court (RMBC and TRFT)
Oakwood Community Unit (TRFT)
Waterside Grange (Independent Sector)
- Services currently provided by a range of teams and bed-based sites
- In addition, several teams of Social Workers and therapists working into the bed-based provision
- People moved through multiple services rather than an integrated pathway
- Significant duplication and some capacity issues in a number of services

Project Aim



- To simplify current provision to provide an integrated, multi-disciplinary approach to support individual needs across Health and Social Care
- To re-align resource to increase support at home, reducing reliance on bed-based care

Future Services

- 3 core integrated pathways
- Services aligned to work as a single team to provide the 3 pathways
- Increase in community capacity to meet the demand to support people at home (urgent response or rehabilitation/reablement)
- Reduction in community bed-base (phased and double-running for a period with increased community capacity)
- Integrating processes for triage and co-ordination to ensure people get the right support
- Reduction in duplication

HEALTH SELECT COMMISSION - 05/09/19

Community-based Pathways	Bed-based Pathway
1. Urgent response (integrated team)	3. Community bed-base – rehabilitation and reablement without nursing (integrated team)
2. Home-based reablement and rehabilitation (integrated team)	3. Community bed-base rehabilitation and reablement with nursing (integrated team)

Benefits

Patients and Carers	Commissioners (CCG and RMBC)	RMBC (Service delivery)	TRFT
Improved experience of services Telling story once Reduced duplication and hand-offs Improved outcomes More people able to be supported at home	Supports Rotherham Plan for 'Home First' and integration of Service delivery Reduces over reliance on bed base where Rotherham was an outlier More cost effective model	Supports delivery of the Council's target operating model and future sustainability Improving flow through the Social Care system	Supports the Trust's wider plans for bed configuration/estate moves Improving flow through the Hospital and Community Services

Taking the work forward**Pathway Redesign & Implementation****Off-site Community Unit Implementation**

- Workforce: HR and OD
- IT, IG and Analytics – system interoperability and sharing information
- Accommodation
- Communications and engagement
- Finance, contracting & commissioning (including winter beds and flows)

Proposed Timeline/Phasing*Integrated Model*

Home-based pathways 1&2	From 1 April 2020
Reduced intermediate Care Bed Base	From June 2020

Therapy Led Community Unit with Nursing

Phase 1 off-site - Open off-site Unit	November 2019
Phase 2 on-site	November 2020

Discussion ensued with the following issues raised and clarified:-

- The staffing side was of interest because of the known recruitment difficulties in the Health Service and it would be helpful to see a profile as this evolved and if any patterns emerged on difficulties.
 - It was agreed to come back and keep Members informed.
- With the intention to reduce the number of points at which patients were triaged and having the three pathways, how would it work with GPs? Would there be a GP allocated to a pathway or would people still have their own GP, as not all GPs held the same view on things?
 - People would have their own GPs. PCNs had only started in July 2019 and conversations would start to happen at the end of the year, including how they would work with Adult Care and the Trust as it was such an early stage. RMBC had six localities which would never match the PCN breakdown because a GP might have a practice in one part of the borough but a satellite in other localities as well. The key was to ensure everybody understood the benefits of the pathway, including primary care. Dr Muthoo, leader of the Federation, was a member of the group co-chaired by the Strategic Director and Chris Preston, The Rotherham Foundation Trust (TRFT) and was very engaged and supportive of this way forward.
- Although the overall head count seemed ok, was there a possibility that when people were asked to move or to take on new skills and to adopt new ways of working that some might decide they wanted to work for someone else?
 - There was always that risk but as seen with the Occupational Therapists (OTs) moving into the Single Point of Access, after initial resistance in the restructure. They could see the benefits of being in the same building and talking to one another. This was effective partnership working and was always different at the front line with a lot of work to do there, but both TRFT and RMBC had taken it down multiple layers into both organisations and could see the advantages of joint working.
- Two information management systems were used in Liquid logic and SYSTM1, with people likely to have records in both databases and fields in both with effectively the same information. If the information was not in fact identical, was there a risk things could go awry? Were protocols in place to ensure that when people copied or cut and pasted information that it was identical?
 - RMBC was contracted to have Liquid Logic for a number of years but much of the database was already shared across the Cloud. People at the hospital could see SYSTM1 and the other systems used at the hospital and the Integrated Discharge Team could see Liquid Logic at a certain level.

This had been discussed within the steering group as part of the pathway work and the key was the same decision points to sit in both systems, consistent and agreed, to remove any confusion. Mental health had manual input as they used two systems, which was time consuming and there were other issues in addition, thus it was a case of being pragmatic.

Information Governance was important in terms of people only seeing the information they wanted or needed to see but the main issue was correct sign offs and staff not being stuck by the system.

- The worst possibility would be with some text that was supposed to be identical in both systems and in one system it included the word not and in the other it did not.
 - In a project of this size it would be disingenuous to say all human error could be eliminated. People had different styles of writing and there was a need for coherence in how people recorded what they did, which was about professional judgement. In RMBC, people talked all the time about positive recording and being aware of third party information and data access requests in the context of having to return and remember something six years after writing it. The pathways would be very clear in terms of what should be recorded, for intermediate care and reablement and when. TRFT concurred that they too held similar conversations with their staff.
- What would the future measures of success be in terms of introducing this particular extensive change, other than the financial ones already included?
 - A very easy one would be hospital admissions went down absolutely.
 - Another was not having the revolving door of some people in the community who fell back from where they were, had to go back into hospital and deteriorated each time, because it was quite traumatic every time someone had to go into hospital.
 - The other measure of success was that Adult Care needed this to work, i.e. self-management for longer so people did not come in to long term care and support needs, including looking from a budgetary viewpoint, so that people were staying at home and maximising their independence.
 - Drawing parallels with mental capacity, where under the law people were assumed to have capacity, the assumption should be that someone would recover. Intervention at the right time and in the right way was needed and would include digital and equipment so people would not need ongoing health and social care support, or if they did, at an absolute minimum. The service would look to build confidence in terms of assistive technology as much of the direct support provided could be replaced by a technological offer.
 - An old KPI in social care that would still be used was whether someone was still at home 91 days after a reablement intervention as an indicative measure that people were not going into hospital

or elsewhere. It allowed you to see where people were at that point in either system. The best outcome would be a healthier resident population.

- Were we at the vanguard of this particular approach or were there other areas where this had taken place?
 - Different approaches had been taken, for example some areas had set up Care Trusts with all the staff together, going for structure rather than pathways. Visits to other areas such as Northumberland had been undertaken and people tended to default to thinking new structures were needed but Rotherham had chosen integrated working rather than integration. We were not a trailblazer but in terms of the maturity of our approach many places would not have this.
- Would the decrease in community beds impact on any of the providers in a serious way?
 - The context in Rotherham was too many residential care homes, coupled with the national shortage of nursing homes due to nursing recruitment challenges, plus too many care homes which created issues with regard to safeguarding.

In terms of the bed base in intermediate care, people sometimes ended up in a bed base rather than being helped to stay at home longer. People being helped to live at home was not new as it came in from 2000 as part of the direct payments statutes and social care had overly relied on bed-based activity for far too long. It might have an impact on how the market changed but was still too early to say how that would come through. The best quality providers were wanted for remaining placements and part of the Strategic Director's statutory role was to market shape, building quality and making no aspersions in terms of any providers. A tender process for the new care and support contract jointly with the CCG was under way because we wanted that to be the best it possibly could be and it sat alongside this piece of work.

- Services were encouraged to undertake market shaping in a proactive way rather than a reactive way when a problem arose.
- Clarification was sought on the monetary split between TRFT, RMBC and RCCG and whether any large transfers of money from one partner to another had taken place with the shift from a bed base to a community base? Where were savings accrued?
 - For both RMBC and the Trust the offer was staffing, with no money moving across because it was integrated pathways, not structures, although changes to roles and what people did were being worked on. As a system across health and social care, the Better Care Fund and winter pressures money would continue to be used, together with the additional monies from the Improved Better Care Fund, which had helped fund the parallel running that

had been agreed. No virement of funds took place other than in an agreed way to deliver the projects and that was part of the bridge to reach the next stage being implemented in October 2020.

- Were staff flowing either way?
 - RMBC have said to staff that if for example health or a GP practice had a building in Maltby and space it might make sense practically given the work was on a locality basis, but it would be a considered rather than a reactive view. Going back to trusted assessors, if an OT was going to see someone needing ongoing support an hour-a-week to do something, on that part of the pathway would be those decision points on what could be agreed and tolerances. Financially this had to work based around people coming into the system and the type of intervention because the money had to last for people who needed ongoing care and support. In 12 to 18 months those discussions would happen but at that time the offer in terms of front line enablement officers had not reduced. Based on the information around activity it could have done but we wanted to make sure this had the best opportunity to happen and with the right workforce. OTs based in the Single Point of Access team were not RMBC employees but sat with us and worked with us, which was the whole principle.
- Reassurance was sought that although short term money was used for some aspects this would not be reliant in the long term on short term money?
 - Things were not reliant on the short term money; this was about building our workforce in a different way, in RMBC and the Trust.
- No-one doubted that most people would rather be treated at home or to recover at home, but could you assure me given that there would be a reduction in beds that people would not be pushed out too early? What checks would be put in place to make sure that people were ready to go home and would receive the care and support they needed?
 - This was not only people coming out of hospital; it might be someone who had been bereaved or lost their partner and their skills were not where they should be. Work was happening in the community.

Creation of the Integrated Discharge Team brought hospital and social work teams together in one room and was a positive case of partnership work between RMBC and TRFT. A single referral funnelled through the team who would say whether a person needed an intermediate care bed, or if they needed a bit more time but were medically fit for discharge, if they could possibly go back home to reablement and another intermediate care offer. The three pathways included the hospital discharge pathway but that was not the only pathway, so people would come in and out at

different times. Everything was about making sure of people's safety with best outcomes at the heart of any changes made.

The Chief Nurse concurred that the two organisations had worked very closely to ensure that the Integrated Discharge Team worked really well for the hospital, for the community, for the patients and would not push people out there. They were referred and had a full assessment before leaving hospital. The team won a national award a few months ago at the HSJ Awards.

- If this is done right the Trust would save money but where would the Council save money with pressure on Adult Care because people's stay in hospital would be much shorter and the number of people supported in the community theoretically would grow? Rotherham had an unhealthy and ageing population and there would be an age where people would be unable to be looked after at home, for example because their carer or partner had died. How in the longer term would we be able to reduce care home spaces because people would not be available to help us to be independent, whether due to age or disability?
 - From a social care perspective it was known from analysis over the last three years that many people came into services because they were unaware of what was out there. This was illustrated by the abandoned contacts in the single point of access, as only around 20% went through into the next stage, because many people phoned the Council to ask for something it was not within their role to do and similarly with health. For triage under the new model the service wanted really good qualified social workers at the front door, along with the other call advisers, to be giving the right information or signposting people appropriately, with OTs as mentioned giving resolution at that point. If a grab rail was not fitted quickly for someone at risk of falls they could fall, need hospital admission and go back in that loop.

In relation to making savings, everything done at the moment was about cost avoidance for the Local Authority at that end because by not taking that kind of preventative, interventionist approach the money started to increase against every individual.

Project Alcove was a pilot with about 40 people testing Alexa and some of the case studies were amazing. Dementia was an issue, as was a growing SEN children's issue that from an Adult Care point of view was being watched. If the number of people who did not really need ongoing care and support was not minimised, the money for those people that did would not be there. Residential care would always be needed but the issues were how it would be done and how to become more innovative. Reablement was a means of providing what people needed at the right time, in the right way and was why the recovery model was the way forward. From research and experience, after six weeks intervention, aside

from their health, people's confidence might not be there but as soon as they went into localities they were in and it was forever ever money. Building the six weeks recovery to give them the confidence to be as independent as possible formed part of the interventionist approach because if not the money in Adult Care would increase exponentially.

- There might be carers who were unwilling to be carers, and older women especially could have other caring responsibilities and thus pressures. Carer assessments were undertaken for people in long term provision, but had there been consideration of and support for the carers of people in short-term interventions?
 - Under the Care Act carers had parity of esteem and regardless of whether the person they were caring for wanted an assessment or not, carers had the right and entitlement to an assessment. As part of the Adult Care restructure and new adult care pathway two roles had been identified specifically for carers, one operational and another for a strategic lead, which had been a gap and the caring role needed to be looked at. From the 2011 census many people identified themselves as significant carers but probably only a couple of thousand came through the social care doorway. Carers identified themselves in different ways and might not see themselves as a carer but rather as the patient's partner.

Aim 3 in the Health and Wellbeing Strategy focused on looking at the broader term carers to ensure that when talking about signposting that people were comfortable with that. Increased use of GPS watches would enable carers to use phones to check the GPS if the cared for person tended to roam. It was a case of looking at things in different ways with the new role to really start thinking of the narrative on what was done around carers.

The Strategic Director stated that she would like to come back in 12 months' time to update the Commission about work in this area, both across the system and in social care.

- How confident were you in having sufficient resources and skills to support people from a mental health or learning disability perspective within this particular area?
 - Traditionally talk about reablement defaulted to older people as there was a tendency not to think that people with learning disability or mental health needs required a reablement approach and to think of it as being about personal care.

Through reablement, staff were able to get people up and dressed but if they had nothing to do or lacked the confidence to go anywhere then reablement failed. From an RMBC perspective the resource inputted i.e. staff was for people aged 18+ from one global pot. Cultural change regarding reablement was needed in both organisations for staff to feel comfortable, as it linked to

perceptions around risk. Reablement was not necessarily about a physical change; it could be about confidence. It was about staff feeling empowered to walk to the shops with someone without worrying about exceeding their time slot. The present model was very much one of seeing people in defined time slots but as part of the proof of concept the reablement workers in the pilot were told these are the people you will be working with and you determine what to do. Time was not an issue as it was non-chargeable. The managers struggled but front-line workers were overwhelmingly positive because they were seeing and doing things they knew would make a difference for individuals, which might be outside the comfort zone of previous practice.

Two six week pilots, the first with some initial problems, had taken place in preparation for implementation from the end of October. Already good outcomes were resulting from one team operating differently. Such a cultural shift would take time to cross over into mental health and learning disability but this was the aspiration and would happen.

- Members were pleased to hear the focus would be on providing care and support to achieve outcomes rather than completion of time sheets.
- The importance of continuing professional development and supervision and also having reporting structures were issues that emerged from the evaluation of the health village pilot. How confident were you that we have learned from that model?
 - As Reablement was a Care Quality Commission (CQC) registered service the supporting structures needed to be robust and would be looked at. It was also a question of helping the CQC to understand what partners wanted to achieve. There was learning for health from the health village pilot, in a different vein to that for Adult Care.

Anne Marie was thanked for her detailed presentation by the Chair and would be invited to provide a future progress update.

Resolved:-

- 1) That the Health Select Commission note the information provided.

28. DEVELOPING ROTHERHAM COMMUNITY HEALTH CENTRE

Jacqui Tuffnell, Head of Commissioning at NHS Rotherham Clinical Commissioning Group (RCCG) gave the following short presentation recapping the context and proposals and showing the outcomes from the engagement with patients/families.

Rotherham Community Health Centre

- Rotherham Community Health Centre (RCHC) – purpose built to house the walk-in centre, GP practice, dental services and community /outpatient facilities, already includes quite a lot of therapy
- Services have changed resulting in 2/3 of the centre now being empty – clear feedback from our population that it needs to be better utilised

What will work best for the centre and our population?

- 5 options considered - CCG worked with our estates and advisers across our community and undertook a One Estate Review as well, including the Council, RDaSH and the hospital.
- Recommended option to relocate Ophthalmology outpatients enabling:
 - amalgamation of the service
 - to meet CQC requirements separating children from adults
 - ensuring the estate is fit for purpose to meet current and future capacity (double the floor space)
 - reducing the footfall substantially on the hospital site (by approximately 48000 visits per year), freeing up car parking and increasing the footfall into Rotherham's town centre, which should contribute to regeneration of the town centre
 - responding to the public's request to utilise this central, good quality facility

Slides 4-11

Responses to questions regarding:

- Being a patient/carer
- Age/Disability
- Environment in Ophthalmology Out-patients and seating sufficiency
- Travel mode to the hospital
- Parking/Drop off at the hospital
- Ease of getting to the RCHC compared with the hospital

Headlines from the engagement

107 surveys were completed over 2 days 13-14 August in ophthalmology outpatients and B6, covering a variety of clinics. People from a wide variety of ages and backgrounds took part. The clinics were not as busy as usual, due to the time of year, in particular a number of the paediatric appointments were DNA (Did Not Attend).

Generally, most people were very supportive of the proposal, with a substantial number who were extremely enthusiastic - 61 felt it would be easier, 22 felt it would be harder; 24 were neutral; either they felt it would be the same or were unsure.

Main points

- The majority of concerns were around parking
- A small number of people noted they live close to the hospital or on a bus route/road where they would pass the hospital, so it would be further for them
- Several people wanted assurance that the staff would be the same
- Even though the walk from car to unit would be shorter, some people will still need a wheelchair to be available
- From the patients attending B6 often on a monthly basis, there was more concern and apprehension about a change of location; often with no concrete reason (i.e. *'I like it here'*); this is felt to be due to the fact that these are likely to be the most dependent patients, who have become very familiar with the current location and process
- There were generally fairly low expectations around the environment - *'it's OK as it is'* *'it's a hospital isn't it'*.
- Other concerns raised were around traffic in the town centre, waiting for appointments and in clinic, not being called in
- Several people asked how much it would cost; so assurance that we are spending the Rotherham pound well
- It was also noted that patients are brought to ophthalmology from other areas of the hospital – those mentioned were neuro and the Urgent and Emergency Care Centre (UECC). It was queried how this would work if the department was to move, how often this is needed, and what the impact could be on appointments if staff are called to TRFT site, or the implications for moving patients round the site.

Supporting the change

- Parking – there is some on-site parking at RCHC and a drop off zone will be created, there are a number of car parks in a short walking distance
- Urgent patients from other areas – a small 'urgent' service will continue at TRFT connected to the staff who will be providing surgery
- Rotherham pound – the department is in need of an upgrade particularly to split paediatrics from adult services and insufficient space currently therefore investment is required whether this is at the hospital or RCHC
- Long term attenders – consideration of the impact of the change for this group – support and assurance

Next steps

- Incorporate the findings from the engagement into the business proposal
- Business proposal to Governing body and Hospital Trust Board in September or October
- If approved, building work to commence in the autumn and service to move by next April

Angela Wood, Chief Nurse at TRFT viewed the proposals as a positive opportunity for the Trust to make sure the ophthalmology services were the best they could possibly be and in the right environment. Staff had been heavily involved in looking at the site and ensuring it would be fit for purpose. She had visited with the Board, non-executive Directors and other colleagues and talked to the teams about the proposal and how that would impact on the extra outcomes they could give to the patients.

The following issues were raised and discussed:-

- Following on from the concerns raised above, will the proposals cover if patients had to go to ophthalmology from neuro or from the Urgent and Emergency Care Centre?
 - Urgent patients have been planned for and would not have to transfer down to the health centre. It was the day-to-day activity in the unit with patients who were programmed and planned to have an appointment who would go to the Community Health Centre, not the urgent service.
- Had there been any progress on arrangements for pharmacy provision?
 - Nothing definite had been agreed but it formed part of the case for TRFT. Pharmacy was currently provided from up at the hospital and it was a question of whether or not an element of that service would transfer in situ. Patients would not be required to go to the hospital to collect their pharmacy products.

Members noted the information provided and were supportive of the proposals following the public engagement.

Jacqui was thanked by the Chair for her presentations.

Resolved:-

- 1) That a further report be provided in 2020 once the changes to the ophthalmology outpatient service had been implemented to evaluate the impact of the changes.

29. MATERNITY AND BETTER BIRTHS

June Lovett, Associate Chief Nurse and Head of Nursing, Midwifery and Professions at The Rotherham NHS Foundation Trust (TRFT) gave the following presentation to provide an overview of current activity and the course of direction for maternity services.

Work to improve the strategy for maternity services was particularly focused on the seven key lines of enquiry within the national “Better Births” strategy. These encompassed stillbirth and neonatal deaths; intrapartum brain injuries; personalised care plans; choice agenda; continuity of care; midwifery settings; and smoking.

What's working well

- * Partnership working across the place e.g. one Personalised Care Plan
- * Local Maternity System Board (LMS) and Hosted Network (HN) Collaborative approach, jointly chaired by Louise Barnett and Chris Edwards
- * TRFT representation and attendance at the SY&B ICS Local Maternity System
- * Local Maternity System Board and place working
- * Rotherham Maternity Transformation Plan including new tracker development and Funding Plan – sets agenda for next 12 months
- * Robust governance arrangements and reporting structures set up:
 - Better Births Group (in Rotherham) – Key external stakeholders including Maternity Voices Partnership (MVP), service user representation
 - Sub Groups in place for progression of the 7 Key Lines of Enquiry
 - Action and Monitoring Logs created and maintained and reported to Better Births Group
- * Reporting into the Maternity Governance Group
- * Maternity Voices Partnership enhancing women and families engagement – robust and active group
- * Leadership, dedicated, energised and enthusiastic Team to drive forward transformation – staff engagement, ownership and vision
- * Place Partnership working to improve the health and wellbeing of mum and baby such as smoking cessation, and sub groups with appropriate representation
- * LMS Achievement of Continuity of Carer LMS trajectory 20% and Use of a Personalised Care Plan 40%
- * Commitment and support from CCG Communication Lead regarding a communication Strategy to help the service raise its profile and encourage women to use the service
- * Involvement in the development of the Rotherham Health App – early stages

Smoking cessation was viewed as a golden thread across all the workstreams, ensuring the best health of the mother to then give the best chance in terms of health outcomes for the baby. A strong smoking reduction focus for women would make a huge difference in relation to the Public Health agenda, on which TRFT worked collaboratively and in parallel with Public Health colleagues.

What are we worried about?

- * Achievement of all future key trajectories and sustainable support
- * The Rotherham NHS Foundation Trust Estates provision that is required to progress the Place Plan – such as a Alongside Midwifery Led Unit, Hubs in communities Delivery Suite alterations including Bereavement Suite and Greenoaks relocation

- * Achievement of 35% Continuity of Carer by 31 March 2020 and embedding a new service model
- * Sustained funding and commitment in relation to workforce staffing for achievement of continuity of carer
- * On call processes and business continuity at times of increased capacity on the delivery suite, especially as simultaneously changing the service model
- * Improvement in relation to Maternity Data set information and Performance Dashboard information regarding Smoking Cessation Service – demonstrate outputs and difference made
- * Marketing of Rotherham Maternity Services

Hubs at Aston, Maltby and Rawmarsh would not only be for maternity services but around the children's agenda as well to offer a one-stop service for some of these community services rather than coming into the hospital.

What needs to happen, by when?

- * Continued strong and focused leadership and committed Team – clarity and driving forward
- * Refresh Maternity Transformation Plan by 30 August 2019 and including the plans regarding the prevention, Public Health and digital agenda
- * Continue with TRFT robust governance, monitoring and reporting arrangements
- * Plans in place for estates requirements and Hub set up support – Greenoaks relocation imminent, look at triage area
- * Continuity of Carer Sub Group actively progressing plans to achieve the trajectory – increase in staffing for the new model
- * Maternity Escalation Plan in place since May and Maternity On call Rota for acute services - commenced on 19 August 2019 to ensure a safe service
- * Set up of the new Maternity Hosted Network and Local Maternity System (LMS) Collaborative Group – 10 September 2019 and appointment of Maternity Clinical Lead
- * New Smoking Cessation Service Performance Dashboard from August 2019
- * New Maternity Digital Group established - commenced 14 August 2019
- * Raise the profile of Rotherham Maternity Services – Communication Strategy and marketing - Maternity and Family Showcase commencing 4 September 2019 to learn about services

The first Maternity and Family Showcase, featured a number of market-type stalls from both maternity and children's services as well as external bodies such as Healthwatch and the Fire service. Intentions were to hold an event on the first Wednesday of every month and to keep building on it to raise the profile of maternity services.

Discussion ensued on the following points:-

- Details about the current breastfeeding service.
 - Breastfeeding was not a workstream within “Better Births” but the Trust was proactively looking at increasing breastfeeding, both at birth and sustained further down the line. The service was accredited for its birth and breastfeeding and would be seeking re-accreditation in December. The hospital was committed to ensuring women had the right support for breastfeeding, which also fitted in with the Public Health agenda. Workstreams were ongoing around the breastfeeding aspects and from a monitoring point of view breastfeeding statistics were overseen by Performance Data Boards and the local authority. At the showcase event a specific stand around breastfeeding had generated plenty of interest.
- Support for patients to access the complaints procedure.
 - If anybody had concerns the service tried to address those immediately but if not there were a number of aspects. The birth afterthoughts service was initiated in 1998, not so much for complaints but rather because sometimes there were felt to be unanswered questions, as the service could seem a bit like a jigsaw where people could not always quite put all the pieces together. For example, in the delivery room if it had been necessary to get the baby out quickly without an opportunity to ask questions about what had happened. The service could meet the family, talk to them about their whole birth experience, use their records and hopefully answer any questions, although that was not really a complaint. The birth afterthought service was embedded and if unanswered questions were not addressed they could become a complaint if people felt they had not had that opportunity.

Families would be supported to contact the complaints service and there was also Healthwatch but the service was very open in trying to go and speak with families to try to address issues. Although women might be in hospital for a period of time when they returned home they also still had continuing care.

It was confirmed that information about the afterthoughts service and the complaints service were provided in the information given to women accessing the service.

- Statistics and information to come back on how successful the achievement of the future key trajectories, sustainable support and the 35% continuity of carer by 31st March 2020 had been.
 - Plans were in place to achieve these and a future update could be provided. It was clarified that the percentage target was a collective one across the sub-region, not an individual target for Rotherham. Services wanted to achieve a high percentage, making sure that when women were booked on a pathway they had a small team of midwives providing that continuity of care as it was

about building trust and that relationship. It was a question of getting the model right and keeping a safe model and the future plans would increase the models of care for the different groups of patients.

- Use of the Mjog service as well as developments with the Rotherham Health App.
 - Although unfamiliar with Mjog, maternity services had been keen to get involved with the Rotherham Health App at an early stage to give women a choice about access to information. At the moment the personalised care plan was a paper version because it belonged to the woman but the service was looking to an electronic version as well and the app would be a great way to do that. The service also wanted to look at the App for self-referral processes.
- For marketing the service to be first choice and letting people know how good it was, would the service have a presence at Rotherham Show?
 - Yes this was planned.
- Cllr Roche confirmed that smoking cessation in pregnancy was funded by the Council. It was closely monitored as one of the performance indicators and had met the target last year. Rotherham was strict in how smoking cessation was measured as when pregnant women presented they had a CO2 test every time unlike other places which simply asked if they smoked. This whole area was also taken to the Place Board which in turn reported to the Health and Wellbeing Board.
- Statistics for smoking cessation were requested together with statistics on breastfeeding.

Members were invited to attend one of the open events.

June was thanked for her comprehensive presentation and would be invited back to report on progress.

Resolved:-

- 1) To note the information provided on plans for maternity services and meeting the requirements of the "Better Births" guidance.
- 2) That statistics on smoking cessation and breastfeeding be provided for the Health Select Commission.

30. HEALTHWATCH ROTHERHAM

No issues had been raised by Healthwatch in advance of the meeting.

Members raised concerns that Healthwatch had not been in attendance at the meeting.

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

The Governance Advisor confirmed that the committee had not met since the last Health Select Commission meeting but that a meeting was currently being arranged, probably to be held in October.

With regard to the Hospital Services Programme, the hosted networks for the five specialties were now operational. The intention was to let these gain traction and deliver changes through transformational work for 12-18 months before considering any potential service reconfiguration.

32. MINUTES OF THE PREVIOUS MEETINGS HELD ON 13TH JUNE AND 11TH JULY, 2019

Consideration was given to the minutes of the previous meetings of the Health Select Commission held on 13th June, 2019 and 11th July, 2019.

Further to Minute No. 3 (Minutes of the previous meeting held on 11th April, 2019) the Autism Strategy had been confirmed for the meeting in November and possibly an update on the Carers Strategy for February, although that could be later in the year in light of the discussion on Intermediate Care and Reablement.

With regard to Minute No. 4 (Yorkshire Ambulance Service) the service might be looked at by the joint health scrutiny body later in the year.

Members raised the possibility of the Health Select Commission setting up a working group before this if further investigation identified a need for local scrutiny, as various issues had been raised anecdotally. The Chair was actively following up the previous issue that had been raised.

Further to Minute No. 5 (Sexual Health Strategy) and a question regarding the gender imbalance in new STI diagnosis for people aged 15-30 and how Rotherham compared with other areas – further research had shown a similar distribution in other areas. The recommendations from Health Select Commission would be discussed at the Strategy Group meeting on 17th September, 2019 with feedback expected for the HSC meeting in October. The Equality Analysis was being finalised to go with the final refreshed strategy and would be sent through.

From Minute No. 6 (Response to Scrutiny Workshop – Adult Residential and Nursing Care Homes), follow up information on capturing service user voice in residential and nursing care homes had been provided. Healthwatch had not undertaken a great deal of this to date but were keen to do more and had been involved in the engagement work on

intermediate care and reablement. They had legal powers to “Enter and View” and had discussed how they would look to introduce these at a recent Registered Managers Meeting.

From an Adult Care perspective, capturing the service user voice formed part of the work on quality. It was also being looked at across the Yorkshire and Humber region as well through Association of Directors of Adult Social Services (ADASS), so there would be more concrete activity to report on early in 2020.

Councillor Roche informed the Select Commission that two care homes which had previously closed, in Maltby and in Greasbrough, would be re-opening after being taken over by two new organisations. Adult Care were working with the new companies and would keep a close eye on the quality of those care homes. It was also reported that at that time Rotherham had no care homes in measures.

Resolved:- That the minutes of the previous meetings held on 13th June, 2019 and 11th July, 2019 be approved as a correct record, subject to the following correction from July regarding Minute No. 5 Recommendation 4 which should refer to the Sexual Health Strategy Group.

33. COMMUNICATIONS

The Chair congratulated Cllr R Elliott on his appointment as Vice Chair.

Information Pack

Contained within the information pack disseminated to the Commission were:-

- Presentation from the My Front Door seminar
- Presentation from Healthy Weight Declaration seminar – with questions for Members to send a response to the Cabinet Member or Public Health team
- Notes from the quarterly health briefing with health partners
- Health and Wellbeing Board minutes from July
- Year end Performance Report for the Rotherham Integrated Health and Social Care Place Plan

No questions were asked or comments made on the information pack.

Improving Access to Psychological Therapies (IAPT) Service

It was confirmed that the IAPT team had now moved from Clifton Lane to a more central location at the Centenary Clinic on Effingham Street (formerly Clearways).

Infertility Treatment

Proposals to improve access to services, including for same-sex couples, had previously been circulated. No further information was requested.

Drug and Alcohol Treatment and Recovery Services

A small number of Members would have a further visit to Carnson House to learn more about the challenges faced by people with long term methadone use in giving up their methadone prescriptions.

34. URGENT BUSINESS

There was no urgent business to report.

35. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday, 10th October, 2019, commencing at 2.00 p.m.

IMPROVING PLACES SELECT COMMISSION
6th June, 2019

Present:- Councillor Mallinder (in the Chair); Councillors Birch, Buckley, B. Cutts, Jepson, Jones, Khan, Reeder, Sansome, Sheppard, Taylor and Tweed and Ms. W. Birch (Co-opted Member).

Apologies for absence were received from Councillors Atkin, McNeely, Rushforth, Whysall and Wyatt.

An apology for absence was received from Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety.

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

1. MRS. LILIAN SHEARS

The Chair reported the sudden death of Mrs. Lilian Shears.

The Select Commission stood for a minute's silence as a mark of respect.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

4. COMMUNICATIONS

New/Old Select Commission Members

The Chair welcomed Councillors Rushforth, Taylor and Tweed to the Select Commission.

The Chair thanked Councillors Vjestica and Walsh for their contributions to the work of the Select Commission during the 2018/19 Municipal Year.

Review Meeting

A review meeting had taken place on 26th April and discussed the following items:-

Rights of Way Improvement Plan 2

This built on the previous improvement plan and had 4 main aims:-

- Accurately recorded, easy to use and free from obstructions
- A ROW network that retained the character of the countryside
- Promoted health and enjoyment
- Prioritising works to get the best out of Rotherham's network

Recommendation – That the Head of Highway Services for Community and Street Scene look at providing information, at Ward level, in relation to Public Rights of Way to Members.

Clean Air Zone – Improving Air Quality in Rotherham

This showed the consultation process for how the Council would meet the mandate from Government to undertake a feasibility study to reduce nitrogen dioxide in the shortest possible time.

Recommendation – That officers meet with relevant Members to discuss any potential impact on their Wards in light of the proposed changes listed as part of the Clean Air Zone to improve the air quality in Rotherham.

5. MINUTES OF THE PREVIOUS MEETING HELD ON 18TH APRIL 2019

Consideration was given to the minutes of the meeting held on 18th April, 2019.

Resolved:- That the minutes of the meeting of the Improving Places Select Commission held on Thursday, 18th April, 2019, be approved as a correct record.

6. AGREEMENT BETWEEN DIGNITY FUNERALS LTD AND ROTHERHAM METROPOLITAN BOROUGH COUNCIL - UPDATE

Polly Hamilton, Assistant Director, Culture, Sport and Tourism, presented an update on the progress made against the recommendations of the Improving Places Select Commission held on 14th February, 2019.

Also in attendance were:-

Louise Sennitt, Superintendent Registrar/Contract Manager, RMBC
Steve Gant, Dignity
Nicola Cook, Dignity
Sam Fletcher, Rotherham Manager, Dignity.

There had been significant progress made over the last year. Regular monitoring and dialogue took place between the Council and Dignity as well as a number of systems and processes by which to check with the wider community and those with protected characteristics.

The report set out the progress made against the Select Commission's recommendations of 14th February, 2019.

Discussion ensued with the following issues raised/clarified:-

- Provision of environmentally friendly burial options – work was taking place to consider different options in terms of suitable land. There was one environmentally friendly burial site not too far from Rotherham owned by another company; Dignity had one environmentally friendly burial section in one of their cemeteries. It was something that was definitely gaining a lot of interest but Dignity's current experience was that there was not a great deal of uptake

It was noted that Councillor Hoddinott had been looking into good practice in other local authorities. There were some other authorities who Rotherham could perhaps learn from and potential site visits that could be undertaken in the future

Before any decision was made, the Council would follow its consultation policy and process to establish if there was the demand for such facility from the general public. Initial engagement had been made with Ward Members with regard to potential sites who had raised the issue of communication and consultation

- Although the main driveway at Ridgeway was in good order, a number of the side roads were showing signs of potholes. Dignity undertook to ensure the Grounds Maintenance Team carried out checks
- Cemetery testing was a priority throughout all the cemeteries. Dignity was currently progressing an inhouse system to make that more effective which would be rolled out as and when
- Clarification that Psalters Lane Cemetery was listed as “Masbrough”
- The secure storage for registers and records had been a big project for Dignity to find suitable storage methods as well as the legislation having changed since the original contract. A third and final quote was awaited for comparison purposes but it was hoped by the end of the year to have the safes installed to store all of the records. Scanning would also be explored to provide extra security. Initially consideration had been given to scanning and then removal of the documents to an offsite facility, however, there was a lot of interest from members of the public in seeing the physical registers and felt it would be unreasonable to move them off site
- Appreciation by the Muslim community for listening to them and the provision of extended hours to facilitate Muslim burials

- Issue of some of the Muslim graves being waterlogged – when preparing the new section for Muslim graves, the Grounds Maintenance Team had found a pipe which had flooded the area. Despite best efforts the problem had not been solved as yet and water was continuing to be pumped out so they could be used. Ongoing investigations were taking place to ascertain the source of the water
- After hours burials charge – this was an agenda item for the next Project Liaison Group. Dignity was charged a fee which was then passed onto the client. There was constant discussion regarding the fee and it was hoped a resolution would be reached that suited all parties
- Future land for Muslim burial sites – Dignity had maps showing their burial land and able to forecast where provision could be extended. This information would be provided to the Select Commission

The Chair thanked Dignity and relevant officers for their work on this matter.

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

(2) That once extended hours for burials pilot was completed, the outcome be submitted to the Select Commission.

7. DATE AND TIME OF THE NEXT MEETING:-

Resolved:- That a further meeting be held on Thursday, 25th July, 2019, commencing at 1.30 p.m.

IMPROVING LIVES SELECT COMMISSION
9th July, 2019

Present:- Councillor Cusworth (in the Chair); Councillors Beaumont, Clark, Elliot, Ireland, Khan, Pitchley, Price, Senior, Julie Turner, Atkin and Jarvis.

Apologies for absence:- Apologies were received from Councillor Marriott and Joanna Jones (Co-optee Children and Young People's Voluntary Sector Consortium).

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

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

11. DECLARATIONS OF INTEREST

There were no Declarations of Interest to report.

12. EXCLUSION OF THE PRESS AND PUBLIC

There were no items requiring exclusion from the press or public.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

14. COMMUNICATIONS

The Chair reported on the latest meeting of the Corporate Parenting Panel and referred to the report Judith Badger, Strategic Director, had presented on the proposals for the Looked After Children's population in terms of the budget.

Consideration had also been given to the revised capital spend for extensions and adaptations to homes and the larger review that has been ongoing that Councillors Cusworth, Elliot, M. Elliott and Jarvis had been working on. This review would be considered at the next meeting of the Corporate Parenting Panel in October and would also be circulated to Improving Lives Select Commission Members.

15. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH JUNE, 2019

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 11th June, 2019, be approved as a correct record of proceedings.

Further to Minute No. 6 (Regional Schools Commissioner) the Regional School Commissioner had written to clarify an issue in respect of Census Day and the national funding formula and whether it would include any changes to current arrangements for funding for pupils who arrived part way through a school year. He confirmed that at this moment in time there were no plans to make changes to the 'census day', but consideration was being given to an element to the national funding formula to reflect pupil mobility. This was dependent upon the expected spending review in the near future. The letter received would be circulated to all Commission Members.

16. ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP: MULTI-AGENCY ARRANGEMENTS FOR SAFEGUARDING CHILDREN

The Chair welcomed Christine Cassell, Independent Chair of the Local Children's Safeguarding Board, and Phil Morris, Business Manager, along with Jon Stonehouse, Strategic Director of Children and Young People's Services, Sue Cassin, CCG, and Una Jennings, Chief Superintendent, South Yorkshire Police, who introduced the report and how it presented the Rotherham Multi-Agency Arrangements for Safeguarding Children.

These arrangements were developed, in accordance with statutory guidance, by the three safeguarding partners in consultation with the wider partnership and would become effective from September 2019.

By way of a presentation the Independent Chair and Strategic Director provided a summary about the new Multi-Agency Safeguarding Arrangements for Rotherham which would replace the Rotherham Safeguarding Children Board.

The reason for this change was as a result of the removal of the requirement for Safeguarding Children Boards as they currently existed, but replaced with a requirement for a new partnership.

The presentation using PowerPoint highlighted:-

- Children Act 2004 amended by Children and Social Work Act (2017).
- Working Together 2018 stated that local safeguarding arrangements must be published by June 2019, implemented by September 2019, and include:-
 - Arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area.
 - Arrangements for commissioning and publishing local child safeguarding practice reviews.
 - Arrangements for independent scrutiny of the effectiveness of the arrangements.
 - Who the three local safeguarding partners are, especially if the arrangements cover more than one local authority area.

- Geographical boundaries (especially if the arrangements operate across more than one local authority area).
 - The relevant agencies the safeguarding partners will work with; why these organisations and agencies have been chosen; and how they will collaborate and work together to improve outcomes for children and families.
 - How all early years' settings, schools (including independent schools, academies and free schools) and other educational establishments will be included in the safeguarding arrangements.
 - How any youth custody and residential homes for children will be included in the safeguarding arrangements?
 - How the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help.
 - How inter-agency training will be commissioned, delivered and monitored for impact and how they will undertake any multi-agency and interagency audits.
 - How the arrangements will be funded.
 - The process for undertaking local child safeguarding practice reviews, setting out the arrangements for embedding learning across organisations and agencies.
 - How the arrangements will include the voice of children and families.
 - How the threshold document setting out the local criteria for safeguarding interventions aligns with the arrangements
- Membership of the Chief Officers' Group.
 - Membership of the Executive Group.
 - Delivery Groupings.
 - Wider Safeguarding Partnership.
 - Independent Chair /Scrutiny Role - Working Together 2018:-
- Provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases. This independent scrutiny will be part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections (JTAs).
 - Safeguarding partners should ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.
 - Should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.

- The published arrangements should set out the plans for independent scrutiny; how the arrangements will be reviewed;
 - Safeguarding partners should also agree arrangements for independent scrutiny of the report they must publish at least once a year.
- Independent Chair / Scrutiny:-
 - Chairing of Chief Officer Group
 - Chairing of Executive Group
 - Chair / facilitate wider partnership meetings.
 - Meets with chairs of other Partnership Boards.
 - Meets with Leaders and Officers relating to specific issues across the Partnership.
 - Agree with Safeguarding Partners how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
 - Scrutinise the work of the delivery groups and the progress of the business plan.
 - Scrutinise the Annual Report developed by the Safeguarding Partners.
 - Acts objectively as a critical friend to promote reflection and drive continuous improvement.
 - Leads challenge sessions in relation to organisations' safeguarding children arrangements (Safeguarding Self-Assessment).
 - Engages with community groups or community representatives.
 - Has access to relevant (single and multi-agency) performance data and quality assurance information to effectively challenge practice and poor outcomes for children.
 - Has an influencing role within and across the partnership with regard to multi-agency practice and outcomes for children.
 - Participate in reviews by Inspectorates when required, including JTAs. Holds partners to account for Improvement Plans arising from Inspection and Peer Review activity.
 - Is alerted to serious safeguarding cases, incidences of whistleblowing relating to safeguarding matters and acts as a point of escalation when safeguarding partners are unable to find a resolution within the partnership.
 - Seeks assurance and scrutinises decision making in relation to Serious Case Reviews(SCRs).
 - Has a line of sight to frontline practice and outcomes for children – where appropriate is able to observe practice, engaged with practitioners, children and their families with regard to their experience of the safeguarding system?
 - Communicates with external local/regional/national organisations and governmental departments where appropriate in relation to safeguarding matters impacting on partnership working and outcomes for children.

The Commission were also advised that as the National Crime Agency was such an important partner they had been added to the Group. The Partnership had also decided to continue having an Independent Chair and ensure that scrutiny was truly objective and act as a constructive critical friend.

Scrutiny should therefore, consider how effectively the arrangements were working for children and families as well as for practitioners and require the arrangements for published arrangements to be published at least annually.

The Chair thanked those present for their very informative presentation and welcomed the decision to retain an Independent Chair.

Councillor Watson, Deputy Leader, also reiterated the positivity of the three lead agencies working together to develop the new arrangements and how they had expertly been facilitated in that work by the Independent Chair.

The strength of the new arrangements were recognised and the work that had gone into building the foundations in ensuring they would continue to be strengthened going forward.

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

- Child Death Overview Panel and its function.

The Child Death Overview Panel had moved out from the Department of Education into the Department of Health. However, in Rotherham it was felt strongly that the Partnership working had made a huge difference locally at looking at preventable deaths so this had been maintained within the structure of the new Safeguarding Children Partnership.

The Director of Public Health would continue to chair and would be scrutinised by partners in either Sheffield or Barnsley or the rest of South Yorkshire to look at themes and trends. For example, Rotherham had noticed an issue with safe sleeping and this had also been highlighted in Sheffield. With enough data this allowed investigation into specific areas and whilst there may still be one or two deaths due to unsafe sleeping each year, it allowed relevant organisations to look at how these circumstances can be prevented.

- As with Serious Case Reviews would the findings of the Child Death Overview Panel be available.

An Annual Report would continue to be provided, but this would be widened out across the South Yorkshire area so that themes and trends would become more apparent and could be acted on accordingly.

The distinction was highlighted between child deaths which were overseen by the Child Death Overview Panel and serious incidents which were overseen by the Child Practice Review Panel.

- With the plans to continue with an Independent Chair what other extracts of the Regulations were Rotherham pursuing outside of those prescribed by the Regulations.

The new arrangements allowed for local determination, but some of the regulations were specifically prescribed in terms of their role, remit composition etc.

Not every area would have a Chief Officers Group, but in Rotherham this demonstrated core agencies were taking full responsibility for multi-agency safeguarding arrangements. This would provide a clear audit trail of accountability to the three organisations and with the Independent Chair demonstrated a real strength in terms of sub-regional arrangements.

There was some degree of some flexibility in the arrangements and local areas could tailor these to meet their own priorities whilst ensuring certain requirements were met.

One of the subtle shifts in the new arrangements was the emphasis on the role as Chair to scrutinise and challenge what key partners were delivering locally.

The new arrangements were welcomed along with the recognition that Rotherham was a child friendly borough and work was taking place with young people. However, it was suggested that any acronyms be kept to a minimum.

- In terms of the different groups would organisations be challenging each other and how would this work to ensure transparency.

Partners challenging one another was fundamental whether this was at a casework level where people were coming together to discuss a plan for a child and family or at a manager level.

For example, in the Quality Assurance and Performance Group information was distributed amongst partners and each asked to scrutinise different aspects. This gave people the opportunity to ask one another about performance. Challenge sessions were also organised where partners from across the wider partnership looked at one another's quality assurance and challenged by way of questions.

The Chief Nurse representing the CCG and Chief Superintendent Una Jennings also commented on the changes and the processes for positive challenge between partners. From experiences elsewhere, the arrangements were robust and collectively partners would benefit from the legacy that had been left by the outgoing Chair and her level of investment in ensuring that Rotherham was left in a very good place from the activity, relationships and mature conversations between practitioners.

There would be a prominent place within the work programme for each of the partners to present performance and quality reports, informed by case audits and statistics.

- What encouragement had there been to schools to sign up to this voluntary process and could their involvement be enforced.

It was hoped Rotherham would not be in a position of forcing a school to comply. The Safeguarding Forum was for all schools which was very well attended and would build on the Safeguarding agenda. The responsibilities as a Local Authority were very clear and this applied to all schools so any Safeguarding issues and referrals that came to the Local Authority would continue regardless of the status of schools.

- Whilst schools were included regardless of their status, what would be the process for a Free School and could this be enforced?

In setting out these arrangements all educational establishments had been named as this effectively gave the key partners the power to require people to engage around Safeguarding. Whilst it was hoped it would not come to the point where a school was obliged to comply, the power was there should it be necessary.

Rotherham had a very strong Safeguarding Forum and schools participated. There was value in engaging and undergoing the self-assessment around Safeguarding and certainly in their best interests. Compliance would give schools strength in terms of responding to any Ofsted inspections.

- In terms of firm counter-extremism what facility was in operation for the various agencies to raise issues and what capacity was there to respond to concerns?

Extremism was probably more of a role for the Safer Rotherham Partnership, but these issues should be discussed and shared proactively with schools and other organisation so there was a clear referral process and to fully what support was available to them.

The Council had very clear Prevent responsibility and the Safeguarding Children Board had asked for information on Prevent to be shared so partners could fully understand how well vulnerable children were supported to avoid exploitation, being coerced or introduced to any kind of radicalisation.

- Could there be more clarification on the role of the MAPPA Board.

The Multi-Agency Public Protection Arrangements (MAPPA) were generally led by the Probation Services and it was their role to protect the public from particular individuals within the Health Service. The Mental Health Team sat on the MAPPA Board and this was overseen by the Clinical Commissioning Group to ensure responses were appropriate. There were other agencies represented on the Board whose purpose it was to make sure the package for an individual living in the community was robust.

- Was there a robust information sharing protocol between the three key partners again in line with the General Data Protection Regulation (GDPR)? Were there any plans to circulate any information on this issue.

There were very clear messages about what information could and could not be shared if there was a serious Safeguarding issue. The statutory Working Together guidance outlined clear information sharing protocols.

The Caldecott Guardians had been heavily involved in the development of information sharing within a clear set of principles.

Different organisations had different viewpoints on information sharing, so it would be valuable to have a set of bullet points that may help some of the smaller voluntary organisations to prevent any blockages to information.

Work had taken place with some smaller organisations where it was unclear whether to make a Safeguarding referral to the MASH or not. Advice had been to talk through the scenario with a MASH representative on an anonymised basis rather than risk a breach in data protection.

- Reference was made in the report about child exploitation and was this based on current child exploitation or historical data.

Learning from historic cases and cases that were currently being investigated would ensure an effective response to exploitation. The Group had been changed to Exploitation because children could be exploited in a number of different ways. The focus would continue on sexual exploitation, but the work would be closely monitored within the new partnership arrangements.

- The arrangements moving forward were more positive and would build on the success that had already been achieved.

Through that wider Partnership it was hoped to obtain a better dialogue with schools and this would be strengthened with a representative from Education on the Board. It was hoped that the wider Partnership would operate in such a way that more people could discuss their views through the operation of a conference or cabaret-style meeting. This would facilitate a much better exchange of information within a wider group of people particularly with the education sector.

- A wider range of voices would be heard and this was a positive change from the former system.

If anyone did not feel that that message had been received then this would be given priority and, as the new arrangements were introduced in September, changes could be made.

- For the first year of the Rotherham Safeguarding Partnership the funding formula would stay the same, but had any agreement being reached yet about future contributions from partners.

Consideration was being given to the support arrangements going forward, but more work was required before any changes could be finalised to the current arrangements. The Council was confident an agreement could be reached.

- It was clarified that the meetings that currently took place between the Chair of the Local Children's Safeguarding Board, the Adult Safeguarding Board, Health and Wellbeing Board, Children and Young People's Transformation Board and the Safer Rotherham Partnership would continue going forward.

Continuation of these meetings around safeguarding issues were written into the new arrangements.

The arrangements supported a good level of assurance that the systems and processes that were in place going forward were based on the robust challenge of the former and new Independent Chair. The annual reports should still be presented to the Select Commission to ensure it had oversight of the implementation and transition.

The Chair and the Commission wanted to formally thank the retiring Chair for her investment in the Local Children's Safeguarding Board and for her support and the openness in her discussions.

Resolved:- (1) That the decision of the Cabinet to endorse the development and publication of the Multi-Agency Arrangements for Safeguarding Children be noted.

(2) That the future scrutiny of these arrangements continue and the Annual Report be presented to this Commission.

(3) That an update be provided in six months following the implementation and transition to the new process.

17. PRESENTATION - CHILDREN MISSING FROM EDUCATION, CARE AND HOME

This item was deferred and would be included on the agenda for the September meeting.

18. IMPROVING LIVES WORK PROGRAMME 2019

Consideration was given to the Improving Lives Work Programme where it was reported that meetings had been held with the Commission plus input from Strategic Director Link Officers and also the Cabinet Member.

The programme set out meeting by meeting agenda items. There would also be items arising from the Sub-Groups and these would feed into the Commission in due course.

There would also be regular updates in terms of issues to be scheduled and also a summary of the recommendations to inform any future work.

Members would be contacted by e-mail seeking expressions of interest for the Sub-Groups, initially with the Performance Sub-Group. Expressions of interest would also be sought to be part of a group to look at post-abuse support and holiday hunger. The post-abuse support review would commence shortly and the holiday hunger review would be undertaken in late summer/early autumn.

Resolved:- (1) That the contents of the report and the Work Programme detail be noted.

(2) That updates be provided to each meeting of this Commission on the progress of the work programme and further prioritisation as required.

19. URGENT BUSINESS

There was no urgent business to report.

20. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Improving Lives Select Commission take place on Tuesday, 17th September, 2019 at 5.30 p.m.

IMPROVING PLACES SELECT COMMISSION
6th June, 2019

Present:- Councillor Mallinder (in the Chair); Councillors Birch, Buckley, B. Cutts, Jepson, Jones, Khan, Reeder, Sansome, Sheppard, Taylor and Tweed and Ms. W. Birch (Co-opted Member).

Apologies for absence were received from Councillors Atkin, McNeely, Rushforth, Whysall and Wyatt.

An apology for absence was received from Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety.

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

1. MRS. LILIAN SHEARS

The Chair reported the sudden death of Mrs. Lilian Shears.

The Select Commission stood for a minute's silence as a mark of respect.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

4. COMMUNICATIONS

New/Old Select Commission Members

The Chair welcomed Councillors Rushforth, Taylor and Tweed to the Select Commission.

The Chair thanked Councillors Vjestica and Walsh for their contributions to the work of the Select Commission during the 2018/19 Municipal Year.

Review Meeting

A review meeting had taken place on 26th April and discussed the following items:-

Rights of Way Improvement Plan 2

This built on the previous improvement plan and had 4 main aims:-

- Accurately recorded, easy to use and free from obstructions
- A ROW network that retained the character of the countryside
- Promoted health and enjoyment
- Prioritising works to get the best out of Rotherham's network

Recommendation – That the Head of Highway Services for Community and Street Scene look at providing information, at Ward level, in relation to Public Rights of Way to Members.

Clean Air Zone – Improving Air Quality in Rotherham

This showed the consultation process for how the Council would meet the mandate from Government to undertake a feasibility study to reduce nitrogen dioxide in the shortest possible time.

Recommendation – That officers meet with relevant Members to discuss any potential impact on their Wards in light of the proposed changes listed as part of the Clean Air Zone to improve the air quality in Rotherham.

5. MINUTES OF THE PREVIOUS MEETING HELD ON 18TH APRIL 2019

Consideration was given to the minutes of the meeting held on 18th April, 2019.

Resolved:- That the minutes of the meeting of the Improving Places Select Commission held on Thursday, 18th April, 2019, be approved as a correct record.

6. AGREEMENT BETWEEN DIGNITY FUNERALS LTD AND ROTHERHAM METROPOLITAN BOROUGH COUNCIL - UPDATE

Polly Hamilton, Assistant Director, Culture, Sport and Tourism, presented an update on the progress made against the recommendations of the Improving Places Select Commission held on 14th February, 2019.

Also in attendance were:-

Louise Sennitt, Superintendent Registrar/Contract Manager, RMBC
Steve Gant, Dignity
Nicola Cook, Dignity
Sam Fletcher, Rotherham Manager, Dignity.

There had been significant progress made over the last year. Regular monitoring and dialogue took place between the Council and Dignity as well as a number of systems and processes by which to check with the wider community and those with protected characteristics.

The report set out the progress made against the Select Commission's recommendations of 14th February, 2019.

Discussion ensued with the following issues raised/clarified:-

- Provision of environmentally friendly burial options – work was taking place to consider different options in terms of suitable land. There was one environmentally friendly burial site not too far from Rotherham owned by another company; Dignity had one environmentally friendly burial section in one of their cemeteries. It was something that was definitely gaining a lot of interest but Dignity's current experience was that there was not a great deal of uptake

It was noted that Councillor Hoddinott had been looking into good practice in other local authorities. There were some other authorities who Rotherham could perhaps learn from and potential site visits that could be undertaken in the future

Before any decision was made, the Council would follow its consultation policy and process to establish if there was the demand for such facility from the general public. Initial engagement had been made with Ward Members with regard to potential sites who had raised the issue of communication and consultation

- Although the main driveway at Ridgeway was in good order, a number of the side roads were showing signs of potholes. Dignity undertook to ensure the Grounds Maintenance Team carried out checks
- Cemetery testing was a priority throughout all the cemeteries. Dignity was currently progressing an inhouse system to make that more effective which would be rolled out as and when
- Clarification that Psalters Lane Cemetery was listed as “Masbrough”
- The secure storage for registers and records had been a big project for Dignity to find suitable storage methods as well as the legislation having changed since the original contract. A third and final quote was awaited for comparison purposes but it was hoped by the end of the year to have the safes installed to store all of the records. Scanning would also be explored to provide extra security. Initially consideration had been given to scanning and then removal of the documents to an offsite facility, however, there was a lot of interest from members of the public in seeing the physical registers and felt it would be unreasonable to move them off site
- Appreciation by the Muslim community for listening to them and the provision of extended hours to facilitate Muslim burials

- Issue of some of the Muslim graves being waterlogged – when preparing the new section for Muslim graves, the Grounds Maintenance Team had found a pipe which had flooded the area. Despite best efforts the problem had not been solved as yet and water was continuing to be pumped out so they could be used. Ongoing investigations were taking place to ascertain the source of the water
- After hours burials charge – this was an agenda item for the next Project Liaison Group. Dignity was charged a fee which was then passed onto the client. There was constant discussion regarding the fee and it was hoped a resolution would be reached that suited all parties
- Future land for Muslim burial sites – Dignity had maps showing their burial land and able to forecast where provision could be extended. This information would be provided to the Select Commission

The Chair thanked Dignity and relevant officers for their work on this matter.

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

(2) That once extended hours for burials pilot was completed, the outcome be submitted to the Select Commission.

7. DATE AND TIME OF THE NEXT MEETING:-

Resolved:- That a further meeting be held on Thursday, 25th July, 2019, commencing at 1.30 p.m.

**IMPROVING PLACES SELECT COMMISSION
25th July, 2019**

Present:- Councillor Mallinder (in the Chair); Councillors Atkin, Elliot, Jepson, Jones, Khan, McNeely, Reeder, Rushforth, Sansome, Taylor, Julie Turner, Tweed, Whysall and Wyatt together with Mrs. W. Birch (Co-opted Member).

Apologies for absence were received from Councillors B. Cutts and Sheppard.

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

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8. MINUTES OF THE PREVIOUS MEETING HELD ON 6TH JUNE, 2019

Consideration was given to the minutes of the meeting held on 6th June, 2019.

Resolved:- That the minutes of the meeting of the Improving Places Select Commission held on Thursday, 6th June, 2019, be approved as a correct record.

9. DECLARATIONS OF INTEREST

Councillor Sansome made a Personal Declaration of Interest on Minute No. 13 – Thriving Neighbourhoods Update Report – as he was a Member of the Neighbourhood Working Members Forum.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public asked if they could be provided with an update with regard to the changing of the zebra crossing on Victoria Street, Kilnhurst, to a pelican crossing.

On behalf of the community she wished to thank the Ward Members for Swinton and Silverwood for their help in this matter.

The Democratic Services Manager reported that it was his understanding that a decision was due to be made by the relevant Strategic Director shortly. Discussions had taken place with the group who had submitted the petition calling for the change. Once the decision had been made the lead petitioner would be informed accordingly.

It was urged that the work be completed by the end of the summer so that it was in place for when the schools returned in September.

11. EXCLUSION OF THE PRESS AND PUBLIC

There were no agenda items requiring the exclusion of the press or public from the meeting.

12. COMMUNICATIONS

There was none to report.

13. THRIVING NEIGHBOURHOODS - UPDATE REPORT

Further to Minute No. 20 of 20th September, 2018, Councillor Watson, Deputy Leader, and Shokat Lal, Assistant Chief Executive, presented a summary of the delivery of the Thriving Neighbourhoods Strategy and the Neighbourhood working model.

The Thriving Neighbourhoods Strategy (2019-2025) had been approved by Cabinet in November, 2018 (Minute No. 55 refers) and an implementation plan developed which was constantly reviewed and refreshed on a monthly basis. The implementation plan identified the following drivers:-

- Engage and develop the workforce
- Councillors as Community Leaders
- Communication and engagement
- Asset Based Community Development
- Integrated Place Based Working
- Role of Parish Councils

There had been significant progress on implementing the Strategy since November 2018. The report submitted highlighted the work that had taken place under the above drivers.

Discussion ensued with the following issues raised/clarified:-

- Housing Revenue Account (HRA) – it was noted that any Ward base budget not spent by the end of the financial year would be returned to the main HRA budget. Was there some mechanism where, if a Ward Panel had been particularly busy and had projects on the shelf ready to go, that they could bid for funding before it went back into the central pot?

This was still under discussion and would be a political decision. The logic of the current policy was that all neighbourhood budgets would run for the term of office and when the Wards changed, if not spent, it was returned to the central pot.

- A Tenant may live in a Parish and pay a Parish precept. Was there a possibility of the Parish precept being used with the Ward base budget and the tenant feeling that they were paying twice?

Parish Councils were responsible for their own budget and had their own priorities which may coincide with those of the Borough Council. It was hoped that conversations would take place to allow smarter spending in the future and avoid duplication.

- What were the short term objectives and long term prospects for the Community Sport and Health apprenticeship?

The Apprenticeship Levy, in terms of funding, had very clear guidelines in terms of what apprenticeships you could have and how the training programme and funding was used to support apprentices.

These were apprenticeship placements very much linked to Public Health, sport and sporting activities that were fairly new and unique focussing on a particular area.

They were quite wide in their reach around looking at health-based activities, the whole focus of Public Health and community development and how you connected communities around particular areas of health activities. It was felt that they presented a wide scope of what roles the individuals could go into once they had completed their apprenticeships.

It was anticipated recruitment would take place in September. There was a proper infrastructure around the training and support for these particular roles and it was hoped they would have a number of career opportunities. The roles would not just focus on neighbourhood working or communicating development but also work actively with residents, dealing with some of the Council Plan indicators etc. across the Borough and working with partners.

They were quite unique in terms of what they offered and may in the future but there was confidence there would be roles for them.

- At the moment projects were supported on a majority vote; what would happen if there was a conflict when some of the Wards were reduced to 2 Members? Was there conflict resolution.

The guidance provided in April made it clear that the guidance was up until the 2020 elections. It was the intention to refresh the guidance early next year taking into account boundary revisions and how a dispute was to be resolved should one arise.

Dispute resolution would be a challenge for the Neighbourhood Working Forum.

- How would the campaign/Thriving Neighbourhood Strategy be promoted to different groups especially ethnic minorities and religious institutions?

The Voluntary Action Rotherham (VAR) contract had been changed 18 months ago and included them embracing enhanced neighbourhood working and looking at capacity building. The contract was reviewed annually with VAR held to account on what work was taking place.

Work was underway looking at other authorities as to what they did around customer segmentation and the breaking down of Ward intelligence. It would help Ward Councillors to understand what was happening in their Ward and what resources they needed as well as identifying hard to reach groups.

With regard to communications, it was about knowing your residents and the different ways and channels to engage.

- Talked about staff and the Members working together but there were some issues that staff dealt with on a daily basis. Would it be an idea to report any serious issues to Members?

Yes that should happen. There were 21 Wards and every one would have a slightly different way of working.

- Multi-Agency Groups (MAGS) – if not working where was this going? What was happening with them.

There were different experiences in different Wards. The recently announced extra Police resources were to be deployed into the neighbourhoods. Each area would have more warranted Police Officers.

- The hardest thing to spend was Capital and more flexibility was required. It was easy to spend Revenue but Capital was a lot harder because of the rules.

Unfortunately there were strict accounting rules and it was not possible.

- Can we consider whether Members could give Ward update presentations to full Council rather than read from a script?
- Provision of public water fountains.

If a request for provision was submitted it would be costed.

- Did Purdah apply to Area Housing Panels and if so they needed to be made aware of it with regard to spend.

If the final decision on HRA money fell to an Elected Member then it would fall foul of Purdah.

The guidance was very clear. Councillors had been advised that they had to have allocated/committed their Ward budgets by 31st January 2020 and all budgets have to be spent by 31st March, 2020. Purdah would not commence until the beginning of the new financial year so should not affect the spending of the budgets.

- Last year there was an update on Ward statistics – would that be re-issued/updated?
- Spending approvals – could Members have a quarterly update?

The figures came from the Finance Department and only counted when the funding had been spent. The individual Ward's figures would always be more current because it would know what had been committed.

- Was the Strategy being delivered and was it working?

Yes it was.

- Asset Management – the report stated that a building was advertised for a month and 2 months to complete. Was that a tight timeline?

It was 2 months to complete a business case. Whilst it may not be long enough, there was an asset deteriorating while it was taking place.

Resolved:- (1) That the progress of the delivery of the Thriving Neighbourhoods Strategy and the Neighbourhood Working model be noted.

(2) That the Select Commission be supplied with the guidance with regard to Purdah and the spending of the devolved budgets.

14. EVALUATION OF THE TIME FOR ACTION INITIATIVE

Councillor Hoddinott, Cabinet Member, together with Tom Smith, Assistant Director, Community Safety and Street Scene, and Lewis Coates, Regulation and Enforcement Manager, presented an update in relation to the 'Time for Action' initiative which provided for a mechanism to deliver enhanced enforcement around enviro-crime particularly littering offences and parking offences.

The report set out Service delivery performance together with a number of challenges that were currently being addressed.

Contract management arrangements were different for the delivery of enviro-crime and parking enforcement. For littering and dog fouling the contract was wholly managed by Doncaster Borough Council; for parking enforcement additional resources were provided through the contract, however, the processing of Parking Penalty Charge Notices and payments was managed within Rotherham Council's existing provisions.

The report set out updates relating to:-

- Delivery targets/Service Level Agreement
- Improving Places Select Commission recommendations
- Staffing
- Reporting
- Performance
- Cancelled fines, representations and complaints
- Prosecutions
- Parking enforcement

Discussion ensued with the following issues raised/clarified:-

- The money arising from a fine was split between Rotherham and Doncaster – if Doncaster was collecting a £80 fine and Rotherham only getting £7 that meant Doncaster was getting a larger cut of the profits?

The fine paid for the resource on the ground that issued the fine plus the cost of Doncaster to administer the control. The vast majority of the fine did go to those who actually issued it because that was where the cost was. Doncaster was not making a big profit out of the contract but was something mutually benefitting both authorities.

- Litter and dog fouling patrol locations – why was there such a disproportionate amount of patrols v fines in January as opposed to May? Who decided where the patrols would take place?

Councillors could submit requests from residents in terms of where the patrols should be. The column on the Appendix was the ratio of patrols v the number of fines issued.

One of the main objectives of the initiative was to get patrols into areas and have a visible presence. Work was taking place with the contractor regarding the spread of patrols.

- Could Members be informed of when there would be patrols in their area?

Communications data and intelligence was one of the recommendations that was not up and running as yet. There was the ability to get data out for the reports but there was still work to be done on the systems to get it on a continuous basis.

There was a new supervisor in place now who would drive that information.

- There was a big issue with parked vehicles at night in certain areas of the Borough. The optimum time to catch them would be at the weekend.

Parking enforcement was carried out 7 days a week.

- Were there any figures on outlaying visits from officers?

Appendix 1 of the report set out the fines of patrols. It was still an area for development. Patrols had visited everywhere from a Ward perspective but there was agreement in the arrangement that there was more working out of the town centre than was currently reflected in the figures. Work was taking place with the contractor to increase that.

- When cases do not get paid they were taken into the Single Justice Court. Unfortunately these Courts had standard amounts for victim surcharge. Was there any data on what had been charged on how many Rotherham residents who probably could not pay?

The Single Justice System was brought in to deal with large number of cases. Feedback would suggest that the Court system were struggling with the number of cases given the cuts that had been introduced.

The Service had the full listing of each individual case and the cost to that individual. There was a standard fee, however, some were increased depending upon circumstances. Nothing had been received so far from the Citizens Advice Bureau stating that someone was facing hardship due to the fine.

- How would you treat vulnerable individuals who were repeatedly offending?

It was clearly set out within the arrangement that all staff issuing tickets were trained in Safeguarding and vulnerabilities. Where a vulnerable individual came to light after the fine was issued it was taken into account and the fine cancelled.

One measure for the Council was the complaint figures which were compared to previous years; 2 complaints had been upheld in the first year of operation which reflected the slightly more measured approach being taken by the operator.

- Was there a bonus scheme for individuals for the issuing of fines?

It was difficult to comment upon the terms and conditions of staff employed by Kingdom, however, the Council would not encourage a contractor to have a bonus scheme in place.

- How simple would you say the appeals system was? Was it simple enough for people to approach and was it a quick process to turn round and if not could you look at it again and make it simple?

There was a quick appeal process.

Members of the public could submit a complaint into the Council. It could be via a telephone call from the individual/family member/friend and would then be passed onto the staff at Doncaster who would review that particular fine. When looking at the representations that had been made and the scrutiny that Doncaster had conducted into the fines, the number that had been overturned indicated that they were scrutinising them correctly.

- How did the contract managed by Doncaster MCB for littering and dog fouling link with the Public Space Protection Order (PSPO) and if so how did the public differentiate between them?

The contract did not enforce Rotherham's Public Space Protection Order; that was separate. The PSPO was currently enforced by the Police and Council Officers. It possibly could in the future but currently was not.

- The Select Commission had made some recommendations but nowhere did it state which you had agreed to be implemented and which were not and if not why not.

All the recommendations had been agreed and taken forward; the submitted report was the progress made against them. Not all the recommendations were completed particularly around Communications and talking to Councillors which was still progressing.

- How did the general public know who it was they were being fined by?

Any officer issuing someone with a Fixed Penalty Notice had to identify themselves and who they represented so the person receiving the fine would clearly know who it was issuing the fine. It was quite difficult for people to differentiate who it was (Kingdom or RMBC) but

it was about visibility of people undertaking enforcement work. It was part of the Service Level Agreement that there was not too much differentiation because it was about public seeing someone undertaking enforcement.

- What was a patrol?

One officer that went to Anston and Dinnington would count as one patrol; if two officers went it would be two patrols. Each individual Officer's patrol would be counted against each individual area that that Officer visited.

- Who set the target for littering and why was it so high?

It had been drawn from the pilot. It would continue to be reviewed.

- Why was the loss of a patrol vehicle allowed to go on for so long?

This was an issue of the contractor and the resources available; it had taken sometime to source a new vehicle and had taken officer patrols out of the districts.

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

(2) That the levels of performance be noted and the importance of enhanced enforcement and visibility agreed.

(3) That a further update be submitted in 6 months.

15. HOME TO SCHOOL TRANSPORT UPDATE

In accordance with Minute No. 27 of the meeting held on 1st November, 2018, the following update was presented on the Home to School Transport Policy:-

- The annual Transport Review process, to be undertaken at the same time as Education and Health Care Plans (EHCP) reviews to assess the suitability of existing transport, and the ability to partake in Independent Travel Training, was now in place
- The targeted uptake was to have 44 young people on Personal Travel Budgets (PTBs) by April 2019 and 69 on PTBs by September 2019. To date 56 young people were enrolled for PTBs. The targeted uptake was, therefore, on track for delivery and a significant increase from the 30 young people reported to the Select Commission in November 2018
- 'Train the trainer' had been delivered for Independent Travel Training providing the Council and partner schools with the ability to deliver training to young people

- A meeting had taken place with SYPTE to identify possible ways to increase the visibility of travellers with disabilities and the awareness amongst bus drivers
- Whilst the Service appreciated that, on occasion, appeals may overturn decisions made within the Policy, the need for young people to apply each year was enshrined within the Policy. However, the appeals process had been reviewed and guidance would be issued to the Team that, at the point of application if the circumstances had not changed year on year, the Transport Manager or Head of Service could grant the pass on the basis of exceptional circumstances without recourse to the appeal process. Should any change in circumstances occur, a full reassessment would take place in accordance with the Policy

Demand for the Service continued to rise in line with national rises in EHCPs for young people. The current assessment was that demand for the Service would increase by approximately 12% between January 2019 and January 2022 with 96 additional pupils in receipt of transport over that period.

Resolved:- That the update be noted.

16. URGENT BUSINESS

There was no urgent business to report.

17. DATE AND TIME OF THE NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 19th September, 2019, commencing at 1.30 p.m.

**IMPROVING PLACES SELECT COMMISSION
19th September, 2019**

Present:- Councillor Mallinder (in the Chair); Councillors Elliot, Jones, Khan, Reeder, Rushforth, Sansome, Sheppard, Taylor and Tweed and co-optees Wendy Birch and Mary Jacques from RotherFed.

Councillor Lelliott, Cabinet Member for Jobs and the Local Economy, was also in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Atkin, B. Cutts, Jepson, McNeely and Whysall.

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

18. MINUTES OF THE PREVIOUS MEETING HELD ON 25TH JULY, 2019

Consideration was given to the minutes of the previous meeting of the Improving Places Select Commission held on 25th July, 2019.

Further to Minute No. 13 (Thriving Neighbourhoods - Update), guidance in relation to spending devolved budgets during the pre-election publicity period would follow in due course.

Regarding Minute No. 14 (Evaluation of the Time for Action Initiative), the additional information requested would be followed up.

Resolved:- That the minutes of the previous meeting held on 25th July, 2019 be approved as a correct record.

19. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

20. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

21. EXCLUSION OF THE PRESS AND PUBLIC

There were no agenda items requiring the exclusion of the press or members of the public from the meeting.

22. COMMUNICATIONS**Worksmart**

A briefing paper had previously been circulated, as requested by Members. No comments were made or further information requested.

RotherFed

Two meetings would be held at Springwell Gardens on 14th October and 18th November commencing at 10:30am to consider housing adaptations. Members of Improving Places were welcome to attend and the dates would be e-mailed round.

Flooding Alleviation Work

The Chair confirmed that a detailed update would be provided at the meeting in December. Cllr Sheppard was thanked for leading on this issue on behalf of the Select Commission.

23. ROTHERHAM EMPLOYMENT AND SKILLS STRATEGY - UPDATE

Councillor Denise Lelliott, Cabinet Member for Jobs and the Local Economy introduced the update on the development, approval and delivery of the Rotherham Employment and Skills Strategy 2019-25. The Strategy had been approved by the Rotherham Together Partnership (RTP) in April 2019 and endorsed by Cabinet in June 2019. Implementation had begun, overseen by the Employment and Skills sub-group of the Business Growth Board, although delivery of the required activities involved a much wider range of partners. A mid-point review would be undertaken and the plan would be monitored on a six-monthly basis, with the results reported to the Rotherham Together Partnership Board and the Council.

Simeon Leach, Economic Strategy and Partnerships Manager, Simon Moss, Assistant Director Planning, Regeneration & Transport and Ian Goodall, Chair of the Employment and Skills sub-group of the Business Growth Board were present to provide more detail for Members.

The strategy had four strategic outcomes:-

- 1) Motivated Young People have opportunities to access the guidance, learning and development they need to further their chosen career path.
- 2) Employment provides opportunities for in-work health, well-being, skills progression and a decent level of pay.
- 3) Those excluded from the labour market are able to overcome barriers to training and employment.
- 4) Businesses are actively engaged in delivering training opportunities and recognise the benefits of investing in their workforce.

Members were updated with regard to progress on mapping and identifying existing employment and skills provision within the borough; development of a more detailed delivery plan; schools' involvement with the Business Growth Board; and the launch of Skills Bank 2 and Skills Support for the Workforce to provide funding for businesses to train and upskill their existing workforce. It was a question of linking up the entire activity taking place, establishing the baseline and filling the gaps. Progress had been slightly slower than envisaged but the onus was on doing it right.

When the draft strategy had been considered by the Overview and Scrutiny Management Board (OSMB) during pre-decision scrutiny a number of issues had been raised by Members and the report set out a response to each of these issues. The Equality Analysis had been updated and although a more detailed action plan was being developed this was likely to be in Quarter 1 of 2020.

The following issues were raised and discussed:-

- What was meant by “a decent level of pay” as referred to in the outcomes?
 - The Living Wage would probably be the baseline, but this would be looked at and there was a need also to consider links with the Social Value Policy currently under development.
- Barriers to employment or training such as lack of photographic identification or access to bank accounts was an issue for people of all ages not only young people.
 - This had been recognised and the Local Integration Board, who looked at specific aspects that impacted on people securing training/employment opportunities, were aware of this and working to address it. Feedback would be provided.
- The strategy referred to 3.7% of people with learning difficulties in paid employment. Clarification was sought as to whether this meant people with learning disabilities rather than learning difficulties as the two were not the same and the more people who were included within this 3.7% the greater the concern.
 - Statistics had been drawn from the report produced by Sheffield Hallam University and would be double-checked.
- Given this low percentage, the strategy lacked detail about plans to work with this group of people. Was discussion happening with employers and colleges regarding skills development for people with learning disabilities to equip them for employment even if they would not be obtaining high level academic qualifications?
 - The Cabinet Member emphasised that this was a partnership plan that needed effective action plans for each category, with

implementation and delivery overseen by the Business Growth Board and RTP.

- More work on action planning and looking at statistics would follow. Outcome 3 would address exclusion and barriers and therefore this would probably be progressed by the Local Integration Board. It had been recognised but at that moment nothing specific was in place as the plan was high level and more drilling down to produce detailed plans would follow. A further progress report could be presented.

- Was the external funding referred to only available for the public sector or for public and private sectors working together? Was funding policy joined up between both sectors with the Business Growth Board aware of successful private sector bids? How much of the funding was available for Rotherham?
 - Most was for large scale projects, including across South Yorkshire or the Sheffield City Region (SCR) and information was not to hand about Rotherham's share of the 23.57m. The Growth Company (private sector) had obtained £10m to support people both in and out of work. Other funding streams were available and it was important to avoid duplication but knowing what was needed locally helped to draw down funding. Private sector businesses could apply for funding, for training or capital, and if done through the SCR this tied them to delivery of defined outputs around jobs and to show impacts. Specific conditions had to be met and productivity was a key performance indicator.
- Was there a list of businesses who had signed up to the strategy?
 - Companies on the Business Growth Board had inputted to the strategy but local businesses had not signed up to anything specific. There was a select group of businesses and work would progress through the creation of programmes.
- Did more need to be done to reach out to businesses to get greater numbers involved?
 - The more the better but some may not wish to engage and many businesses also had their own strategies. For small businesses in particular issues such as time/costs were a factor. A call had gone out for more businesses to join the sub-group and others might choose to engage via the Chamber, which was also closely involved.
 - Certain elements of the strategy were too high level for some businesses to get involved with but the work to link with schools involved numerous businesses in the projects. Skills Bank and Skills for Workforce were in place and promoted to businesses but initiatives needed to be pitched at the right level and in the right places.

- Were there reservations with regard to how Brexit and a potential no-deal might impact on the strategy?
 - For businesses there might be reservations but the strategy was about people and skills in Rotherham, regardless of being in or out of the European Union.
- The action plan refers to encounters with employers and needs to build on the good work of Rotherham Youth Cabinet (RYC) and to take account of what the young people said.
 - Their views had been taken on board and an update would be provided for RYC by the end of the year on how the strategy was addressing their recommendations on work experience. It would also be an opportunity to hear from the young people to see if they felt things had changed. Good work was taking place with schools.
 - Private businesses fully supported the concept of work experience as they viewed lack of work-readiness in young people as a concern. Since the Children's Commissioner's Takeover Challenge there seemed to have been little follow up in terms of outcomes. Schools were still reluctant but had a different agenda based around examination results and voiced concern about time away from classes, so it would not be a quick solution.
 - Results from a survey of schools regarding work experience ranged from minimal to fantastic but schools were becoming keener to engage and it was positive to have representatives on the sub-group and that wider link to headteachers.
 - Legislation around the Gatsby benchmarks acted as a driver, as did the inclusion of the Careers Education Strategy in Ofsted. However the term "meaningful encounters with employers" was fuzzy and could be interpreted in various ways.
 - Some individual schools had work experience strategies but no overall structured approach was in place such as the former Trident scheme, but possibly within the next two years this would develop. Better engagement with teachers should help to get the messages across about the positive benefits of work experience such as raising aspirations and changed behaviours towards learning.
- It was clarified that LEAF was the Local Employers Advisory Forum, comprising Mears, Fortem, Rotherham MBC and the Department of Work and Pensions. Young people and jobseekers attended their annual careers fair where employers came with actual job vacancies.
- Get Up To Speed (GUTS) events for young people focused on STEM (Science, Technology, Engineering and Manufacturing) industries and attracted a range of employers each year. Both events contributed to delivery of the strategy.
- Attendance at the last Local Employers Advisory Forum (LEAF) and Get Up To Speed (GUTS) events from Rotherham Schools compared with previous years.

- At GUTS take up had been poor in recent years, in part due to the lack of funding for teachers and transport and some degree of unwillingness to take young people out of school. Sponsorship had been obtained for some buses last time and attendance from Rotherham schools had been growing. The evaluation report from this year's event would be forwarded to the Select Commission. Funding had now been identified for young people for transport to both events so that removed one barrier. The LEAF event would be on 12 November 2019 and there had been a good level of sign up to date. An evaluation report could again follow and Members were welcome to attend.

- Support for carers to have quality employment or to return to work, such as by encouraging more flexible working, especially with carers having defined rights.
 - The group would be looking at this as another specific cohort.
- Plans for targeted work with women in light of some of the statistics in the strategy.
 - It was still early days since the strategy had been adopted but work was starting to pick up to look at the underpinning strategies and policies and would also cascade down from the SCR. It should be across the board, including for people in work who need upskilling and to remove barriers. Adult Community Learning was also a factor and RNN were out engaging in communities and having success in attracting learners. The next step would be learners moving into more formal learning and training.
- The Cabinet Member re-iterated that this was a partnership plan not a Council plan necessitating a wide partnership approach, but was confident about delivering the plan and desired outcomes.
- Following the concern raised previously by OSMB about the accessibility of the strategy document, attention was drawn to the predominant use of dark colours which would make it difficult for many people to read.

It was suggested that a future update should involve members from the RTP and potentially also to have a report back from Sheffield City Region.

The Chair thanked everyone for their attendance.

Resolved:-

- 1) That Improving Places Select Commission note the update report.
- 2) That the comments from Improving Places on the final Strategy and its implementation to date be fed back to RiDO and the Employment and Skills sub-group.

- 3) That the outcome of the mapping exercise of present employment and skills provision be provided for Improving Places.
- 4) That the final detailed action plan be shared with the Select Commission in 2020.
- 5) That a future update on implementation of the Employment and Skills Strategy be scheduled for 2020.

24. URGENT BUSINESS

There was no urgent business to report.

25. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Improving Places Select Commission take place on Thursday, 24th October, 2019, commencing at 1.30 p.m.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
13th March, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Brookes, Cusworth, Keenan, Mallinder, Napper, Short, Walsh and Wyatt.

Apologies were received from Councillors Sansome.

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

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

176. MINUTES OF THE PREVIOUS MEETING HELD ON 13 FEBRUARY 2019

Resolved:-

That the minutes of the previous meeting held on 13 February 2019 be approved as a true and correct record of the proceedings.

177. DECLARATIONS OF INTEREST

There were no declarations of interest.

178. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public asked the Chair about the effectiveness of Democratic Services on a scale of 1 to 10, with 10. In response, the Chair indicated his confidence in the service and the support provided to elected Members. As a supplementary question, the member of public asked the Chair how he rated the performance of officers and the complaints procedure after it had taken six and a half months for his complaint to reach stage 2 of the Corporate Complaints Procedure. In response, the Chair indicated that he could not comment on individual cases and reminded the member of the public that he had followed up concerns on his behalf previously, which the Chair understood to have been followed up with officers.

A member of the public asked the Chair why the webcasting equipment was not used during the Board's deliberations of petitions and requests to review petition responses where the subject matter was not considered to be sensitive. In response, the Chair indicated that he had taken the decision in respect of webcasting, as he did not consider it appropriate to discuss concerns regarding decisions taken by officers publicly. Any deliberation would be followed up with a public record of the outcome of the deliberation and the reasons for any recommendation. It was consistent practice that discussions concerning individuals would be undertaken privately and he would continue to uphold that practice.

A member of the public asked a question concerning the Council's responsibilities and those of other public bodies in respect of protecting individuals from slavery. In response, the Chair indicated that the Council had adopted a policy on Modern Slavery in 2018, however he would ask an officer to respond directly to the member of the public in respect of the specific concerns raised.

179. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:-

That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for agenda item 7 (Site Cluster Programme Amendments) on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972

180. AREA HOUSING PANEL REVIEW

Consideration was given to a report submitted by the Strategic Director of Adult Care, Housing and Public Health which was due to be determined by the Cabinet at its meeting on 18 March 2019, which set out the basis for a review of the current Area Housing Panel arrangements, in the context of the new neighbourhood working approach.

The report proposed that the current geographical arrangements for Area Housing Panels should be reviewed and recommendations brought forward for Cabinet consideration later in the year. The report also referred to the current arrangements for the allocation and governance of the annual Area Housing Panel budget and the options considered for the structuring of the budget from 2019/20, including revised governance processes.

The Board were keen to further understand the administrative arrangements supporting the allocation of monies and the governance processes that would be followed. Assurances were sought for Members and Area Housing Panels to receive appropriate training and support. In response, the Cabinet Member for Housing indicated that the majority of training, support and awareness raising would be undertaken with elected Members. This would be addressed in the further report proposed to be considered by Cabinet, but it was acknowledged that there needed to be stronger governance processes around Area Housing Panels on a ward level.

Assurances were sought in respect of the procedures in place to ensure that the additional monies would be spent on council properties rather than other priorities in wards. In response, it was confirmed that guidance was in place to assist Members, officers and residents. It was confirmed that there should always be a substantial benefit for tenants associated with any proposal.

Clarification was sought in respect of whether officers or Members had decision making responsibility on the spend of funds. In response, the Cabinet Member for Housing confirmed that the priority would be remain legal at all times and the Housing Revenue Account would be audited annually. In the event of there being an issue or disagree, it would be referred to the Assistant Director of Housing Services and the Head of Service who would provide guidance for Members to consider. Following up, the Chair sought assurances as to who would provide final approval to spend funds. It was confirmed in response that funding would be allocated to each ward and it would be looked at with ward Members to fit in with Ward Plan priorities. The Cabinet Member confirmed that the governance arrangements needed further consideration. In the event of a dispute, there would need to be honest conversations to achieve a consensus so that monies could be allocated accordingly.

Members sought to understand what work would be undertaken with tenants before changes were implemented, as the proposals could be seen as a move to take power away from them. The Cabinet Member for Housing indicated that a significant amount of consultation had taken place with the Housing Involvement Panel and the Quality & Standards Steering Group. The feedback to date had indicated that tenants were supportive of the proposed move to a ward based model.

Members were broadly content with the proposals in the report, commenting that the recommendations were fair and the levelling out of funding per ward was the right course of action. However, concerns remained in respect of the lack of clarity as to who would ultimately be responsible for decision making and this would need to be confirmed before the proposals were implemented.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That the second report in respect of arrangements for 2020/21 and beyond be brought for scrutiny prior to consideration by Cabinet
3. That the governance arrangements and clarity in respect of delegated decision making be addressed in the future report to be considered by Cabinet

181. SITE CLUSTER PROGRAMME AMENDMENTS

Consideration was given to a report submitted by the Strategic Director of Adult Care, Housing and Public Health which was due to be determined by the Cabinet on 18 March 2019 concerning proposed amendments to the Site Cluster programme which was increasing and accelerating the amount of new housing in Rotherham. Members noted that, at the point of reporting to Cabinet in 2017, the total scheme cost could only be

estimated. Given that the sites concerned were extremely challenging and extensive ground remediation work had been necessary to make them developable. Other unforeseeable costs had arisen from utilities diversions and an industry-wide increase in the cost of materials and labour. The report to Cabinet in July 2017 stated that in order to protect the Council from exposure to a situation where the amount exceeded the amount authorised, the development agreement provided the Council with the ability to reduce the number of units built on the final site. The report indicated to Cabinet that the authority needed to decide whether to reduce the programme to ensure the original budget was not exceeded, or to increase the budget to enable all 217 homes to be built, and Rotherham to receive the full range of benefits afforded by the partnership. The report recommended the latter approach.

It was reported that the Council and its Employer Agent, Rider Levett Bucknall, had challenged and scrutinised all costs presented by Wates and a range of efficiencies had been identified. The remaining risks had been analysed and a realistic maximum price had been calculated. If a decision was reached to increase the budget, there would be two further options to consider. One option was to continue with the current contractual arrangements. If any savings were identified, the final cost could potentially fall below the revised budget figure. However, the Council would bear the costs associated with any further risks that materialise for example as a result of the UK's exit from the European Union or adverse weather conditions. Alternatively, the Council could renegotiate the contract to a fixed, guaranteed maximum price contract, which would ensure no further risk of cost increases for the Council. This was the recommended approach.

Members were encouraged to see due diligence being undertaken in the management of the project, with measures devised to manage the risks associated. Whilst risk appetite was high at the outset of the project, it was evident that things had not progressed as had been intended and the approach now was to minimise the risk associated with the programme. Members sought assurances that the risk appetite had been lowered in the light of this experience and whether there was a commitment to pursue fixed price contracts in future. In response, the Cabinet Member for Housing indicated that a lot of lessons had been learned from this experience. The approach had been adopted as the Council was directly delivering homes and there was commitment the authority's leadership to make sure that they were built. It was accepted that there would be less risk with the proposed approach and more information would be provided in future before financial terms would be presented for approval. Assurances were provided that lessons had been learned and officers were clear on the need to provide as much information as possible and clearly assess risk.

A further question was put in respect of why the Council was not doing more to deliver housing directly. In response, the Cabinet Member for Housing indicated that there would be further reports coming for to Cabinet for determination that would propose to do exactly that. However, a point would be reached where there would no longer be sufficient monies available from the Housing Revenue Account and this would limit what more could be done in future.

Members sought assurances as to what work had been undertaken with Finance and Procurement to ensure that there would not be further spike in costs associated with the programme. Officers reiterated that lessons had been learned and there was a needed for a sizable contingency in the programme. Some increases referred to in the report had taken account of inflation and the costs of labour, but other costs could not be identified until the ground had been dug to establish conditions. With regard to assurances, officers were scrutinising every line of the project with Wates and believed the majority of risks to be known and anticipated no further increases.

Clarification was sought in respect of what lessons had been learned from experience. The Cabinet Member for Housing confirmed that multiple lessons had been learned, including the need to establish as much information as possible before agreeing the financial envelope and the need to hold developers to account much more. It was also noted that the tender process needed to be much clearer, but officers had taken a lot of learning from the project and a number of measures had been put into place as a result.

Members asked a number of questions concerning the financial information set out in the exempt appendix to the report. Assurances were provided by officers in respect of the robustness and reliability of the information provided.

The Board were satisfied with the proposed approach detailed within the report, but were also keen to ensure that the learning from the project, specifically in respect of tendering and contract arrangements, were shared broadly across the Council to ensure that this was built into future major contracts and procurement processes.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That the Section 151 Officer be requested to share the learning from this project in respect of the tender and contract agreement process, to ensure that larger scale projects undertaken across the authority are well managed and controlled.

182. EUROPEAN UNION EXIT RISK ASSESSMENT AND CONTINGENCY PLANNING

Consideration was given a report which provided:-

- a briefing about progress towards the anticipated departure of the United Kingdom (UK) from the European Union (EU) including potential scenarios
- an assessment of issues and potential risks to the people and economy of Rotherham associated with the UK exit from the EU.
- an overview of the contingency planning undertaken by the Council and its partners in response to potential risks associated with EU exit.

The report reflected that there had been much uncertainty about how the UK would leave the EU and the clarity anticipated by autumn 2018 had yet to be realised. EU exit presented a significant change which would have economic and social consequences across the UK, including Rotherham. The Council had sought to identify and address the local risks through contingency planning based on potential scenarios, notably a 'no deal' EU exit where the impact and risks would be greatest. It was noted that EU citizens would need to apply for settled status and the Council and partners would support this process with the Home Office.

Clarification was sought from Members in respect of how EU citizens would be informed of the need to apply online for settled status and how the Council would be assisting them. In response, officers confirmed that there was a central government information campaign which was targeted across the country, which was anticipated to inform the majority of EU citizens. Within Rotherham, a communications strategy was being developed by the Council which would complement the central government campaign.

Members sought assurances from an emergency planning perspective and the extent to which the community had been included in the planning. In response, officers confirmed that emergency planning was critical for statutory and public bodies and a tactical process had taken place to check and challenge business continuity plans. Officers were assured that the Council was doing as much as possible. Furthermore, the Assistant Chief Executive explained that had been very difficult to communicate to the community around the EU Exit process, however there were a number of voluntary sector organisations that had been working closely with EU citizens around the challenges on how they feel. Whilst this had not been comprehensive, it needed to be noted such engagement had taken place. It was clarified that there was a separation between major incident plans and business continuity, therefore town and parish councils were not part of the business continuity process.

Clarification was sought as to the number of EU citizens in the borough and whether they had self-declared. In response, officers confirmed that the numbers quoted were an estimate, as any EU citizen could come to Rotherham. However, the sources used for the calculation were the 2018 Schools Census, Allowances for Pre-School, and the 2017-18 Annual Population Survey. In response to a question concerning the number of ex-patriots who might return to Rotherham following the EU Exit, it was explained that there was no data available to suggest what those numbers would be. There was no intelligence available to suggest that there would be an influx of people returning from the EU.

Members acknowledged that there was no precedent for the process of exiting the EU and consequently the robustness of business continuity plans would be critical. It was noted that the risks associated with business continuity and Brexit had been raised by the Audit Committee during the last twelve months and Members' view had been that there needed to be a joint agency approach to respond to the challenges presented. Concerns were also raised in respect of the Sheffield City Region and the impact of the loss of structural funding currently provided by the EU.

Assurances were sought on the impact of EU Exit on Council services and staffing arrangements. In response, officers explained that there would be changes in legislation which would impact on policy, which were principally thought to relate to environmental issues, however, the full extent would not be known until the arrangements for exiting the EU were confirmed. With regard to staffing, the authority would continue to have its role in emergency planning and civil contingencies, but this would be more of a leadership and coordinating role.

Reflecting on community tensions, Members indicated their concern around the potential for increases in hate crime and sought assurances in respect of what the Council and its partners were doing to mitigate that. In response, officers explained that there had been a lot of work put into monitoring community tensions, which had been led by South Yorkshire Police, but had been undertaken on a partnership approach. Members were advised that if they were aware of tensions, this could be fed into partners for monitoring and action as required. It was acknowledged that there needed to be broader engagement with Members and a need to share more information.

Following on, Members raised concerns about anger that they were encountering in the community generally and sought assurances around what the Council would do to ensure that Members were safe. In response, officers explained that a review of personal safety would be offered by Democratic Services through a completion of a risk assessment of ward surgeries and other community meetings that Members attend. It was noted that a training session on Personal Safety was due to take place later in March 2019 and all Members were encouraged to attend. Reference was also made to the need to review the provision of

information which be considered as 'sensitive interests' on Members' Register of Interests forms and the action to remove such information to protect Members' personal safety.

Reference was made to the diversity of the workforce supporting adult social care across the borough and clarification was sought as to the work being undertaken to ensure that people's lives would not be adversely affected if care homes struggled to retain and recruit. In response, officers confirmed that work had taken place with the health and social care sectors and contract managers were being supported. It was understood that there was not a significant proportion of the care workforce that would be affected by the EU Exit and consequently there was not expected to be a significant impact in the borough.

Assurances were sought from Members in respect of the capacity of the authority to deliver a referendum or other unplanned, borough-wide electoral event. In response, officers confirmed that Electoral Services were prepared to deliver any electoral event as required.

Resolved:-

1. That the content of the report and potential risks associated with EU exit be noted.
2. That the work undertaken by the Council and partners on contingency planning in response to risks associated with EU exit be noted.
3. That risk assessments in respect of personal safety be provided for Members' Ward Surgeries.

183. URGENT BUSINESS

The Chair reported that there were no items of business requiring the urgent consideration of the Board.

184. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 27 March 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
27th March, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Brookes, Cusworth, Keenan, Mallinder, Napper, Sansome, Short, Walsh and Wyatt.

Apologies were received from Councillors Evans.

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

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

185. MINUTES OF THE PREVIOUS MEETING HELD ON 13 FEBRUARY 2019

Resolved:-

That the minutes of the previous meeting of the Overview and Scrutiny Management Board held on 13 February 2019 be approved as a true and correct record of the proceedings.

186. DECLARATIONS OF INTEREST

There were no declarations of interest from Members.

187. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

188. EXCLUSION OF THE PRESS AND PUBLIC

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

189. COUNCIL PLAN 2018-2019 QUARTER 3 PERFORMANCE REPORT

Consideration was given to a report which detailed performance data in respect of progress made against the key measures detailed in the Council Plan for the period from October to December 2018 (Quarter 3).

Members highlighted the measures in respect of economic activity in the town centre and sought assurances from the Strategic Director of Regeneration who indicated that Rotherham was no different to any other town centre in the country due to change in the retail environment, competition from other places and the surge in online shopping. The Rotherham Town Centre Masterplan and other policies recognised that there needed to be a greater mix of leisure, residential and public open spaces in the town centre, however that would take time to be delivered. The Strategic Director anticipated that demand for floor space and retail would continue to be challenging and expected to see a shrinking footprint for retail within town centres.

Following on, Members sought assurances in respect of the steps that the Council was taking to encourage landlords to look at alternative usage for empty retail units. In response, the Strategic Director for Regeneration and Environment explained that this work was underway and the authority was engaging with numerous landlords and cited the example of space at the Old Town Hall.

Reference was made to the delivery of new homes and that the authority had fallen behind target and sought assurances in respect of when Members could expect to see that measure back on target. In response, it was explained that a lot of work had been undertaken recently and planning permission had been granted for 500 residential properties, with another 500 in delivery. The Planning Service was working closely with colleagues in Housing Services to put together a programme for sites recently granted or stalled to establish what could be done to get some momentum into building on site.

Members sought assurances that the authority's duties in respect of the housing repairs and maintenance contract would be met. In response, the Strategic Director for Adult Care, Housing and Public Health confirmed that robust contract arrangements were in place with partners. Furthermore, the process had begun to identify interested bidders for the new contract. Lessons continued to be learned with current partners and this would be used to influence the future approach to the management of the contract

Referring to the parliamentary impasse in respect of exiting the European Union, Members sought clarity in respect of alternative plans to continue the recent successes in business growth. In response, the Strategic Director of Regeneration and Environment explained that the authority had a good record for backing start-up businesses and was skilled in drawing down external funding to support economic growth. The position in respect of EU funding remained unclear in view of the parliamentary impasse, but the Strategic Director was confident that there was a strong platform to continue to leverage funding for economic development in future.

Members referred some recent scrutiny activity in respect of managing the transitions from Children's Social Care to Adult Social Care and indicated that they had confidence that the services had gripped the issue. Assurances were sought in respect of the level of confidence in reducing the numbers of looked after children. In response, the Leader of the Council indicated that the model adopted was robust, but numbers may go up or down depending on individual circumstances. At the time of the meeting, there were 640 looked after children and the hope was that this would have reduced to 600 by March 2020.

Reference was made to the difficulties faced in delivering care assessments and assurances were sought in respect of how budgets were monitored. In response, the Strategic Director of Adult Care, Housing and Public Health agreed that this was an issue, but provided assurances that the investments made in carers assessments were leading to improvements and a dedicated carers offer was being developed to give it the necessary drive.

Members referred to the increase in percentage outcomes for reported hate crime cases and noted that low level incidents with no lines of enquiry were reported. Clarification was sought as to whether this was a realistic or impossible target. In response, it was confirmed that there was a degree of under reporting of hate crime, but South Yorkshire Police were positive about the targets that had been set, which had been agreed in partnership with the police. Following on, Members sought to understand whether there was any way in preventative work could be measured. In response, it was explained that this was a high level measure in the Council Plan, which was supported by a whole host of other measures which included monitoring the delivery of community resolutions by the police. Improving confidence in outcomes and resolutions would lead to increased levels of reporting of hate crime, but the preventative angle would focus around community and educational interventions to assist in changing attitudes.

In noting performance in respect of flytipping, Members made the observation that there had been fewer prosecutions, but higher profile prosecutions and suggested whether it would be appropriate to adjust the measure to look at the scale of prosecutions. In response, officers indicated that this was a good suggestion and would reflect on some of the recent successful prosecutions, but cautioned that the complexity of cases mean that it would take time to finish prosecutions.

Reference was made to the enforcement contract with Kingdom and the possibility of not meeting the target. Members sought to understand what the financial implications of not meeting the target would be for the authority. In response, officers explained that the contract was being robustly managed via Doncaster Council and the authority was pushing the contractor to get to where they needed to be. Overall, in respect of the financial position, the directorate was balanced, but there would continue to be a risk into the next financial year. The authority was not losing any money and the risk was carried by the contractor, but as targets were not being met there was clearly scope for improvements to be made and the Council was working hard with the contractor to secure improvements.

Members noted that there had been delays in recruiting to key posts with the Culture, Sport and Tourism service and that this had delayed consultation on the emerging Cultural Strategy. In response, the Cabinet Member for Cleaner Greener Communities indicated that interviews would take place for key posts in the first week of April 2019, with a view to the successful candidate being in post by June 2019. The Cultural Strategy would be presented for approval by Cabinet in due course, having been subject to widespread consultation, including with Members of the Improving Places Select Commission.

Reference was made to performance in respect of sickness absence and Members sought to understand how the authority compared to the national average. In response, the Assistant Chief Executive explained that the national average was 10.5 days per full time equivalent and the authority's performance was worse than that. Data is compared on a regional basis across Yorkshire and Humberside and year-end figures would soon be available to better understand comparative performance. Further assurances were provided to the Board that sickness absence was being effectively managed on a directorate by directorate basis, with muscular skeletal, stress, infections and viruses continuing to be the biggest causes of sickness absence across the authority. Strategic Directors were reviewing figures regularly and the detail behind the data to understand where those absence were and how they could be effectively managed to enable staff to return to work.

The level of council tax collection was referred to by Members, who queried whether the introduction of Universal Credit was responsible for the impact of the level of collection. In response, officers explained that they believed there to be a number of factors, rather than any exclusivity arising from Universal Credit.

Reflecting on the broader performance framework, Members felt that the overall figures and data did not seem to move very much which could be interpreted as the authority not making major strides from one report to the next, which could be seen as a concern. The Leader of the Council was asked what he and the Chief Executive were doing to look at the overall performance of the authority. In response, the Leader of the Council reminded Members that performance monitoring was an honest

reflection of where the Council and he did not expect to see a significant shift from one quarter to another quarter. A year earlier, indicators from Children and Young People's Services would have stood out with a number of missed targets because there was more demand, but the service was now dealing with it better. He confirmed that a rigorous challenge was applied to the setting of targets for measures in the Council Plan, but it was a complicated picture.

Reflecting on the discussions on this agenda item, the Chair indicated that further consideration would be given to the issues around hate crime when the Safer Rotherham Partnership Annual Report was presented in the summer. Furthermore, close monitoring would be required of performance in respect of sickness absence.

Resolved:-

1. That the performance data within the Council Plan 2018-19 Quarter 3 Performance Report be noted.

190. ADULT SOCIAL CARE - THE BUDGET FORECAST AND CONTINUED IMPROVEMENT PLAN UPDATE

Consideration was given to a report submitted by the Strategic Director of Adult Care, Housing and Public Health which set out the position of the budget for Adult Social Care and provided an update on the improvement plan for the service. As the report was submitted immediately prior to the end of the financial year, it was noted that the overspend in the service had been brought down to £5.4m through a mixture of stopping or changing service provision and providing much more challenge on the activities of individual workers. This approach had led to a reduction of £3m over the course of the current financial year.

Members welcomed the update report and the level of detail provided on the change programme within Adult Social Care. It was recognised that the Target Operating Model would be key, but further information was sought on what the shape of that would be and how it would be different to current practices. In response, the Strategic Director confirmed that the major change would be largely cultural and a shift to using technology to aid conversations led by more skilled staff with service users. There would also be a move to a reablement approach, which health partners were open to supporting. Staff would have more autonomy within the system so that service users do not have to wait for anything else.

Following on the point in respect of cultural change in the service, Members recognised that there would need to be a tranche of social work staff who would require further training on how to apply strength based principles. In response, the Strategic Director confirmed that this was already happening and OSMB had previously heard from the Principal Social Worker about the specifics of her role, which was essentially about embedding good practice. The notion of cultural change revolved around

getting people to think differently and focus on autonomy. Training was being provided on having difficult conversations and giving staff the confidence to deliver.

An update was sought on the progress made on the links between care homes, hospitals and social workers in respect of reducing pressures on hospital beds. In response, the Strategic Director explained that the hospital commissioned directly from winter beds and did so from homes that they choose to use. The approach to be adopted would focus on the principle of 'Home First', where people are kept out of hospital unless admission is absolutely necessary.

Assurances were sought from the Strategic Director in respect of the change in model and how managers would deliver the level of service anticipated and that residents deserved. In response, the Strategic Director advised that October 2019 would be a reasonable timescale for the implementation of the new structure, which formed part of the broader journey for adult social care which Members were familiar with. Managers would be absolutely key to the success of the new operating model and were the focus of a lot of development and support.

The Chair thanked the Strategic Director for the report and her responses to Members' questions in respect of the direction that the service was following. Members would continue to monitor progress against key milestones and further conversations would be needed with the Strategic Director in respect of how that would be reported to scrutiny in future, with a particular focus on care assessments and packages.

Resolved:-

1. That the update in respect of the financial position and improvement plan for Adult Social Care be noted.
2. That the Chair of the Overview and Scrutiny Management Board agree the ongoing approach to scrutiny with the Strategic Director of Adult Care, Housing and Public Health and provide an update to the Board on the way forward with a focus on actions and clear milestones.

191. IMPLEMENTING THE RECOMMENDATIONS FROM AGENCY SCRUTINY REVIEW

Consideration was given to a report submitted by the Assistant Chief Executive which provided details of the progress made in implementing the recommendations from scrutiny review of the use of agency, interims and consultants, specific actions related to the recommendations and outcomes arising from them. In presenting the report, the Assistant Chief Executive explained that the current budget forecast for 2018-19 was that spend on agency and interim staff had reduced by £1.2m. He referred to the significant work that had been undertaken by the Workforce

Management Board and across directorates to drive down spend and reiterated how seriously the authority had taken recommendations from the scrutiny review.

Clarification was sought by the Board as to whether the figures provided included the costs of the consultants brought in to the authority to assist with projects. In response, the Assistant Chief Executive confirmed that it did not.

Following, Members suggested that serious consideration should be given to the establishment of a bank of temporary staff for specific roles which could be called upon when required at a lower cost than those taken on through employment agencies.

The Board welcomed the progress that had been made in implementing the recommendations from the review, but wished to see greater progress made on the adoption of a bank of temporary employees. In addition, Members indicated that they wanted a report back detailing the breakdown in spend on consultants and assurance that funds were being spent in accordance with the budget agreed by the Council.

Resolved:-

1. That the report be noted and improvements made be welcomed.
2. That a further report be submitted to the Overview and Scrutiny Management Board in the autumn of 2019 providing an update on the implementation of agreed recommendations from the review and specifically detailing the breakdown in spend on consultants.

192. SEASONAL AND AGENCY WORKERS IN COMMUNITY SAFETY AND STREET SCENE SERVICES

Consideration was given to a report submitted by the Strategic Director of Regeneration and Environment which outlined the work that had already been undertaken to reduce agency usage within Community Safety and Street Scene Services for the 2019/20 financial year. It outlined the ongoing resource demands within the service, both for cover, and for seasonal work, and presented options for further reductions in agency usage. In doing so, the report detailed the potential additional costs associated with these options.

In presenting the report, the Assistant Director of Community Safety and Streetscene explained that the service had projected to spend £880k on agency staff in the 2019/20 financial year, which was a reduction of 50% that would be deliverable as a result of changes in the waste management service, which had been resource intensive during the roll out of the changes to waste and recycling collections during 2018-19. In addition, the service had fully introduced seasonal working into the

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grounds maintenance team and a successful apprenticeship programme had been developed in the Highways team.

The Board referred to the use of relief staff to cover for staff who were absent through sickness, rather than using agency staff. Officers confirmed that the costings of such an approach would require some analysis and any relief arrangements would have associated administrative and management costs.

Members welcomed the update and recommended that the use of relief staff be further examined and be included in the update report in respect of the scrutiny review of the use of agency, interim and consultancy staff in the autumn of 2019.

Resolved:-

1. That the report be noted.
2. That a further report detailing the outcome of analysis of an approach using relief staff be incorporated into the next formal report on the implementation of recommendations arising from the scrutiny review of the use of agency, interim and consultancy staff in the autumn of 2019.

193. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

The Chair advised that the members of the Rotherham Youth Cabinet would join Overview and Scrutiny Management Board for the Children's Commissioner Takeover Challenge meeting on Tuesday 2 April 2019 at 5.00 p.m. The focus of the meeting would be on young carers and what could be done to better support them across public service providers and other sectors.

Resolved:-

That the update on Youth Cabinet and Young People's issues be noted.

194. WORK IN PROGRESS - SELECT COMMISSIONS

The Chairs of the Select Commissions provided updates in respect of recent and planned work.

Health Select Commission

Councillor Short, Vice-Chair of Health Select Commission, reported that Members had visited the Drug and Alcohol Services at Carnston House on 30 January 2019 and had found positive progress being made and were impressed with the treatment facilities available. The quarterly briefing with health partners had taken place on 1 February 2019. In addition, the Performance Sub-Group had looked at the final Adult Social

Care Outcomes Framework measures and benchmarking nationally and across Yorkshire and Humberside.

The Select Commission had met on 28 February 2019, where the main items had been:-

- Briefing from The Rotherham Foundation Trust on the Care Quality Commission Re-inspection report with an in-depth discussion on the findings and actions to improve
- Update on developments in general practice (including appointments in 3 hubs, Rotherham App, development of primary care networks)

A scrutiny workshop on the transition from children's to adult services, jointly with Improving Lives Select Commission had been held recently which had provided reassurance on the approach and progress made.

Improving Lives Select Commission

Councillor Cusworth, Chair of Improving Lives Select Commission, reported that at the last meeting on 5 March 2019 there had been a busy agenda:-

- Barnardo's ReachOut Service Update and Barnardo's ReachOut Final Evaluation Report – the Commission asked for more detail on how they're engaging schools.
- Phase 2 and 3 of Early Help Strategy.
- Presentation on the Ofsted Annual Conversation Update
- Presentation providing an update on the Looked After Children Sufficiency Strategy
- Improvement Partner Peer Review of the Looked After Children Service

Improving Places Select Commission

Councillor Mallinder, Chair of Improving Places Select Commission, reported that the last meeting had taken place on 7 March where Members had received an update on the Rotherham Community Infrastructure Levy. Furthermore, an additional meeting had taken place with Dignity in respect of the bereavement services contract and Members were pleased that the company had taken on board the recommendations in respect of a trial extension of burial hours in cemeteries.

195. CALL-IN ISSUES

The Chair reported that there were no call-in issues for the Board to consider following recent Cabinet meetings.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 27/03/19

196. URGENT BUSINESS

The Chair reported that there were no items of business requiring urgent consideration by the Board.

197. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board for the Children's Commissioner Takeover Challenge be held on Tuesday 2 April 2019 commencing at 5.00 p.m. in Rotherham Town Hall.

**OVERVIEW AND SCRUTINY MANAGEMENT BOARD
2nd April, 2019**

Present:- Councillor Steele (in the Chair); Councillors Cowles, Cusworth, Keenan, Mallinder, Napper, Sansome, Short, Walsh and Wyatt.

Apologies for absence:- Apologies were received from Councillors Hoddinott, Beck and Lelliott.

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

**198. WELCOME FROM COUNCILLOR STEELE, CHAIR OF THE
OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

Councillor Steele welcomed everyone to the special meeting of the OSMB which was once again supporting the Children's Commissioner's Takeover Challenge (CCTOC) by working with Rotherham Youth Cabinet (RYC). Several young carers were also present and it was a pleasure to have them there.

199. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillors Beck, Hoddinott, Lelliott and Reed

Rotherham Youth Cabinet:- Jonathan Badger, Iqra Chowdhary, Maks Golus, Abigail Smith, Sam Jones

Rotherham Young Carers:- Ella

Sharon Kemp and David McWilliams (RMBC)

**200. RESPONSE TO RECOMMENDATIONS FROM ROTHERHAM YOUTH
CABINET'S CHILDREN'S COMMISSIONER TAKEOVER CHALLENGE
SPOTLIGHT REVIEW ON WORK EXPERIENCE**

Cllr Watson – Work experience was discussed in depth last year at the CCTOC. We spent a lot of time talking about the reasons why work experience was important and why some schools found it more difficult to deliver valid work experience for every student. Having spent time doing that, there was a need to do an in-depth review. Those of us who work in education could see why it was very valuable to have work experience but understand the challenges associated with it for schools, who would really like the whole year group out at once. This would mean needing 200/250 places for each small area of Rotherham that students would want to look at, so actually this would mean 400-500 work experience placements for a

sensible choice. Schools tend to want to do it towards the end of year 10 – so it becomes more of an issue if six schools were all choosing the same two weeks, meaning you would really need 3000 places at the same time. So it was viewed as problematic even though those of us who had been on work experience and those who worked in education had seen the value of work experience on attitudes to learning when people returned. We knew it was really valuable but it was about making it work and the spotlight review was very helpful.

Jon Stonehouse - Reiterating some of Cllr Watson's comments, Pepe and I met with Youth Cabinet a few weeks ago to talk about how to progress some of the recommendations that had been made. We talked about central Government education policy and difficulties that it presented in meeting all the recommendations made. We spent a considerable amount of time discussing variability of current provision and what might be done through Rotherham Education Strategic Partnership and the new Skills Plan to advocate on behalf of young people to increase and improve work experience. We heard personal experiences of Youth Cabinet Members in respect of the responsiveness of schools to their desire to be involved in work experience, which presented a varied picture. We agreed to think about how we can promote good practice that exists in the borough with a view to encouraging all schools to adapt this and take it on. We are very happy to continue ongoing dialogue with Youth Cabinet as we attempt to take this work forward.

Cllr Sansome – The Employment and Skills Plan cannot just be around public sector employers, it has to capture all employers across the borough. “Blue Flag” employers should be involved.

Paul Woodcock – That is exactly right and one of the reasons for recommendations to put this in the Employment and Skills Plan is that the plan goes through the Employment and Skills Board and the Growth Board. A sub-set of which is business led around employment and skills. It is pleasing that they are engaged across the field.

Last week was one of the biggest events with young people – Get Up 2 Speed (GUTS) at Magna. I went and it was very busy with lots of employers there from the private sector, but not exclusively. Science, Technology, Engineering and Maths (STEM) subjects and Advanced Manufacturing Park employers were all represented.

Jenny Lawless – Through our 25 enterprise advisors, employers are working with schools to increase employer encounters and schools can visit employers. We are linked in with schools, special schools and Pupil Referral Units (PRUs) as well. This work is supporting schools to help them to achieve the eight Gatsby benchmarks. These are not all necessarily around work experience but also about learning about different labour market opportunities and increasing meaningful employer encounters (Gatsby 5) including workplace visits. The benchmarks will be included in the Employment and Skills Plan.

I have met with colleagues in the local authority to discuss the Council leading by example to bring young people in, such as offering visits so people can look at what jobs there are in the local authority. We have recently appointed and got representation from schools to attend the Business Growth Board – special schools and mainstream schools are on board.

Cllr Sansome – That last part was one of my follow up questions around including young disabled people. I understand austerity and the financial pressures on business but it would be a reassurance that when people say that they want to go to events that these opportunities are meaningful. Succession planning is important for people and businesses and I would like to see this pushed on in the plan.

Jenny Lawless – Regarding young people with Special Educational Needs and Disability (SEND), feedback from careers leads in Special Schools is that at the STEM event it would have been useful to have a quieter period at the event for people with SEND so they can take in all of what is happening. We had more schools attend from Rotherham than ever before, which is positive and reflects the growing links and it is good to see that it has been well attended. I can feed back to John Barber about creating a special section to enable young people with SEND to get to the exhibits.

Cllr Cusworth – I wonder how we are engaging children who attend schools who do not engage with these initiatives, such as PRUs and including home educated children?

Jenny Lawless – Two PRUs are engaging really well with the enterprise advisor network programme and I am pleased that we are the only authority in the Sheffield City Region (SCR) who has PRUs attending these meetings. Rotherham is being held up as a beacon and people want to know what we are doing for young people with SEND through the network. With regard to young people educated at home, I have had a tentative conversation with someone recently but it is hard to know how to get into this as it is about parental choice, but we are making good progress there with the PRUs.

Toni Paxford – We have been in conversations with John Barber from Workwise who organises the event and he is looking at doing something similar just for young people with SEND, with a separate event considered so they can attend at any time rather than a set time.

Jenny Lawless – We have an officer who attends the steering group for GUTS, so that is one way forward. We are looking at putting on a careers event at Lifewise in Hellaby to incorporate some STEM activities in that and can discuss this with John Barber.

Cllr Mallinder – How do you evaluate work experience, is there an exit interview? Is there a record of young people who go on to jobs following their work experience?

Jenny Lawless – We do not organise work experience per se as we are not funded for that and it is schools who are supposed to organise work experience. If a school approached us to arrange a visit, for example to the Advanced Manufacturing Park, that could be organised through RiDO. Neither do we have the resources, capacity or funding to collate information from work experience. We do feed back to employers but it is down to the individual school.

Pepe Di'lasio – Wales School does work experience with evaluation and follow up and I assume others do too. I know anecdotally that it does happen and after investing the time and effort I am sure other schools will.

Resolved:

- 1) That the OSMB will monitor that the work is carried out as promised to the young people.

Emilia Ashton (Rotherham Youth Cabinet) assumed the Chair and expressed how pleased she was to see the Chamber so full.

201. INTRODUCTION AND PRESENTATION FROM ROTHERHAM YOUTH CABINET - YOUNG CARERS

1. What is already in place for young carers to access? Linda

Laura Selby – I work with the action group in Sheffield where the pilot was introduced for reduced rates for leisure activities. We are looking to roll this out more widely with 200 cards this year which should reach a lot of young carers, but not all. A carer card for both adult and young carers, similar to DNA in Doncaster is being introduced with various discounts in places like Star/Jump which should hopefully give people a bit more access. What people in Sheffield have been saying is that travel is really important as well as leisure access because if you are unable to get there then it does not really work on its own. So Sheffield has the carer's card and the leisure card for this year.

Nichola Bladen – SYPTE worked with Sheffield Young Carers, after being approached by them to see if SYPTE could help with free travel. A small pilot scheme with a set budget resulted where the travel offered was just for school holidays. As everything is on smartcards, access is through a portal and Laura's team were given access to the portal. A young person's Megatravel or 16-18 pass was also needed as the travel had to be loaded on the smartcard. Young carers were encouraged to apply for smartcards, which is usually done online, but they accepted manual applications. One of the barriers was cards needed to be activated at kiosks or interchanges which meant the young carers travelling there to

activate them. Going forward, they could load a monthly pass so this would only need activating once. It was a pilot scheme, but SYPTE would not have the budget to cover every young carer's scheme.

Cllr Steele – I have been tasked with looking at the Rothercard scheme and what we could build into that but it comes down to cost and I cannot guarantee anything. Cllr Alam might wish to look at it?

Cllr Alam – I will look at it and see what we can do.

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anything, but is a big benefit to the individual. I would be interested in actual numbers as we know there are hidden carers. That is why it is important to have this dialogue with the young carers and as Chris said to have something sustainable.

Cllr Walsh – Which scheme would RYC pick if given a choice between Sheffield, Luton and Fife and why?

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Cllr Cusworth – While we are looking at this question, I would be interested to know at what age does someone meet the criteria of being a young carer? Anecdotally carers under the age of eight have struggled to access support.

Yvonne Kenyon – Barnardo's service works with young carers aged from eight to 18. There are young carers younger than that, but they do not get referred to the service as they do not meet the criteria. We have worked with a few younger ones but no one would know if young carers under that age are in Rotherham.

Cllr Clark – Young carers have a voice and we need to listen to it. It is really important when asking what activities or access to facilities they want to remember that many do not live within walking distance. So it is fundamental to look at free or cheap travel and essential that we look at them travelling safely to access anything.

Nichola Bladen – I will take all the comments back. SYPTE have looked at free travel and the cost was extortionate across the whole of South Yorkshire.

Cllr Mallinder – I totally agree with asking young carers what they want and am sure it will be the same as other young people with one or two codicils here and there. But our problem is about access and removing barriers such as transport and provision of alternative care.

Shokat Lal – It does not need to be answered now, but when you refer to extortionate costs I would like to know more on the numbers and the costs and the breakdown for each of the four areas in South Yorkshire.

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Jon Stonehouse – This is not just a SYPTTE point but as Cllr Watson said earlier, we can calculate costs on the basis of what something costs, but if those services are already in place, then it is not really a direct cost. It is about our collective intent to create a better offer to young carers. So we can look at how much we would charge those young people to use a facility or we can make a collective decision that we open up those services for those young people to use either at a discounted charge or free, so it is not necessarily a direct cost to us based on the calculation of what the admission price might be. We ought to understand the needs of young carers better and what would improve their quality of life; we should not just automatically turn that into what would it cost?

Cllr Walsh – This is about the marginal cost of an additional user and if you can find it out it might be surprisingly small, providing you do not displace a full cost individual.

6. What could your organisation do in order to be more young carer friendly? Molly

Emily Newman – From our point of view and touching on the last question as well it would be great to sit with some of the young carers to get some background knowledge and learn from them to inform how things are implemented within our centres. When I was with the Sheffield young

carers it was great to listen to them to hear what they go through, why they enjoy respite and to educate those delivering or potentially delivering activities. For example if we need to be a bit less structured and to have a bit more fun because they want to have that break.

Yvonne Kenyon – Rotherham Young Carers Council meets on the last Thursday of every month – all welcome.

Pepe Di'lasio – A really simple and low cost option is just to talk to some young carers and listen to what their needs are. It is an obvious thing to do and what I am going to take away.

Laura Selby – Does the Youth Cabinet have special interest seats?

Toni Paxford – Anyone and everyone can join and RYC does not have specialist seats. We have joint meetings and get updates from young carers and occasionally go to them. We also work with organisations who work with young carers.

7. With a scheme in place in Doncaster and a proposal of a similar scheme in Sheffield is it possible to introduce something that is South Yorkshire wide? Dylan

Cllr Watson – It should be perfectly possible now we have a Sheffield City Region Mayor but it is difficult to get agreement from the four councils on almost anything. I would suggest that we try and sort out our own in Rotherham, which we would probably be able to do more quickly and then when we have a bespoke offer here we will be able to show it to the others. As raised earlier about location, South Yorkshire wide would eliminate issues for young carers who live on the border of neighbouring authorities.

Toni Paxford – William and Amaan could you bring it up with Mayor of SCR at the next meeting? Amaan agreed.

Emily Newman – We would be more than happy to accept young carers discounts across South Yorkshire in our leisure facilities. We are in Sheffield and Rotherham but do not operate in Barnsley or Doncaster and whatever we come up with for Rotherham we would be happy to introduce in our three Sheffield sites.

Agreed actions:

- 1) Cllr Alam to look at possibilities linked to the review of Rothercard.
- 2) Emily Newman to replicate the Sheffield initiative for young carers in Rotherham if that would be of interest to them and to set up cards for discounted rates.
- 3) Emily Newman to replicate any Rotherham initiative in the Sheffield facilities as well.
- 4) Chris Siddall to raise the issue of access to leisure activities with

providers in the Rotherham Active Partnership.

- 5) Emma Schofield to consider new projects, discounts and linking in better with existing activities that young carers could be involved in.
- 6) Cllr Allen to look at possibilities for discounts at Rotherham Civic Theatre for young carers.
- 7) Emma Schofield to look into Rotherham United extending the adult carer free ticket initiative to include young carers.
- 8) Sheffield Steelers to be approached with regard to free tickets for Rotherham young carers.
- 9) More dialogue to take place with young carers on what they would like to see in Rotherham.
- 10) Nichola Bladen to take comments on travel back to SYPTE.

Following the Question and Answer session the Scrutiny Officer thanked everyone for their contributions and highlighted some key themes that had emerged, namely:

- need for more dialogue with young carers to unpick what they would like to see and to come up with something realistic and sustainable
- communications always comes up as an issue and will be a key element of whatever is put in place to ensure young carers know about it and that partners are involved and committed to it
- willingness demonstrated by partners to think about young carers' issues and take things forward
- Cllr Alam to link in the issues to Rothercard refresh
- Jon mentioned collective intent to create a better offer overall, which is an overarching principle that needs to be considered

Next steps would be to produce the minutes, collate the information and write a short report by June summarising the key issues that have emerged and discussion today. After liaising with RYC a small number of recommendations will go forward to partners for a response. This will be followed by regular progress reports to RYC, Rotherham Young Carers Council and OSMB.

Toni Paxford thanked Emilia for chairing before going to Germany in two days for the next 18 months as part of her degree course and said it was a great way for Emilia to finish her five years with RYC.

Cllr Clark wished Emilia every success for the future on behalf of all Members, saying that she had been fantastic.

Emilia thanked people for their attendance and reminded everyone that RYC were on social media. She thanked OSMB and Cllr Steele before handing back the Chair to Cllr Steele.

202. QUESTION AND ANSWER SESSION WITH OFFICERS AND PARTNERS**8. What is already in place for young carers to access? Linda**

Laura Selby – I work with the action group in Sheffield where the pilot was introduced for reduced rates for leisure activities. We are looking to roll this out more widely with 200 cards this year which should reach a lot of young carers, but not all. A carer card for both adult and young carers, similar to DNA in Doncaster is being introduced with various discounts in places like Star/Jump which should hopefully give people a bit more access. What people in Sheffield have been saying is that travel is really important as well as leisure access because if you are unable to get there then it does not really work on its own. So Sheffield has the carer's card and the leisure card for this year.

Nichola Bladen – SYPTE worked with Sheffield Young Carers, after being approached by them to see if SYPTE could help with free travel. A small pilot scheme with a set budget resulted where the travel offered was just for school holidays. As everything is on smartcards, access is through a portal and Laura's team were given access to the portal. A young person's Megatravel or 16-18 pass was also needed as the travel had to be loaded on the smartcard. Young carers were encouraged to apply for smartcards, which is usually done online, but they accepted manual applications. One of the barriers was cards needed to be activated at kiosks or interchanges which meant the young carers travelling there to activate them. Going forward, they could load a monthly pass so this would only need activating once. It was a pilot scheme, but SYPTE would not have the budget to cover every young carer's scheme.

Cllr Steele – I have been tasked with looking at the Rothercard scheme and what we could build into that but it comes down to cost and I cannot guarantee anything. Cllr Alam might wish to look at it?

Cllr Alam – I will look at it and see what we can do.

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OVERVIEW AND SCRUTINY MANAGEMENT BOARD – 02/04/19

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Cllr Walsh – This is about the marginal cost of an additional user and if you can find it out it might be surprisingly small, providing you do not displace a full cost individual.

13. What could your organisation do in order to be more young carer friendly? Molly

Emily Newman – From our point of view and touching on the last question as well it would be great to sit with some of the young carers to get some background knowledge and learn from them to inform how things are implemented within our centres. When I was with the Sheffield young carers it was great to listen to them to hear what they go through, why they enjoy respite and to educate those delivering or potentially delivering activities. For example if we need to be a bit less structured and to have a bit more fun because they want to have that break.

Yvonne Kenyon – Rotherham Young Carers Council meets on the last Thursday of every month – all welcome.

Pepe Di'lasio – A really simple and low cost option is just to talk to some young carers and listen to what their needs are. It is an obvious thing to do and what I am going to take away.

Laura Selby – Does the Youth Cabinet have special interest seats?

Toni Paxford – Anyone and everyone can join and RYC does not have specialist seats. We have joint meetings and get updates from young carers and occasionally go to them. We also work with organisations who work with young carers.

14. With a scheme in place in Doncaster and a proposal of a similar scheme in Sheffield is it possible to introduce something that is South Yorkshire wide? Dylan

Cllr Watson – It should be perfectly possible now we have a Sheffield City Region Mayor but it is difficult to get agreement from the four councils on almost anything. I would suggest that we try and sort out our own in Rotherham, which we would probably be able to do more quickly and then when we have a bespoke offer here we will be able to show it to the others. As raised earlier about location, South Yorkshire wide would eliminate issues for young carers who live on the border of neighbouring authorities.

Toni Paxford – William and Amaan could you bring it up with Mayor of SCR at the next meeting? Amaan agreed.

Emily Newman – We would be more than happy to accept young carers discounts across South Yorkshire in our leisure facilities. We are in Sheffield and Rotherham but do not operate in Barnsley or Doncaster and whatever we come up with for Rotherham we would be happy to introduce in our three Sheffield sites.

Agreed actions:

- 11) Cllr Alam to look at possibilities linked to the review of Rothercard.
- 12) Emily Newman to replicate the Sheffield initiative for young carers in Rotherham if that would be of interest to them and to set up cards for discounted rates.
- 13) Emily Newman to replicate any Rotherham initiative in the Sheffield facilities as well.
- 14) Chris Siddall to raise the issue of access to leisure activities with providers in the Rotherham Active Partnership.
- 15) Emma Schofield to consider new projects, discounts and linking in better with existing activities that young carers could be involved in.
- 16) Cllr Allen to look at possibilities for discounts at Rotherham Civic Theatre for young carers.
- 17) Emma Schofield to look into Rotherham United extending the adult carer free ticket initiative to include young carers.
- 18) Sheffield Steelers to be approached with regard to free tickets for Rotherham young carers.

19) More dialogue to take place with young carers on what they would like to see in Rotherham.

20) Nichola Bladen to take comments on travel back to SYPTE.

Following the Question and Answer session the Scrutiny Officer thanked everyone for their contributions and highlighted some key themes that had emerged, namely:

- need for more dialogue with young carers to unpick what they would like to see and to come up with something realistic and sustainable
- communications always comes up as an issue and will be a key element of whatever is put in place to ensure young carers know about it and that partners are involved and committed to it
- willingness demonstrated by partners to think about young carers' issues and take things forward
- Cllr Alam to link in the issues to Rothercard refresh
- Jon mentioned collective intent to create a better offer overall, which is an overarching principle that needs to be considered

Next steps would be to produce the minutes, collate the information and write a short report by June summarising the key issues that have emerged and discussion today. After liaising with RYC a small number of recommendations will go forward to partners for a response. This will be followed by regular progress reports to RYC, Rotherham Young Carers Council and OSMB.

Toni Paxford thanked Emelia for chairing before going to Germany in two days for the next 18 months as part of her degree course and said it was a great way for Emelia to finish her five years with RYC.

Cllr Clark wished Emelia every success for the future on behalf of all Members, saying that she had been fantastic.

Emilia thanked people for their attendance and reminded everyone that RYC were on social media. She thanked OSMB and Cllr Steele before handing back the Chair to Cllr Steele.

203. CLOSURE OF THE MEETING

Cllr Steele – Before closing the meeting as Chair of OSMB I can assure you that we will follow up on the report. OSMB is currently carrying out a review of Rothercard and its future remit so I am going to recommend that we co-opt either a young carer or Youth Cabinet member to attend the next meeting of that review. We will schedule the meeting so that they will be able to attend and input your ideas. I cannot guarantee that you will get everything you want as we know money is a consideration.

It is important to thank everybody for attending, to thank the Scrutiny Officer for organising the CCTOC and to thank the guests and the young people who have come along. This day has grown significantly since we first started a few years ago when we would struggle to get people to attend but your voice gets heard and that is the important thing.

Resolved:

- 1) That the OSMB will co-opt a young carer or a member of RYC to attend the next meeting in the review of Rothercard.

204. DATE AND TIME OF NEXT MEETING

Resolved:

- 2) That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 10 April 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
10th April, 2019

Present:- Councillor Steele (in the Chair); Councillors Brookes, Cusworth, Keenan, Mallinder, Napper, Sansome, Short, Walsh and Wyatt.

Apologies for absence:- Apologies were received from Councillors Cowles and Evans.

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

205. MINUTES OF THE PREVIOUS MEETING OF THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD HELD ON 13TH MARCH, 2019.

Resolved:-

That the minutes of the Overview and Scrutiny Management Board held on 13 March 2019 be agreed as a true and correct record of the proceedings.

206. DECLARATIONS OF INTEREST

There were no declarations of interest by Members.

207. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public attended the meeting and indicated that he was trying to understand how there had been significant overspends on council budgets and how such overspends had been scrutinised.

In response, the Chair of Overview and Scrutiny Management Board advised that scrutiny regularly reviewed the budgets of all services through regular financial monitoring reports, but in particular in respect of the people led budgets in Adult and Children's Social Care. He stated that every local authority with responsibility for such services had endured the same level of overspending, but he could give assurances that scrutiny Members had been rigorous in monitoring the budget position of the Council.

In a supplementary question, the member of the public indicated that he could understand having to overspend to respond to unexpected events, but if he were responsible for large budget and knew that his service would face unexpected expenditure, would be able to come to scrutiny and ask for an increase in his budget during the financial year. The Cabinet was responsible for controlling budget and the role of scrutiny was to hold the Cabinet to account.

208. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that he intended to go into closed session during Item 6 (Request for Review of Response to Petition – Apologise to every individual who did not have an annual assessment under the Care Act 2014) to enable Members to debate the issues privately before returning to open session to determine the Board's position on the request.

209. REQUEST FOR REVIEW OF RESPONSE TO PETITION - APOLOGISE TO EVERY INDIVIDUAL WHO DID NOT HAVE AN ANNUAL ASSESSMENT UNDER THE CARE ACT 2014

Consideration was given to a request to review a response of the Chief Executive to a petition calling for an apology for every individual who did not have an annual assessment under the Care Act 2014.

Mr Liam Harron, Lead Petitioner, attended the meeting and made representations to the Board in support of the request to review the response of the Chief Executive to the petition. Mr Harron indicated that this had been a very personal petition following the death of close friends who had been very unsettled by the change processes in adult social care in Rotherham. He elaborated that he had been very shocked to receive information from the Strategic Director of Adult Care, Housing and Public Health ahead of the June 2018 Council meeting that 40% of persons with a learning disability had not had care assessment in the previous twelve months. The petition sought to encourage the Council to apologise for this failure and Mr Harron cited the Council's values and behaviours as being central to the request in the petition. He explained that the Chief Executive had not agreed and her response to him on 26 October 2019 had avoided the issue, which was that a lot of people with learning disabilities in Rotherham should receive an apology for not receiving the assessment that they were entitled to.

Members enquired as to whether Mr Harron was in possession of any updated figures in respect of the number of care assessments that had been undertaken to date. Mr. Harron indicated that he did not and that the information was out of date due to the length of time it had taken to get to this meeting to present the request for the review of the response to the petition.

Members considered the request and determined that the request for the review be noted, but not accepted. However, in making such a determination, Members shared the concerns that Mr. Harron referred to regarding the progress made by the authority in ensuring that annual assessments under the Care Act 2014 were on target. Scrutiny of improvements within Adult Social Care would continue to be a priority in the 2019-20 municipal year.

Resolved:-

1. That the request be noted and not accepted.
2. That the Chair of Overview and Scrutiny Management Board write to the lead petitioner to confirm the outcome of the request.

210. HOMELESSNESS AND ROUGH SLEEPER PREVENTION STRATEGY

Consideration was given to a report which was submitted by the Strategic Director of Adult Care, Housing and Public Health for pre-decision scrutiny ahead of determination by the Cabinet at its meeting on 15 April 2019 in respect of the proposed Homelessness and Rough Sleeper Prevention Strategy for the period from 2019 to 2022. It was reported that the strategy had been developed in consultation with stakeholders, residents and other council departments and would set the key strategic priorities for the authority in over the three year period to 2022.

It was noted there were six aims in the Homelessness Prevention and Rough Sleeper Strategy 2019-22:

- To support people with complex needs
- To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker
- To increase support for young people to prevent homelessness
- To end rough sleeping and begging
- To improve access to tenancy support, employment and health support services
- To ensure there is sufficient decent emergency accommodation

Referring to an article in *The Guardian* published on 10 April 2019, Members sought assurances that the Council could afford meet its statutory responsibilities under homelessness legislation, particularly in the context of the authority's own financial position. In response, officers confirmed that the costs for implementing the new legislation were significant for all local authorities and they had recognised the need to increase resources into the service. Three additional staff had been appointed in the Homelessness team and additional temporary emergency accommodation had been identified too. The costs associated with this were significant, but it was affordable at present despite spending more than previously.

Members were quick to commend officers from the Housing Service and the Cabinet Member for Housing on a robust plan and reiterated that homelessness prevention required good, affordable housing. The Board enquired whether officers had considered using office spaces or empty retail spaces for housing. In response, it was explained that consideration was being given a Property Guardian Scheme, where a building would be taken over and people would live in it which would remove the need to spend more on security and reduce the likelihood of vandalism.

Reference was made to the gap in provision for homeless persons with dogs and also provision for armed forces veterans. In response, it was acknowledged that there had been a gap in provision for homeless persons with dogs, but work had been undertaken to identify suitable accommodation which could be cleaned and hold more durable furniture. With regard to provision for armed forces provision, it was explained that Housing Allocation Policy gave the highest priority to such persons, but it was acknowledged that awareness of this provision was limited and needed to be better communicated.

Clarification was sought as to whether an evaluation had taken place in respect of the pilot in letting homeless persons sleep at Rotherham Fire Station. In response, it was confirmed that the pilot had worked very well and officers had been pleased at how well it had gone. Processes and protocols were now being drafted to ensure that it would work effectively in future, but overall the pilot had been very positive.

In response to a question in respect of the policy on the non-payment of rent, it was confirmed that the Housing Allocations Policy prevented an individual from being eligible for the housing register for a period of five years following eviction from a council property. In a follow up question, Members queried whether anyone had been made homeless as a result of eviction by the Council. In response, it was explained that the Financial Inclusion Team help people with debt management and signpost to other advisory services. Whilst there had been evictions, this was very much the last resort and individuals were given every opportunity to address their debt prior to eviction proceedings. Where an eviction occurred, the Homelessness Team would then work with individuals to address their situation.

Reference was made to the impact of Universal Credit and Members sought to understand how individuals could get into rent arrears if there was a requirement for payment by direct debit. Clarification was also sought in respect of the approach to dealing with homelessness during periods of extremely cold weather. In response, officers confirmed that the majority of rough sleepers were in accommodation during the recent cold spell of weather. With regard to the query on rent arrears, officers explained that the approach of the authority was to assist in developing sustainable tenancies and resources had increased for housing income collection, with half of that team working on financial inclusion and assisting tenants with managing their finances. In this area, performance was more better than in previous years and every effort was being made to reduce the turnover of tenancies. Direct debits were helping to mitigate the arrears that tenants were facing and discussions also took place with tenants to established card payment systems to manage their finances better.

Resolved:-

1. That the Cabinet be advised that the recommendations be supported.
2. That further reports on outcomes against the strategy be submitted to the Improving Places Select Commission.

211. FEBRUARY 2018-19 FINANCIAL MONITORING REPORT

Consideration was given a report submitted by the Strategic Director of Finance and Customer Services which set out an improved financial position compared to that previously reported in February 2019. It was based on actual costs and income for eleven months of the financial year with forecasts for the final month of 2018/19. It was noted that financial performance was a key element within the assessment of the Council's overall performance framework, and was essential for the achievement of the objectives within the Council's policy agenda.

Members enquired as to approach adopted where savings were not achieved and how the budget would be balanced. In response, the Cabinet Member for Corporate Services and Finance indicated that the savings would have to be found from reserves.

Reference was made to the continued reduction in funding for Public Health, whose ring-fenced budget had reduced by a further £430k. In response, officers advised that when central government had issued four year provisional allocations, it also gave notice of the reductions in funding for Public Health. The next financial year would be the final year of the settlement and it would be reduced again by a similar amount.

The Board identified overspends in Legal Services and sought assurances from officers in respect of actions being taken to reduce the level of spend. In response, it was confirmed that a lot of recruitment was taking place for this service area following a restructure and there had been successful recruitment for a number solicitor positions which had reduced reliance on locums.

Reference was made to the overspend in Children and Young People's Services, with a pressure of £15.7m based on numbers remaining stable. At the present, the number of looked after children stood at 645 and officers were invited to give a view as to how concerned they were that the numbers in the budget and the number of looked after children would reduce. In response, it was confirmed that the budget and the number of looked after children would be closely monitored in the new financial year. Reference was also made to the two year plan within the Children and Young People's Services directorate to drive down costs and delivery against this would be analysed on a daily basis.

Resolved:-

1. That the report be noted.
2. That the Strategic Director of Children and Young People's Services be invited to a future meeting to provide details on the plans to deliver budget savings in that directorate.

212. FORWARD PLAN OF KEY DECISIONS - APRIL TO JUNE 2019

Consideration was given to the Forward Plan of Key Decisions for the period from 1 April to 30 June 2019 which detailed all decisions to be taken by the Cabinet. Members were invited to identify items for pre-decision scrutiny by the Overview and Scrutiny Management Board during that timeframe.

Resolved:-

1. That the Forward Plan of Key Decisions for the period from 1 April to 30 June 2019 be noted.
2. That Members advise the Head of Democratic Services of items that should be referred for pre-decision scrutiny prior to the publication of the relevant agenda.

213. URGENT BUSINESS

The Chair reported that there were no items of business requiring the urgent consideration of the Board.

214. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 24 April 2019 at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
24th April, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Brookes, Cusworth, Keenan, Mallinder, Sansome, Walsh and Wyatt.

Apologies for absence:- Apologies were received from Councillors Evans, Napper and Short.

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

215. DECLARATIONS OF INTEREST

The Chair, Councillor Steele, declared a personal interest in agenda item 5 (Request for Review of Response to Petition – Webcasting at Overview and Scrutiny Management Board) on the basis that he had provided a response to the Lead Petitioner which was due to be the subject of the Board's consideration.

216. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public put a question to the Chair of the Overview and Scrutiny Management Board to confirm whether he had any knowledge of an organisation called Common Purpose. In response, the Chair confirmed that he did not have any knowledge of the organisation.

As a supplementary question, reference was made to concerns raised by a number of unnamed individuals in relation to Common Purpose during a BBC Radio Sheffield debate in 2014. The questioner indicated that he had met with the former Leader of the Council and the former Strategic Director of Children and Young People's Services, who had been on training delivered by Common Purpose. As a result of this concern, the Chair of Overview and Scrutiny Management Board was asked whether he would be prepared to look into that specific case and any other officers who had been on such training and what expense had been incurred by the authority.

In response, the Chair indicated that this was a difficult question answer and asked the questioner to put his concerns in writing to him and the Head of Democratic Services. With regard to the reference to the former Leader of the Council and the former Strategic Director of Children and Young People's Services, the Chair indicated that he could not respond in respect of those individuals who were no longer part of the authority. He indicated that he would follow up with officers after receipt of an email from the questioner, but offered no promises or assurances that the issue would be pursued any further.

217. EXCLUSION OF THE PRESS AND PUBLIC

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

218. REQUEST FOR REVIEW OF RESPONSE TO PETITION - WEBCASTING AT OVERVIEW AND SCRUTINY MANAGEMENT BOARD

Consideration was given to a request for a review of a response of the Assistant Chief Executive to a petition in respect of webcasting at meetings of the Overview and Scrutiny Management Board. The lead petitioner, Mr L. Harron, addressed the meeting in support of his request for the review and referred to his surprise and that of other members of the public to the fact that Members' deliberations in respect of petitions were conducted privately, with the webcasting facility being switched off. He considered this to be a deeply unsatisfactory process. Whilst he accepted the Chair's view in respect of uncertain cases, he considered that the overriding principle should be that business should be conducted in public and be transparent. It had been explained to Mr Harron that the decision in respect of public deliberation rested with the Chair of the Overview and Scrutiny Management Board on the basis that the Council's constitution was silent on the matter. The petition process was at the heart of how Rotherham had to improve its engagement and democratic processes.

The Vice-Chair, who had taken the Chair for this agenda item, indicated that he intended to invite the Board to deliberate this petition in public and would request that the webcasting facilities be left on so that this could be filmed and broadcast on the Council's website. Furthermore, he explained that not all Council meetings were webcast and gave the example of the Audit Committee, which was not webcast. The official and legal record of proceedings at Council and committee meetings were the minutes recorded by Democratic Services. Webcasting had been introduced as an aide to further open up proceedings in meetings, but was not there to replace the official minutes.

Members indicated that the process was not established for the satisfaction of any individual or group, but the rules were established to get business done. A compromise situation was recommended that the principles of Schedule 12A of the Local Government Act 1972 should be applied to the deliberations of the Overview and Scrutiny Management Board. This position was unanimously supported by the Board.

Resolved:-

1. That the request for the review of the Assistant Chief Executive's response to the petition in respect of webcasting at Overview and Scrutiny Management Board be supported.

2. That all deliberations in respect of petitions at the Overview and Scrutiny Management Board be conducted in public other than where the provisions of Schedule 12A of the Local Government Act 1972 in respect of the exclusion of the press and public were applicable.

219. CHILDREN'S SERVICES FINANCIAL MONITORING AND REVIEW 2018/19

Consideration was given to a briefing note submitted on behalf of the Strategic Director of Children and Young People's Services detailing the significant financial pressures on placement budgets and in the delivery of key social work services due to the number of children in the care system. It was reported that the budget pressure had been increasing month on month due to a steady rise in looked after children numbers, but numbers and the budget had stabilised linked to the various projects instigated by the directorate. At the end of February the projected overspend was £15.7m which in the main reflected pressures on staffing, transport and placement budgets.

Members queried the level of consultancy spend incurred within the directorate. In response, the Strategic Director confirmed that there were no consultants employed in the directorate, however commissioning of third sector organisations was undertaken. Admiration was expressed at how the directorate had reduced the level of agency spend and Members sought to understand if there was a level which was anticipated to be adequate and financially sustainable and what role there would be for technology to release further efficiencies. In response, the Strategic Director indicated that the budget assumed that there would be small, essential use of up to 15 agency staff posts per year. In doing so, this would ensure that caseload levels were at the right level and would maintain the authority's position below the national average in respect of agency usage. Mobile technology was being explored to make the service more efficient and an example was given of social workers using tablets or smartphone technology to access the social work case management system when they were out on visits.

Members recognised that spend was being better accounted for and referred the two major overspends which arose from independent placements and external placements and sought assurance that work was underway to keep placements within the local economy rather than out of borough. In response, it was acknowledged that there were better approaches to recruiting and creating residential type provisions and options were presently being developed for consideration by Cabinet later in the year.

Assurances were sought that the authority was no longer losing foster carers in the first year to 18 months of service. In response, the Strategic Director confirmed that a lot of work had been done to ensure that the authority appointed the right foster carers and focusing on retention as

well as recruitment. More detailed proposals would be submitted for Cabinet consideration in the summer, but there remained much to do in order to strengthen the approach and have a competitive offer.

Reference was made to the report detailing major budget pressures in respect of transport and Members sought clarification as to the specifics of those pressures. In response, the Strategic Director confirmed that it principally related to the transport of looked after children to and from school, using whatever was the most appropriate form of transport and helping young people to become independent travellers.

Clarification was sought in respect of the funding gap arising from income expected from the Rotherham Clinical Commissioning Group. In response, the Strategic Director explained that the income predicted was what the CCG might contribute to individual packages of care. Work was underway with the CCG to develop a much better understanding of which organisation would fund which part of an individual care package. It was noted that work would also take place to strengthen the transitions process to help mitigate pressures and reliance on the CCG.

Members queried whether any vacant social work posts were not being recruited to presently. In response, the Strategic Director confirmed that there were no posts being held vacant to mitigate budget pressures in respect of children's social care.

Resolved:-

1. That the update be noted.

220. UPDATE FROM SPOTLIGHT REVIEW FOLLOWING THE OFSTED INSPECTION OF ADULT COMMUNITY LEARNING

Consideration was given to a report submitted by the Strategic Director of Children and Young People's Services which responded to the findings and recommendations of a spotlight review undertaken by the Improving Lives Select Commission in March 2018, which followed the Ofsted Inspection of Adult Community Learning in June 2017.

The purpose of the review had been to seek assurance that there was a clear understanding of the issues leading to the inadequate judgement in June 2017; that the issues arising from the inspection had been addressed; and that there were clear plans in place to ensure that adult learners have pathways to secure employment or skills training. The conclusions and recommendations made by Members were based on information gathered from the spotlight review and examination of related documentation. The report and recommendations were submitted to Council in July 2018.

Under the Overview and Scrutiny Procedure Rules, the Cabinet was required to respond to any recommendations made by scrutiny and this report is submitted to provide the response to the Overview and Scrutiny Management Board.

Resolved:-

1. That the Cabinet response be noted.

221. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

The Chair thanked Members for their attendance and participation in the Children's Commissioner Takeover Challenge with the Youth Cabinet on 2 April 2019. A report detailing the recommendations was being prepared and would be signed off by the Youth Cabinet in due course.

Resolved:-

That the update be noted.

222. CALL-IN ISSUES

The Chair reported that there were no call-in issues for the Board to consider following recent Cabinet meetings.

223. URGENT BUSINESS

The Chair reported that there were no items of business requiring urgent consideration by the Board.

224. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 15 May 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

**OVERVIEW AND SCRUTINY MANAGEMENT BOARD
15th May, 2019**

Present:- Councillor Steele (in the Chair); Councillors Cowles, Brookes, Cusworth, Keenan, Mallinder, Napper, Sansome, Walsh and Wyatt.

Apologies were received from Councillors Evans and Short.

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

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

225. DECLARATIONS OF INTEREST

Councillor Keenan declared a personal interest in agenda item 5 (Cultural Strategy 2019 – 2025) on the grounds that she was a board member of a local arts charity.

226. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

227. 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.

228. CULTURAL STRATEGY 2019 - 2025

Consideration was given to a report submitted for pre-decision scrutiny prior to determination at the Cabinet meeting to be held on 20 May 2019 which requested consideration and endorsement of the new Cultural Strategy 2019 – 2026. Rotherham's new Cultural Strategy had been produced in collaboration with members of the public and partners from across the cultural, leisure, green spaces and tourism sectors. This would be the first Strategy produced by the local Cultural Partnership Board since it was established in 2018.

Having commended the extensive consultation on the proposed strategy, Members sought assurances in respect of the accountability arrangements for the Cultural Partnership Board and wished to understand how this body linked to the Rotherham Together Partnership (RTP). In response, the Cabinet Member for Cleaner Greener Communities advised that she was the Chair of the Cultural Partnership Board, which met every couple of months, and had attended meetings of the RTP as requested.

Reference was made to the need to link the strategy to public health priorities to reduce obesity levels in children and young people and Members sought to understand how the strategy would complement this approach and how the Health Select Commission could be involved in this work.

Members expressed pleasure at the positive responses received to the consultation on the strategy and queried whether there was a need to leverage what was at the borough's disposal so that the public would have clarity on what was available and to also provide clarity to arts organisations. Furthermore, Members were pleased to see that the Sheffield City Region were preparing to bid for the UK City of Culture and sought to understand who was organising the bid and what involvement there would be from the borough. In response, it was explained that the Culture, Sport and Tourism service was working closely with the Neighbourhoods Service to develop a much deeper understanding of what was available locally, as it was appreciated that not all cultural activities took place in a theatre, museum or arts centre. The bid for the UK Capital of Culture had been a manifesto commitment for the Mayor of the Sheffield City Region and Rotherham MBC had been the first local authority in the region to indicate its support for the bid.

Members sought to understand how the Cultural Strategy would link to the work that had been undertaken in respect of the Child Friendly Borough. In response, it was explained that the Children's Capital of Culture was a key action and the service had been working closely with colleagues in Children and Young People's Services to apprise them of progress made in obtaining funding.

Clarification was sought as to how the strategy would fit into the broader skills agenda. In response, the Strategic Director of Regeneration and Environment indicated that this was seen as a key component of the growth agenda for the borough. Businesses and their employees want to live and have exciting things to do in nice places and this was a key driver in the strategy. It was noted that places with a strong cultural offer tended to enjoy stronger economic growth.

Reflecting on the earlier reference to the Children's Capital of Culture, Members noted that this would be a significant decision and noted that there was no previous frameworks or models so that this would present challenges in developing and delivering the idea. Assurances were sought that the authority was linking to previous Capitals of Culture to draw on their experiences to inform the approach to make the Children's Capital of Culture a success for Rotherham.

In response, officers confirmed that the authority had trademarked the concept and held a licence for it. Furthermore, a lot of co-creation was taking place, which had been tested by national grant funding bodies, who had indicated a keen interest in the work being developed. Furthermore, Hull and the forthcoming UK Capital of Culture, Coventry, were both keen to work with the authority so as to continue and build legacy work arising from their experiences as capitals of culture.

The Chair advised that the Board would recommend that the Cabinet should not consider the report at its meeting on 20 May 2019 on the basis that an equality impact assessment had not been included with the agenda papers. Whilst Members were broadly supportive the provisions and vision of the strategy, the Board felt it necessary to make a recommendation to the Cabinet that the absence of an equality impact assessment would present a risk in respect the proposed decision to adopt the strategy.

Resolved:-

1. That Cabinet be recommended to defer consideration of the strategy, pending the completion and submission of an accompanying Equality Analysis.
2. That greater clarity be provided on the governance arrangements and lines of accountability in any future report presenting the strategy for endorsement.
3. That a detailed implementation plan be submitted to the Improving Places Select Commission, following endorsement of the strategy by Cabinet.

229. CONSULTATION ON A NEW LIBRARY STRATEGY 2020-2025

Consideration was given to a report which had been presented for pre-decision scrutiny by the Strategic Director of Regeneration and Environment prior to its determination by the Cabinet at its meeting on 20 May 2019.

The report set out proposals to undertake consultation on a new library strategy for the period 2020 – 2025 and a future service delivery model for the Libraries and Neighbourhood Hubs Service. It was noted that this would ensure that the Service continued to meet the needs of Rotherham residents and also that the Council met the statutory service requirement. It was noted that the current strategy was due to end in 2019 and therefore a new strategy would be required for the period to 2025. In introducing the report, the Cabinet Member for Cleaner Greener Communities indicated that the service was doing very well with increased usage for the first time in years and satisfaction with the service had reached 99%.

Members sought assurances in respect of how the consultation would capture the views and opinions of children and young people across the borough. In response, officers explained that specific focus groups were planned, as well as engagement with the Youth Cabinet. It was recognised that there were differing needs across the age groups amongst children and young people and the consultation would be a valuable source of information in respect of refining the future service offer. In response to a supplementary question, it was confirmed that the service would go into schools to reach a broader number of children and young people.

Clarification was sought in respect of how the service ensured that knowledge of good practice and successes were shared. In response, it was confirmed that managers and supervisors met regularly to bring together examples of good practice which would then inform the annual events programme. It was recognised that the service tried to have an offer that met the needs of local communities, but was also generally consistent across the borough.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That a sub-group of Overview and Scrutiny Management Board be established to scrutinise the outcomes of Phase 1 of the consultation prior to the start of work on the final service offer.

230. CONSULTATION ON DRAFT REVISED STATEMENT OF COMMUNITY INVOLVEMENT

Consideration was given to a report presented for pre-decision scrutiny by the Strategic Director of Regeneration and Environment ahead of its determination at the Cabinet meeting on 20 May 2019. It was reported that the requirement to prepare a Statement of Community Involvement was set out in the Planning and Compulsory Purchase Act 2004. The Statement of Community Involvement set out how the Council involves local communities in planning for the future of the Borough through the preparation of the Local Plan and other planning policy documents, and the determination of planning applications. The report recommended the authority go out to consultation on the draft document for a four week period, before returning to Cabinet for approval and adoption.

Members considered the paper to be a good report, with a well argued document for consultation. By way of comment, it was suggested it would be beneficial to highlight to the public that if they had concerns about a planning application, it would be advisable to look to deal with issues via conditions, rather than seeking outright refusal. It was felt that this could be clearly conveyed and may result in a more constructive engagement in the planning process.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That further work be undertaken to ensure that the consultation document outlines the specific power of planning conditions in addressing concerns raised in respect of individual applications.

231. RECOMMENDATIONS FROM IMPROVING LIVES SELECT COMMISSION - SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND), SUFFICIENCY AND INCREASE IN EDUCATIONAL PROVISION - PHASE 2

The Chair of the Improving Lives Select Commission presented recommendations arising from that commission's scrutiny of the SEND Sufficiency proposals. She reported that there had been a thorough discussion in respect of the sustainability of the strategy and the commission had been very supportive of the recommendations. Members had highlighted the need for a further piece of work on autism in Rotherham, as the borough was an outlier in respect of statistical data.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.

232. URGENT BUSINESS

The Chair advised that there were no urgent items of business requiring the consideration of the Board.

Furthermore, as this was the final meeting of the 2018/19 municipal year, the Chair took the opportunity to pay tribute to Councillors Evans, Brookes and Sansome who would cease to be members of the Overview and Scrutiny Management Board in the new municipal year.

233. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 5 June 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
5th June, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Cusworth, Jarvis, Keenan, Mallinder, Napper, Short, Taylor, Tweed, Walsh and Wyatt.

Apologies for absence:- Apologies were received from Councillors .

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

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

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no agenda items to be considered which would require the exclusion of the press or public from the meeting.

4. LOOKED AFTER CHILDREN AND CARE LEAVERS SUFFICIENCY STRATEGY 2019-2022

Consideration was given to a report submitted for pre-decision scrutiny by the Strategic Director of Children and Young People's Services ahead of the Cabinet meeting scheduled to take place on 10 June 2019.

It was reported that the Looked After Children and Care Leavers Sufficiency Strategy had been developed in line with the duty to provide or procure placements for Children Looked After (CLA) by the Local Authority. The legislation and guidance included the Children Act 1989, Sufficiency Statutory Guidance 2010, and the Care Planning and Placement and Case Review Regulations 2011. The duty of 'sufficiency' required Local Authorities and Children's Trust partners to ensure that there was a range of sufficient placements which met the needs of children and young people in care. Furthermore, there was also a responsibility to take steps to develop and shape service provision to meet the needs of all children and young people in care at a local level.

Members noted that the strategy set out how Rotherham Children and Young People's Services would fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving care. It described the principles that were applied when seeking to commission the provision of secure, safe and appropriate accommodation and support

to children in care and care leavers over the next three years. The LAC Sufficiency Strategy provided the underpinning needs analysis that would inform market management work, seeking to ensure that there was the right mix of provision available to meet the needs of children and young people and that the provision mix provided positive outcomes and value for money. Whilst the strategy was not primarily a financial one, it was expected that the commissioning and strategic intentions set out would provide significant cost avoidance and savings opportunities and would be essential to the sustainability of improved outcomes and the local authority budget.

Members further noted that the Improving Lives Select Commission had continued to monitor this area of work and had noted in November 2018 that the Looked After Children Strategy was outdated as a result of so much being done. The Commission had recommended that the strategy be refreshed, having noted that the arrival of new personnel in the service and a new approach to market management.

Welcoming the report, Members asked whether it would possible to include the standard deviation in respect of out of borough placements, rather than just the mean figure. Furthermore, Members recognised that the large number of looked after children might simply mean that the stock of foster carers might not be sufficient to meet the expectations of the strategy. In response, officers indicated that the standard deviation figures could be provided to Members. With regard to foster carers, it was considered that these were still available, but the authority was in competition with the independent sector who were targeting them too.

Members also sought further information on how officers sought the engagement of looked after children in market management. In response, it was confirmed that officers had liaised with the Looked After Children's Council to enquire whether they wished to be involved in the work. It was felt that the strength of the voice of looked after children was developing all of the time, but a further conversation in a more engaging way to secure their involvement.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That an update be provided to Improving Lives Select Commission in January 2020 on the implementation of the strategy.

5. ROTHERHAM'S CULTURAL STRATEGY 2019 - 2026

Consideration was given to a report presented for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 10 June 2019 and submitted by the Strategic Director of Regeneration and Environment in respect of the proposed adoption of the Cultural Strategy 2019-26. This had

previously been considered by the Overview and Scrutiny Management Board on 15 May 2019, where Members had recommended that the Cabinet not consider the report on 20 May 2019 due to the failure to include an equality impact assessment with the agenda papers (minute 228 refers).

It was noted that the new Cultural Strategy had been produced in collaboration with members of the public and partners from across the cultural, leisure, green spaces and tourism sectors. This was the first Strategy produced by the local Cultural Partnership Board since it was established in 2018. In introducing the report, the Cabinet Member for Cleaner Greener Communities stated that scrutiny Members now had received the equality analysis for the strategy on a couple of occasions and comments thereon would be welcomed. In addition, officers had taken on board Members' feedback in respect of the lines of accountability for the delivery of the strategy and referred the Board to specific provisions within the report.

Referring to the accountability arrangements, Members felt that a flowchart would have been a better way to summarise the relationship between the various groups and bodies. In response, the Cabinet Member for Cleaner Greener Communities indicated that officers would circulate this to Members outside of the meeting.

Members welcomed the inclusion of the equality analysis and highlighted the conflation of the protected characteristics of gender and sex, reminding those in attendance that gender was not a protected characteristic. In response, it was confirmed that the equality analysis was a live document and would be amended in light of Members' feedback

Referring to the previous discussion on 15 May 2019, the Chair advised that Members welcomed the new Strategy and that the Board would wish to monitor its implementation after a twelve month period, with a report to be provided back to the Overview and Scrutiny Management Board in June 2020.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That the Equality Analysis be amended to reflect the correct protected characteristics prior to consideration by Cabinet.
3. That a structure chart be developed to outline governance arrangements and lines of accountability and this be circulated to members of Overview and Scrutiny Management Board.
4. That an update be provided in June 2020 to Overview and Scrutiny Management Board on the implementation of the strategy.

6. ROTHERHAM EMPLOYMENT AND SKILLS STRATEGY

Consideration was given to a report which was presented for pre-decision scrutiny by the Strategic Director of Regeneration and Environment which was due to be determined by the Cabinet on 10 June 2019. The report provided detail of the Rotherham Employment and Skills Strategy. It was reported that the strategy was a Rotherham Together Partnership (RTP) document which linked to the existing Rotherham Economic Growth Plan, to provide a framework for delivery of employment and skills activity over the next five years. This was considered to be essential to provide a suitably enterprising and skilled local workforce to drive forward the sustainable long term growth of the Rotherham economy and allow it to compete in an increasingly global economy.

Members referred to the employment market for the local health economy and the shortage of health workers and health apprenticeships and sought to understand confidence levels in respect of work being undertaken to invest in that workforce. In response, the Strategic Director advised that the strategy was a partnership document and that the Council's role was to influence and inform, but it was recognised that the future skills agenda was very important. Furthermore, the authority was cognisant of the need to better connect the approach to skills levels in the workforce across the borough in public and private sectors. The Cabinet Member for Jobs and the Local Economy added that it was key that all partners bought into the provisions of the strategy, as it would only be as good as the level of commitment shown by partners.

Reference was made to female economic inactivity, with 79% cited as being inactive and not wanting a job. Assurances were sought that this was properly addressed within the strategy and action plan. In response, officers confirmed that the figures did up carers following a piece of work undertaken by Sheffield Hallam University. It was recognised that more work was needed in this area on how this group could be better supported as the strategy development. It was noted that the Employment and Skills Sub-Group of the Rotherham Together Partnership would oversee progress in this area. Members felt that this required further discussion within the equality analysis accompanying the report.

Members noted that there were a number of dependencies within the strategy on external funding and other agencies and sought to understand how the risks of not securing funding or support from those agencies would be managed. In response, the Strategic Director advised that the success measure for the strategy was dependent on partners and other agencies across the local region and nationally.

Members referred to duty to encourage skills as well as education and, referring to the recommendations from the Youth Cabinet in respect of the work experience offer for young people, sought to understand the degree to which this would be deliverable. In response, officers referred to the

Gatsby Benchmarks, which were not specific on what was to be provided. Schools were ultimately responsible for determining and delivering the work experience offer for their students and it was known that there was variable approaches adopted across different schools around the borough. The strategy had set out what the partners had considered to be desirable, but work was required to give effect to this and conversations would be ongoing with schools to establish how this could be supported.

Reference was made to the internal and external migration and the trend for young people to move out of the borough to seek employment. Assurances were sought in respect of the actions being taken to remedy this so that young people from Rotherham's good educational establishments could contribute to and enjoy the economic success of the borough. In response, the Strategic Director indicated that further analysis was required on the data provided by Sheffield Hallam University, but referred to anecdotal information as to why young people move around, particularly in respect of going to university in other areas.

Members expressed concerns in respect of the lack of detail within the action plan. In response, officers confirmed that this would be developed further with the Employment and Skills Sub-Group and gave assurances that this would be worked on in due course.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That consideration be given to the design of the document to ensure that it is accessible.
3. That consideration be given to what steps can be taken to address barriers to employment or training such as lack of photographic identification or access to bank accounts.
4. That consideration is given to how meaningful work experience opportunities can be given to young people
5. That the Equality Analysis be reviewed to ensure that it reflects sex/gender inequality in the employment and skills market.
6. That a detailed action plan be provided with clear, targets, milestones and measures in three months' time to Improving Places Select Commission.

7. ADOPTION OF A SEX ESTABLISHMENTS POLICY

Consideration was given to a report submitted by the Strategic Director of Regeneration and Environment for pre-decision scrutiny ahead of the Cabinet meeting scheduled to take place on 10 June 2019 in respect of the proposed adoption of a policy to regulate sex establishments across the borough. It was reported that following public consultation, the Council passed a resolution on 22 May 2019 to adopt powers to regulate sex establishments across Rotherham from 1 July 2019. The adoption by Council of Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982, now allowed the Council to set a clear policy.

It was further reported that the proposed policy would cover all sexual entertainment venues, sex cinemas and sex shops. If adopted, the Policy would allow the Local Authority to better regulate sex establishments, taking account of the views of residents, including the appropriate number and localities for such establishments and the establishment of welfare conditions for those working within such establishments. Based on the feedback from public consultation the report proposed the adoption of a Sex Establishments Policy, to be effective from 1 July 2019. Members noted that, whilst the Council would still be required to consider applications when they arise, the policy proposed that the appropriate number of Sex Entertainment Venues and Sex Cinemas in each Ward of the Borough should be nil.

Members expressed some concern that the Council might be able to defend the figure of the proposed fee for sex establishment licences. In response, officers remarked that there was a fair observation, however the authority had the power to set what it considered to be a reasonable fee and, having taken all matters into account, determined that the proposed fee was such.

There was a broad level of support for the provisions of the policy from Members, but some concerns were expressed in respect of how the authority would ensure that the provisions of the policy were being regulated, how covert visits to premises would be undertaken and how the views of workers in such establishments would be elicited. In response, officers confirmed that it would be responsibility of the Enforcement Team, which was already in operation for the regulation of licenced and business premises. The focus would continue to increase on such establishments and enforcement and regulation approaches would seek to ensure that the authority's obligations were met to the public and those working in such established.

Resolved:-

1. That Cabinet be advised that the recommendations be supported

8. PROPOSAL FOR A PUBLIC SPACE PROTECTION ORDER IN THE FITZWILLIAM ROAD AREA

Consideration was given to a report presented for pre-decision scrutiny which had been submitted by the Strategic Director of Regeneration and Environment ahead of the Cabinet meeting scheduled to take place on 10 June 2019 where the matter was due to be determined. It was reported that following the Cabinet decision on 18 March 2019, the Council had launched a targeted consultation in relation to a proposed Public Space Protection Order (PSPO) for the Fitzwilliam Road area. The draft order published proposed a range of conditions as detailed within the body of the report. The report detailed the consultation process and summarised the responses received during the consultation, finally making recommendations based upon the views expressed.

Recognising that much of the point of the PSPO was to increase the efficiency of enforcement officers, Members sought to understand how much more productive they might be in their enforcement activity and how that would be measured. In response, officers advised that there was no specific estimate as to how much more productive enforcement activity would be and that it would be challenging to quantify that.

Assurances were sought in respect of the plans in place to complement enforcement with education, particularly in view of the cultural links in the area of the proposed PSPO. In response, officers advised that there had been a lot of work within Eastwood prior to the development of the PSPO with the introduction of the Eastwood Deal and street champions, which had been a recent development, who were residents who were happy to be ambassadors and offer education. Officers also worked with Clifton Learning Partnership and REMA to work with the community. An example was provided of a tidy garden scheme, which would provide clear and concise information in respect of what was expected in terms of maintaining gardens and open spaces.

Members sought clarification in respect of how the PSPO would work and wished to understand what contingency arrangements were. In response, officers confirmed that additional plans were always in development, but principally the approach would rely on redoubling efforts to change behaviours. The PSPO was considered to be part of a suite of options available to improve public spaces and community areas and enforcement activity was relatively straightforward in process terms, particularly in view of the use of fixed penalty notices. Members were encouraged not to be concerned in respect of the paperwork involved in administering enforcement activities.

Following on from earlier comments in respect of the difficulty of enforcement, and despite the high degree of support for the introduction of the PSPO, Members sought to understand how the authority would follow up with individuals who refused to pay the fines issued as part of that enforcement activity. Furthermore, Members sought assurances as to

how success would be measured so that they could be assured as to the value of introducing such an order. In response, officers advised success would be measured in similar ways to the existing PSPO in place for Rotherham town centre. In terms of specific measurements, the team would monitor reported levels of anti-social behaviour and crime data. As a result of some of the challenges raised by the public in consultation period, officers were keen to keep engagement open with community to understand how the introduction of the order was progressing from the public perspective. It was proposed that the implementation of the PSPO should be reviewed by the end of its first year in operation and that would be an opportune time to address any issues of concern.

Members queried how the proposed PSPO would link with the Council's Thriving Neighbourhoods agenda. In response, officers confirmed that community safety and enforcement teams worked closely with the Neighbourhoods Service and plans sat alongside each other. Officers from services met on a monthly basis to review progress against plans and check that priorities were being met.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That an update be provided to Improving Places Select Commission in six months' time on the implementation of the Public Space Protection Order

9. URGENT BUSINESS

The Chair advised that there were no items of business requiring urgent consideration by the Board.

10. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 3 July 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
3rd July, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Cusworth, Jarvis, Keenan, Mallinder, Taylor, Tweed, Walsh and Wyatt.

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

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

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

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

13. EXCLUSION OF THE PRESS AND PUBLIC

The Chair reported that there were no items of business on the agenda which would require the exclusion of the press and public.

14. REVISED FOSTER CARER FEES AND ALLOWANCES PAYMENT SCHEME

Consideration was given to a report submitted by the Strategic Director of Children and Young People's Services which was presented for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 8 July 2019 in respect of the proposed revision of Foster Carers Fees and Allowances Payment Scheme. It was reported that the Council had sought to improve the care experience for children in Rotherham by ensuring that wherever possible they were looked after in a foster family environment. In the spirit of that ambition, it was proposed to revise the 'offer' to foster carers with regard to the fees and allowances that they receive. It was anticipated that this would also lead to a reduced overall cost in line with Budget assumptions. It is well understood that the needs of children and young people could only be met effectively if they lived in an environment that provided a high quality of care and support, generally within a family home setting and in a geographical location that was familiar.

Members further noted that the placement of children within the borough would ensure a better oversight and control over educational provision and other support services such as Health and Community Adolescent Mental Health Services (CAMHS). Recruitment and retention of in-house foster carers was at the heart of LAC Sufficiency Strategy. As part of the overall strategy it was intended to change the placement mix, profiling a net increase of 36 new in-house foster placements over a 12 month

period. It was noted that increasing the number of in-house carers was critical to ensuring that Rotherham:

- Had a range of suitable placements available to meet current and future placement needs.
- Was able to reduce overall placement costs and avoid more expensive Independent Fostering Agency (IFA) and out of borough residential placements.
- Was able to meet the needs of individual children and young people in care by creating stable, secure and high quality family placements
- Supported children and young people in care to maintain contact with birth families, essential services and their local community.

A revised foster carer fees and allowance payment scheme was proposed in in order to ensure that Rotherham is best placed to meet the above objectives.

Members expressed support for the proposals, welcoming the potential removal of the independent agencies as a 'middle man', and sought assurances that the monitoring of figures would assist the authority in making a difference. In response, the Strategic Director reassured Members that data would be monitored and progress tracked, especially in light of budget assumptions in respect of demand and how many children and young people that the authority would be working with during current and next financial year. The impact of the change would be closely monitored to provide assurance that the decision was correct.

It was noted that the focus was not solely on driving down cost, but rather making a good offer to increase the sustainability of the pool of foster carers available to the authority. It was recognised the remuneration was only part of the offer and the support provided by the Council was of greater importance to existing foster carers, who wanted to work with the authority rather than agencies. The Strategic Director agreed with this observation and indicated that this was just one element of the strategy, but acknowledged the need to communicate the foster carer offer more effectively and market the opportunity better.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.

15. ADVICE SERVICES REVIEW - PHASE 2

Consideration was given to a report submitted by the Assistant Chief Executive for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 8 July 2019 in respect of the review of Advice Services. It was reported that continuing austerity and the impact of welfare reforms including the roll out of universal credit were having a significant effect on

many of the most vulnerable Rotherham residents especially people with disabilities and families with children. The provision of good quality advice services was essential support. The need for advice support continued to increase with many individual cases covering a number of complex issues which required specialist help and guidance.

The second phase of the review which the report to Cabinet related to, includes advice services provided directly by the Council and the enhancement of partnership working through Advice in Rotherham Partnership (AiR). The report proposed bringing together under one management Council provided advice services and enhancing partnership working and referral systems. This would provide a more efficient set of inter-related services and improve access and referral routes for clients through a new "Single Advice Model". It was projected that bringing services under one management could be achieved by September 2019. Some of the components of the "Single Advice Model", including a new referral system, were being introduced. Further enhancements to partnership working would be developed in discussion with partners. The changes were anticipated to be achievable within existing budget and staffing allocations.

Assurances were sought in respect of the proposed timescale of co-location for September 2019 and Members queried whether this was ambitious. In response, officers confirmed that the transfer of responsibility for the service was achievable by September 2019 to ensure that all services were under a single management structure. Following on, Members expressed concerned in respect of the proposed single point of access, given the problems that residents presently faced with not being able to contact the authority. In response, officers confirmed that the only change to the service to be implemented by 1 September 2019 would be the transfer of management responsibility. Further developments in respect of the service offer would be delivered further down the line, but people would not see any changes from 1 September. Looking to the future, there would be a need test the target operating model thoroughly and understand the levels of demand to ensure that services meet demand and expectations.

Members sought clarification as to when Phase 3 would be reported to Cabinet. In response, the Assistant Chief Executive advised that work would commence on developing Phase 3 in September 2019 after going live with the implementation of Phase 2. However, timescales had not been set for the reporting and approval of Phase 3 and it was acknowledged that this may take up to twelve months to progress.

It was suggested that Members would have found a list of organisations useful ahead of the meeting and assurances were sought that there was capacity to deliver the service that was expected. It was confirmed that a list of organisations had been detailed within the body of the report and there was assurance that there was capacity to deliver and the need to deliver was absolutely recognised across the authority and the

partnership. It was noted that a third of the organisations listed were provided with funding towards advice. Further clarification was sought as what work had been done to ascertain what partners were bringing to the borough. Officers advised that the information could be shared outside of the meeting, but assurances were provided that the contract was monitored.

Assurances were sought that there would be capacity to take someone from filling in a form right through to the end of the process without individuals being turned away. Officers reiterated that their proposal in the report was to extend the outreach provision to ensure that services covered all parts of the borough. As part of the move into Phase 3 of the review, capacity would be monitored on an ongoing basis, but it was critical that the work was delivered in partnership to develop a preventative approach and to embed the work with the neighbourhoods agenda.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.
2. That a monitoring report on the implementation of Phase 2 be brought back to a sub-group of the Overview and Scrutiny Management Board, along with outline proposals for Phase 3.

16. LOCAL PLAN CORE STRATEGY FIVE YEAR REVIEW

Consideration was given to a report submitted by the Strategic Director of Regeneration and Environment which was due to be determined by the Cabinet at its meeting on 8 July 2019 concerning the Local Plan Core Strategy review. It was reported that in line with legislative requirements, a desk based review of the Local Plan Core Strategy had been undertaken to assess whether some or all of the document may need updating. The review indicated that, although the Core Strategy continued to be broadly up to date and complied with requirements set out in national planning policy, a number of areas required an update. Members scrutinised the proposal to give approval to commence a partial update of the Core Strategy to update policies relating to housing, flood risk and water management, climate change and carbon reduction, and the presumption in favour of sustainable development, and to update infrastructure requirements to support new growth.

Members were supportive of the approach proposed and commended the work undertaken by officers which appeared to be appropriate.

Resolved:-

1. That Cabinet be advised that the recommendations be supported.

17. OVERVIEW AND SCRUTINY ANNUAL REPORT 2018-19

Consideration was given to a report which presented the final draft of the Overview and Scrutiny Annual Report for 2018-19 for Members to recommend for approval to the Council meeting on 24 July 2019. It was reported that the scrutiny work programme, outlined in draft in the annual report, helped to achieve corporate priorities by addressing key policy and performance agendas and the outcomes would focus on adding value to the work of the Council.

The Chair thanked Members and officers for their efforts in the supporting the scrutiny function during 2018-2019 municipal year. Furthermore, he thanked Member colleagues for their contributions to the emerging work programme for the 2019-20 municipal year.

Resolved:-

1. That the draft Annual Report 2018-19 be received and it be approved for publication ahead the Council Meeting on 24 July 2019.
2. That it be noted that membership details for 2019-20 may be subject to change following the Council meeting on the 24 July 2019 and that this be reflected in the final published version on the Council's website.

18. COUNCIL PLAN REFRESH

Consideration was given to a report which detailed the recent update to the Council Plan Performance Management Framework, which had been approved the Cabinet earlier in the year. It was reported that services across the authority had reviewed performance throughout the 2018-19 financial year in order to determine new targets for 2019-2020. It was noted that, although the 2017-2020 Council Plan was intended to cover three financial years, it was considered good practice to carry out an annual review of the performance measures included in it. The refreshed performance measures and targets had been set by services using reference to both in year performance, benchmarking data and the priorities for the coming year. The overall number of measures had reduced from 72 in 2018-2019 to 69 for 2019-2020.

It was further reported that to ensure that the delivery of actions and their impact was assessed, formal quarterly performance reports would continue to be presented in public at Cabinet meetings, with an opportunity for scrutiny by non-executive Members.

Members referred to indicator 2A1 (Completion of Drug Treatment) and explained that they could see the measure for successful treatment, but wanted to know what the information for non-opiate users was and

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 03/07/19

whether it was reported elsewhere. In response, officers confirmed that this information would be supplied to Members outside of the meeting and could be shared with the Health Select Commission if requested.

By way of general feedback, Members welcomed the presentation of the report and compared it favourably to the Scrutiny Annual report, citing the use of infographics to convey complex information without use of lengthy narrative.

Reference was made to net new business as a measure, which represented something of a difference between floor space and new business take up. Members requested that consideration be given to restoring the previous measure on that basis. In response, officers confirmed that the Council Plan was reviewed annually and a much more radical review of the plan would follow in 2020.

Resolved:-

1. That the report be noted.
2. That the Health Select Commission consider receiving performance information in respect of non-opiate drug users at a future meeting.
3. That responses be provided by the relevant Strategic Directors to Members on the points raised in the debate on the above item.

19. CALL-IN ISSUES

The Chair reported that there were no call-in issues requiring the consideration of the Board arising from the Cabinet meeting held on 10 June 2019.

20. URGENT BUSINESS

The Chair reported that there were no items of business requiring the urgent consideration of the Board.

21. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 10 July 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
10th July, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Keenan and Walsh.

Apologies for absence:- Apologies were received from Councillors Cusworth, Jarvis, Mallinder, Napper, Tweed and Wyatt.

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

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

22. DECLARATIONS OF INTEREST

Councillor Robert Taylor declared a personal and pecuniary interest in item 258 (Consultation – South Yorkshire Fire and Rescue Service – Integrated Risk Management Plan) on the basis that he was the Chair of the South Yorkshire Fire and Rescue Authority for the 2019-20 municipal year.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public referred to the proposals in the Integrated Risk Management Plan (IRMP) which was subject to consultation by the South Yorkshire Fire and Rescue Service (SYFRS) and suggested that the consultation offered a binary choice of a reduction of 84 firefighters or reducing the wholtime cover to daytime staffing and night time on call staffing. In his opinion, the only realistic way forward would be to staff fire engines in a different way meaning that the number of full time fire engines would fall according to the scale of savings required. He asked whether agreement to the draft consultation document would mean several fire stations could suffer a reduction in cover without the service having to go to full public consultation. The Chair thanked Mr Carbutt for his question and indicated that he would pass it on to the South Yorkshire Fire and Rescue Service for response.

A further question was put by a member of the public who referred to the Fire and Rescue Authority's budget reserves of £24m and enquired whether the level of reserves held was a barrier to obtaining more funding and whether those reserves might be used differently to fund 84 frontline firefighters. The Chair thanked Mr. Nicholls for his question and indicated that he would pass it on to the South Yorkshire Fire and Rescue Service for response.

24. EXCLUSION OF THE PRESS AND PUBLIC

The Chair reported that there were no items of business on the agenda that would require the exclusion of the press and public from the meeting.

25. CONSULTATION - SOUTH YORKSHIRE FIRE AND RESCUE SERVICE - INTEGRATED RISK MANAGEMENT PLAN

It was reported that South Yorkshire Fire and Rescue Authority had commenced a consultation on a new Integrated Risk Management Plan (IRMP). On 21 March 2018, the Overview and Scrutiny Management Board recommended that in the event of the South Yorkshire Fire and Rescue Service consulting on future Integrated Risk Management Plan, it should be considered by the scrutiny committees of each of the constituent authorities to receive considered feedback (minute 124 refers). Chief Fire Officer, Mr. James Courtney, the Chair of the Fire and Rescue Authority, Councillor Robert Taylor, and the Director of Support Services at the South Yorkshire Fire and Rescue Service, Mr. Stuart Booth, attended the meeting to present the consultation proposals and seek feedback from Members.

Introducing the proposals, Mr Courtney explained that the public sector was in the ninth year of austerity, with local authorities and fire and rescue authorities having suffered cuts to funding in each of years prior to this. In the case of South Yorkshire Fire and Rescue Service, it was noted that the budget had reduced by almost 30% during that period. Mr. Courtney reiterated the changes that have had to been made as a consequence of those cuts to budgets. Whilst there had been some optimism that the financial situation was beginning to improve, but legal judgement against the Fire and Rescue Service in respect of crewing arrangements meant that SYFRS could not use a close proximity system. Compared to other metropolitan counties and service areas, South Yorkshire was well less provided for and Mr. Courtney remained concerned about cuts to the sector in the future.

In view of the foregoing, Mr. Courtney explained that it was beholden on SYFRS to develop proposals within the available budget and that was what the proposed plan sought to do. He confirmed that SYFRS would continue to seek savings from elsewhere and lobby government in respect of the ongoing financial situation. The proposal in the consultation document was to reduce ridership to four person crews. He reminded Members that SYFRS had consistently tried to protect the ability to provide an immediate response to incidents that occur within South Yorkshire. All 17 fire stations in South Yorkshire that provided response prior to the start of austerity were still providing immediate response. However, ongoing reductions to budget meant that SYFRS would be unable to maintain an immediate response if savings could not be found from elsewhere.

Mr. Courtney explained that he had contacted every Chief Fire Officer in the country to ascertain how many service were riding four person crews. He had received 17 responses in the affirmative. Up to eight other services had indicated that whilst they aspire to have five person crews, the Chief Fire Officer in those services had accepted that crews would regularly ride with four person crews. In a specific example, Mr. Courtney

had consulted with Tyne and Wear Fire and Rescue Service, which started to introduce four person crews in 2011. This was extended and the authority committed to continually evaluate the data from incidents as to whether there was any evidence that less safe with four person. Tyne and Wear had confirmed that there was no evidence to suggest that was the case. Mr. Courtney explained that the alternative to four person crews is to have significant number of whole time resource to move to daytime fully, with night time shifts following a cover model. The effect of this would be that response times at night would be significantly delayed because of the time that it would take for the personnel to mobilise, with an anticipated delay of five minutes across South Yorkshire.

In terms of monetary reserves, Mr. Courtney confirmed that these had been maintained consistently throughout the period of austerity since 2010 and SYFRS had developed a response structure that complemented the available funding. It was noted that reserves had grown as a result of the retirement profile of uniformed personnel. During the period of austerity, SYFRS' maintenance programme had been on an essential repairs only basis as a result of the uncertainty arising from the financial position. Two years ago, the Fire Authority recognised that there was an opportunity to make good investment in infrastructure that had not been undertaken for a number of years.

Concluding the presentation, Mr. Courtney explained that SYFRS had no choice but to come up with a model to fit within a reduced operating budget. Faced with the binary choice of reducing firefighters or reducing appliances, Mr. Courtney considered the introduction of four person crews on appliances to be a lesser risk so that appliances are available for use across the daytime and night time models of working.

Members requested clarification in respect of the way in which consultation would be conducted with the public. In response, it was confirmed that there would be a 12 week period of consultation which had been advertised through a variety of social media. SYFRS had engaged with local authorities, consulted local MPs and had created a dedicated webpage. Focus groups were also being arranged and conversations were taking place with other agencies with whom SYFRS did business. Mr. Courtney advised that, to date, the response had been greater than any in the past.

Reference was made to the absence of an equality impact assessment accompanying the consultation proposals. Concerns were expressed that hard to reach groups would not be able to respond to the consultation, especially groups of people that did not have English as their first language. In response, Mr. Courtney indicated that SYFRS had engaged with the local media and it was estimated that the coverage on the consultation had reached in excess of 900,000 people. In addition, Mr. Courtney committed to making the document available in any language to support individuals wanting to respond to the consultation. However, Mr. Courtney was unable to provide information on the number of people who

had responded to the consultation to date, but the period of consultation would close on 3 August 2019 and responses were being monitored by the Communications Team at SYFRS.

Members referred to the consultation document and sought clarification as to whether South Yorkshire had a high density population, what high density meant in simple terms and by saying that the area was not so highly populated, what were Members meant to understand from that. In response, Mr. Courtney explained that the analysis had included all county council services in predominantly rural areas. South Yorkshire was one of seven metropolitan fire and rescue services. However, it was funded on the basis of a rural county council, despite having a population approximately twice the size of the average rural county council area. With regard to other metropolitan areas, South Yorkshire was less well provided for in a financial sense. Population density was therefore critical in Mr. Courtney's opinion as it did not serve South Yorkshire well.

Reference was made to home safety checks undertaken by SYFRS and Members sought to understand how many properties had been checked and whether progress was being made across the borough. In response, Mr. Courtney explained that he did not have the specific information to hand, but the number of inspections was increasing steadily across South Yorkshire. Whilst not as many were being undertaken on a day to day basis due to fewer people and reduced funding, partner agencies were signposting to those residents who were considered to be more vulnerable. Mr. Courtney provided reassurance that SYFRS was still committed to home safety checks programme.

Members highlighted data within the consultation document which indicated that the number of incidents requiring attendance from SYFRS were increasing, yet at the same time the number of firefighters were reducing. As the safety of the public was the paramount concern, Members sought to understand the logic behind that approach. In response, Mr. Courtney acknowledged that the total number of incidents had increased year-on-year for the past three years. He further broke down the type of incidents responded to by stations across South Yorkshire, with the busiest stations spending less time dealing with operational incidents. The key concern for Mr. Courtney was maintaining sufficient appliances to respond to issues as they arise, and the number of incidents was not a significant concern at the present time.

Reference was made to performance in respect of responding to incidents in a timely manner and it was noted that there was no target or agreed measure by which SYFRS could be held to account. In response to this observation, Mr. Courtney indicated that SYFRS was conscious of performance and six years earlier undertook consultation and sought to understand what the public thought about response times. As a result, SYFRS had proposed a risk assessed approach which would have provided a quicker response time. The public responded to indicate that they did not consider a performance measure to be a priority. Mr.

Courtney indicated that every person on duty in a fire station in South Yorkshire made every effort to get to an incident as quickly as possible.

Members referred to Mr. Courtney's earlier observation in respect of the use of monetary reserves and the advice of the Chartered Institute of Public Finance and Accountancy. It was suggested that, as the Council had been forced to use considerable levels of reserves during austerity, SYFRS should use those reserves to maintain service provision in places like Rotherham. In response, Mr. Courtney explained that the Fire and Rescue Authority had made a decision to increase the precept each year but one since the commencement of austerity. Any decision to go beyond that level would necessitate a referendum on whether the people of South Yorkshire would be willing to pay more. It was noted that the Fire and Rescue Authority did not have the same freedoms as the Police, as fire authorities had been restricted to increases of 2.98% per annum. With regard to the assumption that additional funds could fund additional crewing in Rotherham, Mr. Courtney reminded Members that such a move was not a temporary fix. The employment of firefighters was effectively a career commitment on the part of SYFRS. Since the start of austerity, SYFRS had put affordable structures in place. It was reported that SYFRS' Medium Term Financial Plan had suggested a funding deficit of £5.2m, with an ongoing reduction in respect of financial reserves with up to £8m being allocated for use on fire stations, other appliances and operational equipment. The general reserve position of SYFRS was £5m, which was 10% of the net budget. It was reiterated that the use of reserves was not credible around the current funding position and SYFRS had received no assurances from government in respect of the ongoing funding position.

Assurances were sought that there were no PFI funded projects for fire stations in South Yorkshire. In response, Mr. Booth confirmed that there were no PFI projects. Reserves were used to rebuild fire stations. He also referred to the present debt level of £16m. At the present time, there was no intention of accruing new debt to fund investments.

Members sought to understand the length of time that the IRMP would cover. In response, Mr. Courtney explained that SYFRS intended to move away from having a fixed period plan. The proposed structure would remain in place until such a time as a change would be required in the operating model. However, Mr. Courtney was clear that this would not mean that there would never be a need to come back with a new draft IRMP and undertake a new consultation process.

Reference was made to the trend in recent decades for the number of incidents attended to increase and Members sought to understand the causes of this and what potential remedies existed. In response, Mr. Courtney stated that a slight increase had been identified in the submission of annual statistics to government. A great deal of time and effort had been expended to work out what might be causing the increase. Alongside this, extensive campaigning had taken place in respect of fires

arising from the cooking of food. It was noted that there had been an issue with car fires and anti-social behaviour. Mr. Courtney speculated that the upturn may also be attributable as a consequence of austerity, as SYFRS no longer had employees specifically targeting anti-social behaviour, however he was unable to comment with certainty as to whether this was a blip or the start of a new trend. Referring to Mr. Courtney's opening remarks, Members speculated that ageing equipment could be an austerity issue. Mr. Courtney indicated that he had approached the Fire and Rescue Authority for additional funding for the estate and assets held by SYFRS.

Members referred to the present arrangements and the proposed arrangements, which seemed to improve the offer for residents across South Yorkshire, and sought to understand the respective roles of the reduced four crew members on an appliance. In response, Mr. Courtney reiterated that he would much prefer to have five crew members on an appliance and the key consideration was ensuring the safety of the operatives. It was noted that the driver tended to multi task to enable four crew members to do more. Members noted that SYFRS were happy to consider any technology that might be available to expedite processes. At the present time, SYFRS rides with four person crews on 32% of occasions.

Members sought clarification from Mr. Courtney that the authority would go back to the public to consult if there was any additional need to introduce or remove services. Mr. Courtney was happy to commit to undertaking future consultation if need required.

Members sought the views of Councillor Robert Taylor, as Chair of the South Yorkshire Fire and Rescue Authority. In response, Councillor Taylor explained that the Fire and Rescue Authority would consider all of the available options following the completion and analysis of the consultation responses. Responding to a question from the Chair of the Board, he indicated that he was as satisfied as he could be with the consultation process to date and it was noted that he had attended two focus groups which had been undertaken with a wide range of individuals.

Resolved:-

1. That should it be necessary to consider additional savings to address funding pressures which may involve changes to day/night time staffing of fire engines or stations, that the Fire and Rescue Service commits to undertake a full public consultation on a refreshed IRMP.
2. That prior to consultation on future iterations of the Integrated Risk Management Plans being undertaken, that detailed consideration is given to ensuring that the consultation adequately targets 'hard to reach' groups and groups with protected characteristics and this is reflected in its consultation plan.

3. That there be no deterioration in the number/level of home safety checks undertaken in Rotherham.
4. That the Fire and Rescue Service commits to providing further detailed statistical breakdown to the district authorities on emerging adverse trends or concerns relating to performance, home safety checks undertaken and response times.
5. That should adverse trends be identified, that the Fire and Rescue Service draws up credible plans to address these concerns and these are shared with the district authorities and other relevant groups e.g. households, health partners, businesses etc.
6. That the Fire and Rescue Service and South Yorkshire Fire and Rescue Authority gives full consideration to the equality analysis prior to the approval of the IRMP and demonstrates what action has been taken to mitigate any potential adverse impact of its proposals on 'hard to reach' groups or groups with protected characteristics.

26. URGENT BUSINESS

The Chair reported that there were no items of business requiring the urgent consideration of the Board.

27. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 17 July 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 10/07/19

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OVERVIEW AND SCRUTINY MANAGEMENT BOARD
17th July, 2019

Present:- Councillor Steele (in the Chair); Councillors Cowles, Cusworth, Jarvis, Keenan, Mallinder, Walsh and Wyatt.

An apology for absence was received from Councillor Napper.

Also in attendance were Councillors Alam, Hoddinott, Read and Roche, Cabinet Members.

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

28. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the previous meetings held on 27th March, 2nd, 10th and 24th April, 2019 be approved as a true and correct record of the proceedings.

29. DECLARATIONS OF INTEREST

There were no declarations of interest to report.

30. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

31. EXCLUSION OF THE PRESS AND PUBLIC

None of the items required the exclusion of the press or public from the meeting.

32. SAFER ROTHERHAM PARTNERSHIP ANNUAL REPORT

Consideration was given to the presentation of the Safer Rotherham Partnership Annual Report to Scrutiny by Councillor Hoddinott, Cabinet Member.

This statutory partnership had a number of key partners who worked together to try and bring about lasting change for some of the key issues being faced.

Each area was led by a different partner with strong links with other strategic boards to ensure closer working.

One of the priorities this year was around protecting vulnerable children with focus around children being criminally exploited and work had taken place with a sub-group of the Local Safeguarding Children's Board led by the Police, who were unable to attend today's meeting to share information.

A second priority was around vulnerable adults and in particular criminal exploitation, including issues such as modern slavery. Good work had taken place around mental health and the Council was leading on work to build confident and cohesive communities.

One of the more established priorities was around anti-social behaviour, counter extremism, hate crime and community tensions.

Another priority to highlight was the partnership working on domestic abuse and the work to improve processes and procedures between the partners so victims received a better experience. Areas of development also included female genital mutilation, forced marriage and honour-based abuse alongside stalking and harassment.

A final priority to highlight, again led by the Police, was around serious and organised crime. This was the first year this was being looked at as to how partners could work with the Police to disrupt and bring justice for some of these activities.

Partners were contributing to this work and in addition a small amount of funding was provided by the Police and Crime Commissioner which helped to plug the gaps and do some awareness raising alongside the other projects.

The Board welcomed the report, the good practice taking place and its easy to read format.

A number of questions were raised about information sharing on prolific offenders and the use of criminal behaviour orders. The Board were advised that with the improved structures and partnership working with the Police and the multi-agency meetings taking place, some of the more acute and repeat problems were being highlighted across South Yorkshire. However, further information was awaited on the changes to the Probation Service and how these may impact on local arrangements.

The Board also welcomed the number of positive completions of the perpetrator programme and asked if there were incentives to remain engaged. It further heard that the South Yorkshire wide project worked closely with the Police and Crime Commissioner and local authorities. The programme was offered to some as part of sentencing arrangements in liaison with the Probation Service. However, the intention of the scheme was for it to be offered as a preventative programme to change behaviour prior to offending.

The Board welcomed the comments on the Domestic Abuse Strategy which demonstrated the good work undertaken in partnership. Reference was made that work to counter extremism in schools would be considered by the Improving Lives Select Commission at its meeting on the 17th September, 2019. An invitation was extended to all to attend.

Further questions were asked about the five priorities highlighted above and how Rotherham compared with its South Yorkshire neighbours. It was noted that the Chairs of the Community Safety Partnerships shared information on the various challenges being faced and often undertook cross-partnership working. An example was given on safeguarding children from online extremism.

A further question was raised about whether there was consideration being given to the celebration of other religious festivals in Rotherham. From a Safer Rotherham Partnership perspective key events had been supported over the years and the Diversity Festival was part of the Rotherham Show. Thoughts were being given to a partner calendar showcasing events coming up throughout the year and to look at opportunities to promote and support them. Links had been forged with other communities and the mosques and the Partnership needed to be encouraging core neighbourhood working to bring people together to celebrate such events.

Further information was sought on the stalking and harassment issues and the Board were advised that these were often significant factors in cases of domestic abuse.

The Safer Rotherham Partnership Board were confident that the challenges were being dealt with through a robust strategy in place with a strong action plan. There was now a shift towards stranger stalking and harassment and a paper had been developed to be presented to the Safer Rotherham Partnership Board at its meeting in August highlighting data and demand locally and nationally about the legislation that supported issues of stalking and harassment.

There was strong support in terms of domestic abuse with commissioned services to support individuals through their trauma. However, this kind of structure did not exist where it related to stranger stalking and harassment unless offences were committed. Individuals could access victim support funded by the Police and Crime Commissioner, but this was not the same support to the extent for domestic abuse. This was why the report had been written to highlight those gaps.

In addition, there would shortly be the launch of a campaign about raising awareness of what sexual harassment was. An invitation would be circulated to all Councillors to give people greater understanding of what was and was not acceptable behaviour.

A number of updates relating to elements of the report were requested including implementation of changes to the Probation Service, recommendations relating to stalking and harassment and development of the Hate Crime Strategy.

Resolved:- (1) That the content of the Annual Report be noted.

(2) That a seminar be organised for Members to update them on the implementation of the changes to the Probation Service.

(3) That an update be provided to the Improving Lives Select Committee on the actions and recommendations to address stalking and harassment.

(4) That a further update is provided to the Board on steps taken to address hate crime.

(5) That the Board be involved in any pre-scrutiny work about the Hate Crime Strategy and its development.

33. COUNCIL PLAN QUARTER 4 (JANUARY TO MARCH 2019) AND 2018-2019 ANNUAL PERFORMANCE REPORT

Consideration was given to the report presented by Councillor Read, Leader of the Council, which set out the headline priorities, outcomes and measures demonstrating delivery of the vision.

This fourth quarter report indicated that 58% of the total number of measures had been met when compared to the 44% met this time last year. This was the highest percentage of performance measures that the Council had hit for a number of years and represented a significant improvement in performance over previous quarters, as only 47%, 45% and 42% of measures hit their targets in quarters one, two and three respectively. The priority area with the highest proportion of targets met was Priority 4 (extending opportunity, prosperity and planning for the future) where 75% of measures were marked as on target.

The Leader set out in detail the direction of travel which was positive for 32 (51%) of the measures calculated in this quarter. This was a deterioration compared to the 58% figure for last quarter and suggests that, although there had been an increase in the number of targets marked as "hit", there were an increasing number of measures where performance was stable or worsening.

An outline summary was provided of all the targets and a snapshot of the current progress against the thirteen delivery outcomes which underpinned the Council's priorities and the seventy headline performance measures that Directorates had identified to demonstrate progress in achieving the outcomes. Reference was also made to the performance status broken down by priority with Priority 1 having seven on target, two satisfactory and six off target; Priority 2 having six on target,

none satisfactory and three off target; Priority 3 seven on target, two satisfactory and seven off target; Priority 4 six on target, one satisfactory and one off target and Priority 5 eight on target, two satisfactory and one off target (these were all set out in detail as part of the report).

There were a number of measures that did not have information available due to these being annual, termly or six monthly.

The Board asked the Cabinet Member and lead officer for each priority to comment further drawing any attention to specific areas.

Priority 1:-

Jon Stonehouse, Strategic Director, expressed cautious optimism at the progress with looked after children numbers which appeared to be plateauing in their reduction and were in line with budget expectations. The trend was also positive around child in need and child protection numbers and demand indicators.

The Board sought clarification on the number of looked after children and the projections and whether this was done by linear extrapolation from the trend or if the numbers were first estimates.

The Directorate had tried to illustrate the projected position as comprehensively as possible based on a range of variables, including population size and demographics.

A further question was asked by the Board as to why a funding commitment was required from secondary schools to support the appointment of three lead practitioners for English, Maths and Science.

Again the Directorate were looking to develop different approaches to supporting skills and through the Rotherham Education Strategic Partnership decisions were being made in a collaborative way with multi academy trusts to identify improvements and better performance.

In response to the comment above the Board asked further what measures were being proposed or if there was anything specific that required three these three appointments.

The Directorate responded by confirming this decision was building on good practice within the school communities, sharing information and using funding to support school leaders who had already been successful in those areas.

The Board sought further clarification on the increase of the proportion of families already in receipt of Early Help whether the service was good or excellent. This raised the question that this was only being asked of families who had engaged and where the intervention had been successful rather than where families may have been stepped up to Social Care and had not engaged earlier.

The Directorate acknowledged the comment and would take the content on board.

Priority 2:-

Councillor Roche, Cabinet Member, was pleased to report the direction of travel was good for Priority 2 with room for improvement. It was noted that the smoking status at time of delivery had exceeded its target.

The proportion of people subject to a safeguarding enquiry who felt that personal outcomes were met over the full year had achieved its target. However, this decreased from Quarter 3 to Quarter 4 and was subject to further investigation.

The Board made reference to the Enablement Service and whether this was properly resourced to cope with winter planning or a flu epidemic. It was advised that a situation like a flu epidemic not only affect the Enablement Services, but also Intermediate Care for cases when people were discharged from hospital. Discussions were ongoing between the CCG and the Council to ensure sufficient capacity was in place as the last few winters had not been particularly harsh.

The Board also referred to the effect on the completion of carers' assessments and what had been learnt to date to assist with moving onto the next assessment priority, Addison Road.

The Cabinet Member pointed out that the direction of travel in this area was good, but it still had not met its target. This had only slightly been missed partly due to a capacity issue.

Information shared recently indicated that assessments for carers would take place across a whole age range and whilst it was acknowledged the pace had not been the best, this was now being addressed and for this to feed into the remodelling. From the 21st October, 2019 there would be strategic lead for carers who would discuss with all the relevant stakeholders about how to improve the carer's offer.

Priority 3:-

Paul Woodcock, Strategic Director, wished to highlight that the percentage of the non-principal road network in need of report had reduced to 4% in need of repair against a target of 6% thus repairing and resurfacing over 700 kilometres of highways and roads. In addition, the number of engagements with the Council's culture and leisure facilities

had exceeded their target and visits to libraries had reversed the trend with more visits in the last year.

From a tourism angle, the Waleswood Camping and Caravan Site was now open and Gulliver's had reported they were on target for their opening in 2020.

The Board again sought clarification on public perception of anti-social behaviour and the percentage of the public who regarded the issues as big or fairly big problems and how this might be addressed.

The Board were advised that an in-depth analysis had been undertaken to understand what lay behind this headline figure in terms of specific concerns or locations. Anti-social behaviour was a wide-ranging term and covered a range of activities. In terms of the "Your Voice Counts" survey littering was also included as anti-social behaviour. In counting terms this appeared elsewhere within performance monitoring. Three areas stood out as the areas that people were concerned about – littering, drugs and off-road motorbikes. Officers have been tasked with looking specifically at those areas and consideration would then be given as how this was communicated to residents.

The Board also asked how much of an overlap there was with community cohesion and the perceptions of anti-social behaviour.

The service was drawing up plans with the level of detail and this was heavily linked to not only personal resilience of individuals but wider resilience within communities. Members would be aware that over the past eighteen months work had taken place to co-locate community safety services with the intention of bringing those services closer to the communities that they served to allow them to develop stronger relationships and support the range of positive activities.

Under the Safer Rotherham Partnership it was a priority to build confident and cohesive communities and recognise the intrinsic links. Various activities were supported to engage with communities, to raise the level of confidence within services and it was hoped this would have some impact moving forward. One of the real challenges with perception was the national and international influences through the media and a significant amount of work had been undertaken to try and raise the service's profile and share positive messages online.

The Board reiterated its support for the range of cultural activities taking place in the town, but expressed some concern about the positive outcomes for reported hate crime with an increased number of the LGBT community being targeted. Whilst it was noted there was to be increased awareness and restorative justice in this area, how was this to be promoted.

The service was aware that positive outcomes had dipped, but these measures were going in the right direction. It was important that the public received a positive outcome and community resolutions were being used to try and sort a change in behaviour for both the perpetrator and the victim.

The Police could perhaps elaborate more on how they intended to improve the outcomes and this would be fed back. It was positive to work with partners such as REMA, the Rainbow Project and Speak Up who had been real advocates and on speaking up against hate crime as this would facilitate the sort of resolution outcomes rather than just recording crimes and prosecutions. Outcomes victims had indicated they would like to see were restorative solutions as this had a greater capacity or potential to change those behaviours. Elected Members were key to raising awareness within communities.

The service had worked hard to establish, reinforce and strengthen the independent Hate Crime Scrutiny Panel which many of those organisations attended. There were active challenges in terms of improving the situation around hate crime, but equally supportive of working together to develop a campaign to reinforce to the wider public about both the impact of hate and the potential consequences of those who commit those types of offences.

The Board asked if incidents of hate crime were recorded in terms of race, religion, sexual orientation, disability etc..

Race and religion were by far the biggest areas of recorded hate crime, however there was increase reporting across all areas. Part of the issue was some crimes were under-reported (for example hate crimes against disabled people and trans-people) and it was for the Partnership to reinforce and strengthen engagement.

The focus would continue to be on working with communities and organisations about how the public could be upstanding against hate whilst creating an atmosphere of zero tolerance. In terms of reporting Rotherham had seen a steady increase in reporting of hate crime and showed the public were taking an active role in standing up against it.

The Board also expressed some concern about the reported incidents of fly tipping and were advised that this was a priority area. Action was being taken against some of the organised elements of fly tipping and the range of activities to prosecute.

Of particular concern was the number of adverts of contractors willing to dispose of rubbish for the public only to find it had been fly tipped. The public were then unwittingly contributing to the problem. There were reputable companies who would willingly produce their waste transfer licence which was required.

In terms of investigative methods the Council was exploiting all available opportunities such as CCTV in hotspots and were undertaking a significant piece of work internally to reorganise the way that some services worked and operated.

The Council would continue to strengthen those investigative routes and enforcement processes and raise awareness about the responsibility on the public to dispose of their waste properly.

The Board asked if the Council could provide a respected contractors list for those who held the appropriate licenses and advertise this accordingly to the public on the website. The service agreed this would be considered alongside a wider campaign.

The Board also suggested that a piece of work be considered by the service looking specifically at a wider policy of encouraging the public to visit their local recycling site and for further consideration to be given to the materials and commercial waste that could be disposed of.

Whilst it was acknowledged that the public were responsible for their own rubbish material there were other options to dispose of large items like the Bulky Waste Collection Service.

It was also pointed out that the General Enforcement Policy was currently out to public consultation so the public and Members had the opportunity to share their views.

Priority 4:-

Paul Woodcock, Strategic Director, referred to the excellent performance in the number of planning applications that were being processed (100%) against a target of 95% and in the percentage of the privately rented properties complaint with Selective Licensing.

One of the measures that did not quite hit its target was the number of new business starts with help from the Council the target being sixty which was missed by two at fifty-eight.

The Board referred to the STEM (Science, Technology, Engineering and Mathematics) initiative and prize winning work undertaken by pupils at Swinton Academy. It also asked whether the Council monitored the gender pay gap in Rotherham and if action was being taken to address it locally.

Citing the recent STEM event at Magna, the Directorate referred to some excellent work that was already taking place with local employers and across the Council to promote this initiative and encourage women and girls in particular into STEM related activities to address their under-representation in these fields. .

In terms of the gender pay gap, as with most other economic indicators, these are based on national statistics and was not something the Council collected locally.

Priority 5:-

Councillor Alam, Cabinet Member, highlighted some of the positive performance headlines with the percentage of PDR completions hitting at 96% against a target of 95%, agency costs reductions in line with agreed plans and actions from the Equalities Peer Review having been completed in line with plans. The only area which had missed its target was the days lost per FTE for sickness absence. Work was being done with managers and trades unions looking at some early interventions.

The Board sought clarification on the actions to reduce sickness and were advised that a working group was looking at areas for improvement with a focus on responsibility, policy, processes and support available.

The Board cited a recent report of a foodbank being set up for civil service staff in London and asked if any staff in the Council were experiencing food poverty as this could be a factor in the days lost to sickness.

The Directorate were mindful that staff had their own individual circumstances, but were not aware of a particular kind of pattern or behaviour. There were some families who were vulnerable to economic shocks and without any kind of resilience could be in trouble. However, there had been some good work with the food banks in Rotherham and the feedback in general was more around welfare reform.

One of the main areas of sickness was stress-related sickness and clearly stress was not always work related. People's personal circumstances could have an impact on stress, but this would be picked up as part of the support and counselling that could be provided as part of the process.

The Board also sought information on whether there was specific themes emerging in relation to sickness for different Directorates and it was suggested that once some analysis had been done this was fed back.

The Directorate were happy to feed back any relevant information.

The Board also sought clarification on whether complaints and casework were logged formally and were advised that the two areas were separately recorded. As the new casework system became embedded this would increasingly provide useful information about what issues were coming through to Members and provide a strong basis for putting resources in the right place.

In closing the debate, Councillor Read, Leader of the Council, in addition to concerns highlighted in relation to hate crime, that the continuing transformation of social care remained a challenge to the Council.

The Board took account of the concerns raised in relation to hate crime and would look to build this in the work programme to be considered by a small working group, alongside fly-tipping, work related sickness and steps to address the gender pay gap.

The Leader referred the Board to the actions outlined in the Employment and Skills Strategy which included information on the gender pay gap within Rotherham, with BME communities experiencing greater disparity.

The Board again thanked authors for the format of the Council Plan and how it was much easier to read and follow.

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

(2) That consideration be given to measures which have not achieved their target and the actions required to improve performance, including future performance clinics

(3) That the performance reporting timetable for 2019-2020 be noted.

(4) That the achievements for 2018-2019 be noted.

(5) That consideration be given to the inclusion in the work programme for the following performance outcomes; hate crimes, fly-tipping, work related sickness and a further report be provided on the gender pay gap.

34. FINANCIAL OUTTURN 2018-19

Consideration was given to the report which outlined the final revenue and capital outturn position for 2018/19.

The final outturn position was a balanced budget which required £3.2m less use of corporate reserves than planned for. The original budget proposed a planned use of corporate reserves of £5.2m as part of a budget contingency of £10.0m. Additional funding received in year, use of earmarked grants and balances and flexible use of capital receipts has resulted in a reduced call on the planned reserves leaving a balance of £3.2m available to support the budget in later years.

A summary of the outturn position for each Directorate was detailed in the report, together with the actions and measures taken to deliver a balanced budget. The Council continues to face demand pressures, in particular in respect of social care. The Council has provided additional budget for social care over the next two financial years, but the outlook is still challenging.

The Council's General Fund minimum balance had been increased from £11.269 to £16.812m, as a result of the planned use and profiling of reserves balances as set out in the Council's Reserves Strategy reported in the Budget and Council Tax Report 2019/20. The reserve was held to protect the Council against unforeseen events and realisation of contingent liabilities.

The Board sought clarification on the reserves, what this was dependent upon and if this was sustainable.

The Strategic Director for Finance and Customer Services pointed out that confirmed the actions to address the budget overspend were mainly from one off opportunities. However, as a result of some of the work taking place had meant that reserves were not required and these have subsequently been profiled into the financial plan going forward. In terms of sustainability the service were confident and comfortable with the outturn achievements given the scale of the challenges. The Council could certainly not sustain the high level of overspends in the future.

The Chair of the Audit Committee confirmed that the annual accounts had been presented to the Audit Committee in draft format and no material issues had been identified. These would in turn be submitted to the District Auditor and be open for public comment.

Resolved:- (1) That the revenue outturn position for 2018/19 be noted.

(2) That the transfer of the £1.4m HRA underspend to the HRA reserve be noted.

(3) That the carry forward of the combined schools balance of £3.369m in accordance with the Department for Education regulations be noted.

(4) That the reserves position set out in section 2.33 be noted.

(5) That the capital outturn and funding position as set out in sections 2.41-2.69 be noted.

35. MAY FINANCIAL MONITORING REPORT 2019/20

Consideration was given to the report presented by Councillor Alam, Cabinet Member, which set out the financial position as at the end of May 2019 and was based on actual costs and income for the first two months of 2019/20 and forecast for the remainder of the financial year.

This was the first monitoring report of the financial year and would continue to be reported to the Cabinet on a regular basis. As at May, 2019, the Council had a forecasted year-end overspend of £4.5m on the General Fund.

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The Strategic Director for Finance and Customer Services pointed out it would be premature take any drastic measures, but the right actions were taking place in service areas.

Budgets were realigned for Children's Services and whilst there were still pressures with looked after children numbers, the numbers were on track for what had been planned for within the budget. The main issue was the cost of particular placements, but work was underway to address this along with the concerns about the High Needs Block within the Dedicated schools Grant.

Rotherham's deficit in the High Needs Block was greater than some Councils, but a recovery plan had been submitted to the Department for Education.

In terms of adult care the pressure was predominantly around the demand for services, demographics etc. Work again was underway around all the different mechanisms and a new operating model had been adopted to properly and safely address the pressures.

There was an underspend already in year around Treasury Management, but the Finance Directorate were cautious in those projections as it was dependent upon interest rates and other market factors around borrowing and investment. The situation may well improve further, but the position on treasury management could support the Budget if it was required to.

Discussion ensued on the extent to which projected overspends have delayed implementation of restructuring or the cost-saving measures expected and it was pointed out that in Adult Social Care there was a significant restructure underway with a new target operating model. One of the other pressures was round assessment packages and the reassessment of people's needs and levels of support. There had been some delays due to external factors, but it was anticipated this would soon be back on track.

As previous reported resources in Children's Services had been diverted, but the service had confidence in a number of initiatives that were either ongoing or ready to commence by the end of the year.

In response to the Board's concerns about the Council having enough money to fulfil its obligations, the Strategic Director confirmed a number of controls would again need to be implemented with restrictions on spending and there was the fall-back position of reserves and contingency within the budget that were not used in the current year which may be available for future years.

Actions initiated were starting to deliver the right outcomes both in service and financially so the Council was on track on what it needed to do.

Resolved:- (1) That the current General Fund Revenue Budget forecast of £4.5m overspend be noted.

(2) That actions taken to mitigate the forecast overspend be noted.

(3) That regular updates continue to be provided to the Board in respect of actions taken within Adult Social Care and Children and Young People's Services to reduce the deficits.

36. CHILDREN AND YOUNG PEOPLE'S SERVICES - HIGH NEEDS BLOCK UPDATE AND RECOVERY PLAN

Consideration was given to the report presented by Jon Stonehouse, Strategic Director for Children and Young People's Services, which set out the position in terms of high needs provision and presented proposals for the High Needs Recovery Plan.

The Board were advised that Rotherham faced considerable pressure in continuing to meet the needs of pupils with Special Educational Needs and Disabilities (SEND). There were increasing numbers of pupils with an Education, Health and Care Plan (EHCP) and in-borough special school provision was currently over-subscribed.

Wherever possible children and young people should have their needs met in their chosen mainstream setting, educated alongside their peers within their local community. However, for children with more complex needs specialist settings were sometimes more appropriate. Whether they were educated in mainstream schools or through specialist provision, these children and young people have a right to have their educational needs delivered. Funding for specialist education provision was provided from the High Needs Budget – part of the Dedicated Schools Grant (DSG).

Rotherham was a relatively low funded authority and had seen significant pressures on the High Needs Block for many years. The High Needs Budget allocation had increased year on year but, partly due to Rotherham's low funding baseline compared to neighbouring boroughs and nationally, the budget uplifts have not been sufficient to match the acceleration in demand and increase in the cost of provision.

This situation was not exclusive to Rotherham and a nationwide issue. Nevertheless the situation in Rotherham was of such a scale that the Department for Education required the Authority to submit a recovery plan.

Rotherham did not have enough of provision and, therefore, relied on other types of provision out of the borough so creating additional provision in Rotherham was at the heart of the Recovery Plan.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD - 17/07/19

Cabinet were asked a few months ago to approve a period of consultation with the multi-academy trusts and schools to ask them to bring forward proposals around growing provision in the borough. Those proposals would be considered by Cabinet in September. The response had been impressive and closer working would result. The Council was also grateful to parents and carers who were also supportive of this work.

The report also detailed the activities within the recovery proposals, the capital spend to support the work and where additional provision could be created in terms of places for children and young people. An update would be provided once a response had been received from the Department for Education.

The Board acknowledged that it was early days in the recovery plan process and steps had been outlined to reduce the deficit. It was outlined that Improving Lives Select Commission would monitor the development of the SEND sufficiency strategy as part of its work programme previously.

It was recognised that this was a national issue and once the autumn term spending review had been received it may be possible to transfer some money from the Schools Block into the High Needs Block to alleviate some of the pressures.

Scrutiny had already been involved in some work which should hopefully start to impact on the deficit. The position would be closely monitored by the Board.

Resolved:- (1) That the proposals set out for the High Needs Recovery Plan be noted.

(2) That the financial model within the High Needs Recovery Plan be noted.

(3) That the arrangements for the management of the Dedicated Schools Grant deficit be noted.

(4) That updates be provided to Improving Lives Select Commission on the implementation of the SEND Sufficiency Strategy.

37. FORGE ISLAND UPDATE

Consideration was given to the report presented by Tim O'Connell, which provided an update on progress toward delivery of the Forge Island regeneration scheme.

Of particular note were the two key milestones in that the legal agreement had been signed setting out pre-conditions that have to be completed before development could take place. This also included the responsibilities of the partners to deliver those pre-conditions, the timetable for those conditions to be delivered and the legally binding date by which that must be agreed.

The agreement also set out the parameters for the Council to take an overriding lease of the whole scheme.

The second milestone was around the appointment of a contractor to deliver the flood defence infrastructure. Tenders have been received and were now being finalised. It was expected that a contractor would be appointed by the end of July.

The Council would need to work together with Muse Developments and the working relationship was positive to deliver the best elements of the scheme for Rotherham.

Resolved:- That the progress towards delivery of the Forge Island Scheme be noted.

38. URGENT BUSINESS

The Chair referred to the special meeting regarding the South Yorkshire Fire and Rescue Service's consultation on the Integrated Risk Management Plan and sought authorisation to write on behalf of the Board regarding the recommendations that were agreed in the meeting.

Resolved:- That the Chair be authorised to write to South Yorkshire Fire and Rescue Service informing them of the recommendations made at the special meeting of the Overview and Scrutiny Management Board on 10th July, 2019.

39. CABINET RESPONSE TO SCRUTINY REVIEW MODERN METHODS OF CONSTRUCTION

Consideration was given to the report presented by Tom Bell, Assistant Director for Neighbourhoods, which detailed how the Improving Places Select Commission conducted a review of modern methods of construction (MMC), which was reported to the Overview and Scrutiny Management Board (OSMB) on 12th December, 2018.

The report detailed the recommendations following the scrutiny review and it was, therefore, noted that the Housing Service was undertaking a pilot to deliver homes built using modern methods of construction and had fully participated in the Improving Places review.

The scrutiny review made five recommendations which were accepted by Cabinet and these were set out in detail as part of an appendix to the report.

In considering the recommendations it was pointed that in terms of Recommendation 1 the service were securing final details to enter into a contract with the supplier to deliver eight bungalows in Rawmarsh and a further four bungalows at East Herringthorpe, subject to planning permission.

It was anticipated the scheme would be delivered early in the New Year and the evaluation process started once complete to consider quality, customer experience, cost, maintenance costs etc. This in turn would help with lessons learnt going forward in terms of delivering future schemes.

The second recommendation was for further work on how pods could support housing needs at various locations around the Borough. This recommendation was deferred as further work was required in relation to single person's accommodation and options and how tenancies could be sustained going forward.

The third recommendation was around a pilot programme of delivering five homes for family housing. This was again deferred. This was due to the Council considering options around a pilot of single person's accommodation and to build on the success of the bungalow scheme.

The fourth recommendation was to develop options around various energy packages for modern methods of construction. Whilst this had been rejected, a piece of work was being developed to look at the introduction of solar panels and energy efficiency measures to all affordable housing stock, rather than just of focusing on modern methods of construction developments.

The evaluation process of modern method schemes would then help to determine what the whole running costs were for the homes and whether or not it was suitable to be put in solar panels on those schemes.

The fifth recommendation was in terms of looking at the whole costs for individual properties. This was again accepted. Costs would be broken down in relation to the individual built properties for review and analysis as part of but the evaluation work going forward.

The Board asked if the Council was considering other options including green credentials and eco-efficient initiatives and were advised that this was being looked at for properties being built in Rotherham and Sheffield City Region as a whole.

A new strategy was being developed and it was hoped there would be resources to test new approaches in respect of renewable energy sources to reduce cost and improve reliability. Whilst new technologies were emerging this needed further investigation to look at the whole life cycle costs of those elements alongside the repairs and maintenance. This was a complex area, but the Board were assured this was being taken forward.

It was also noted that from the five recommendations only one was rejected, but realistically it was not entirely rejected as an evaluation would be taking place of the pilot project which had some energy efficiencies embedded in the design. It was suggested that separate experiments take place as this may be more robust and provide more accurate results.

The Improving Places Select Commission welcomed being involved in the review into this new concept and asked that as part of the evaluation process was advised that an update would be provided once the project was delivered and an invitation was extended to the Commission to visit the sites at Rawmarsh and Herringthorpe prior to occupation.

Resolved:- (1) That the officer response to the recommendations of the Scrutiny Review of Modern Methods of Construction as set out in Appendix A be approved.

(2) That a 'lessons learned' report be submitted to the Improving Places Select Commission post completion of the current modern methods of construction pilot project.

40. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

The Chair advised there had been no Youth Cabinet or Young People's issues raised. However, it was noted that a meeting of Rotherham's Youth Cabinet was taking place today to finalise recommendations from its Children's Commissioner Takeover Challenge and the final draft report would be submitted to the meeting in September, 2019.

41. FORWARD PLAN OF KEY DECISIONS - JULY TO OCTOBER 2019

The Chair referred to the Forward Plan of Key Decisions circulated with the agenda papers.

He asked that Members consider the detail and should there be a request for specific reports to be considered at the next meeting of the Board in September, that this be referred to the Chair or Vice-Chair as soon as possible.

Resolved:- That the Forward Plan of Key Decisions be received and the contents noted.

42. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday, 11th September, 2019 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
11th September, 2019

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

Apologies were received from Councillor Wyatt.

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

43. MINUTES OF PREVIOUS MEETINGS

Resolved:-

That the minutes of the Overview and Scrutiny Management Board held on 15 May, 5 June, 3 July, 10 July and 17 July 2019 be approved as true and correct records of the proceedings.

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

46. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:-

That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the Agenda Item 8 on the grounds that the appendices involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12(A) of such Act indicated, as now amended by the Local Government (Access to Information) (Variation) Order 2006.

47. ADULTS INDEPENDENT ADVOCACY SERVICES - COMMISSIONING AND PROCUREMENT APPROACH

Consideration was given to a report submitted for pre-decision scrutiny ahead of the Cabinet meeting on 16 September 2019 which concerned the commissioning and procurement of independent advocacy services for adults and provision for young people aged between 16 and 17 years of age. The report sought approval to include the NHS Complaints Advocacy in the scope of the advocacy procurement exercise and to commence a tender process with the objective of mobilising new independent advocacy services from 1 April 2020.

It was reported that independent advocacy services were necessary to meet all of 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 provided support to people who:-

- Required assistance throughout the care and support assessment and through the review process.
- Lacked mental capacity to make decisions about themselves
- Were detained under the Mental Health Act
- Required support to complain about service provided by the NHS.

Members welcomed the report and specifically highlighted their pleasure at the quality of the equality analysis provided. Assurances were sought in respect of how the authority would raise awareness of advocacy and how people could access it. Furthermore, Members wanted to know how easy it was to access self-referrals and connector support. In response, it was confirmed that the Council wanted to raise better awareness and access to services and that was why the integrated approach had been recommended in the report. Details were provided of the specific approaches and methods to be deployed in increasing awareness through primary care networks and carers organisations.

Members recommended that the protected learning time which was mandated for primary care networks should be used to provide training on how to access advocacy services. In response, the Cabinet Member indicated that he could support that recommendation in principle and would look at the feasibility of how that would be promoted with primary care networks.

Reference was made to the projected increase in the number of persons with dementia and whether that had been factored into the specification for the procurement approach given that there may be increased need for advocacy services. In response, it was confirmed that the service believed that increased demand could be met within existing budgets. However, the more pressing concern was ensuring that those people and those supporting them were aware of the advocacy services available and how to access them. This would require targeted campaigns, liaison with relevant groups and a better web and social media offer.

As the report recommended following a new commissioning and procurement approach based on the practice of other local authorities, Members sought assurances that the proposed approach was effective and delivering elsewhere. In response, it was confirmed that officers had looked at the models used by Leeds City Council and Kirklees Metropolitan Borough Council, where providers had been brought together within an advocacy hub. It was noted that a potential bidder had indicated that a number of providers were willing to work within a lead provider model and there was confidence therefore that the recommendation approach would be appropriate.

Resolved:-

1. That the Cabinet be advised that the recommendations be supported.
2. That GPs be recommended to access training in respect of advocacy services through the protected training time.
3. That, following twelve months of operation after the award of the contract, an update report detailing performance and outcomes be submitted to the Health Select Commission.

48. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) PHASE 2 – NEW EDUCATION PLACES

Consideration was given to a report submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled to take place on 16 September 2019, which sought approval to utilise £1.186m of available capital funding to create 111 additional school places in Rotherham starting from 2020 for children with special education needs and disabilities.

It was reported that the Cabinet had previously approved consultation on the authority's proposals to utilise capital funding to increase the sufficiency of school places for children with special education needs and disabilities in Rotherham (minute 147 refers). Consultation had taken place since that time with schools and a number of projects had been identified within the 2019 SEND Sufficiency Strategy.

The Chair of Improving Lives Select Commission, Councillor Cusworth, indicated that her commission had spent a lot of time looking at the SEND Sufficiency Strategy, expressing concern that the first round of places initially identified would not be enough to meet demand. There had previously been concerns that School Academies would not be on board with the proposals. However, Members had been overjoyed when assurances were provided and it was clear that academies were very keen to get involved. It was considered that the local grounding of the Academy Trusts had been key to securing that level of buy in. She concluded by informing Members that Improving Lives Select Commission would continue to have oversight of this, but the Commission was fully assured by the information provided and proposals submitted. In response to her comments, the Deputy Leader of Council indicated that the progress made with academy trusts was attributable to the way in which the Education Strategic Partnership had operated since it was established in 2018, which had secured buy in from everyone and all participants ensured that key decision makers from their institutions were around the table.

Assurances were sought that children would be fully integrated into mainstream schools and SEND students would not be hived off to other areas. Furthermore, clarification was sought that schools were fully capable of managing the change. In response, it was confirmed that intention was to provide an education to a child that would meet their needs and that the proposals provided a solution with flexibility as to how that need would be met.

Members queried what further work would now take place to continue to grow the number of places after 2021. In response, it was explained that the Sufficiency Strategy was based on a projection of need that looked forward over ten years and the approach was dependent on policy drivers and funding decisions from central government. The authority was committed to undertaking a data refresh on an annual basis and the most recent data refresh had indicated potential to secure further capital funding in future, which would mean that sound decision could be made with a strong evidence base for the future.

Resolved:-

1. That the Cabinet be advised that the recommendations be supported.

49. COMMUNITY ENERGY SWITCHING SCHEME

Consideration was given to a report which was submitted for pre-decision scrutiny ahead the Cabinet meeting scheduled to take place on 16 September 2019 which sought approval to accept a tender to establish a Community Energy Switching Scheme which would have the potential save an average three bedroom semi-detached household up to £300 per year.

It was reported that an open tender process had been conducted following the Cabinet decision in December 2018 (minute 79 refers) and two submitted responses had met all of the mandatory requirements. The tenders had been evaluated and officers had recommended the development of a community energy switching scheme in partnership with a bidder who had submitted a compliant bid that would deliver against the specification.

Given the volatility of the energy market and uncertainty arising from the anticipated withdrawal of the UK from the European Union in October 2019, Members sought to understand what plans were in place to overcome any financial or reputational risk arising from the failure of the company or failure of supply. In response, it was confirmed that a guarantee had been provided by the owners of the successful bidder in respect of its continued operation. With regard to the impact on households, it was confirmed that customers would reverse back to standard tariffs. Overall, there was assurance from the due diligence work that had taken place to date.

Following on, Members sought to understand how the company operated in respect of the use of smart meters and access to engineers. In response, it was confirmed that smart meters were in use and would be installed as soon as customers signed up. Whilst there was an obligatory 28 days in which to install the smart meter, the provider's level of performance ensured that these were in place within seven days.

Clarification was sought as to whether conversations had taken place with Housing Services to establish what could be done to use this scheme for District Heating in future. In response, it was explained that whilst electricity supply would be possible, it would not be possible for those properties in the District Heating Scheme to use the Community Energy Switching Scheme, as the energy supplied was purchased by the authority on an industrial basis and was therefore on a different pricing structure.

Members sought to understand the approach that would be adopted to market the scheme to ensure that it was viable for the provider and the authority. In response, it was confirmed that the successful bidder had submitted a marketing plan with their tender documents and the Communications and Marketing Team, along with the Neighbourhoods Service, would be involved in the development of the marketing approach. In order for the scheme to be viable, it was anticipated that 3,000 customers would be required and, to that end, conversations would also take place with Housing Services and Adult Care to target the promotion of the scheme. Furthermore, the scheme would be promoted to private landlords and tenants.

Resolved:-

1. That the Cabinet be advised that the recommendations be supported.
2. That an update report on the performance and outcomes from the Community Energy Switching Scheme be submitted to the Improving Places Select Commission after twelve months from the commencement of the scheme.

50. STRATEGIC MANAGEMENT AND MAINTENANCE OF ROTHERHAM'S HIGHWAYS

Consideration was given to a report which was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled to take place on 16 September 2019 which sought endorsement of the strategic approach to the management and maintenance of Rotherham's highways, in accordance with the Highway Asset Management Policy.

The report detailed and reviewed the current strategy for the management and maintenance of Rotherham's highways and the impact of increased investment through the 2020 Roads Programme. Further information was provided on the current performance of Rotherham's highways in respect of condition and in the delivery of highways maintenance services.

In opening the item to the wider Board membership, the Chair indicated that this was a very positive report in his view and his own experience of the service had been very good. Officers from the service acknowledged the positive feedback from the Chair and elaborated more on the customer focused approach that the service had adopted which was resulting in better feedback and reduced complaints. Furthermore, it was clear that staff in the service were very in their work and proud of the difference they were making in maintaining and improving highways across the borough.

Members noted that the quality of maintenance to pavements in parts of the borough did not match that of highways and queried whether this was contracted differently. In response, it was confirmed that specialist contractors were used for different projects, the majority of work was undertaken by the authority's workforce and pavements was part of that programme of works. Officers welcomed the feedback and provided assurances that quality checks were undertaken on pavements. Tree root damage did have a significant impact on footways and pavements, but analysis undertaken by the service did not suggest that there was a significant increase in this as an issue. The service would be seeking additional capital funding for this in future years.

Having noted the reduction in the number of potholes across the borough, Members queried whether there had been a change in materials to generate such a change. In response, officers confirmed that the improvements were due to a number of factors and made specific reference to the first time fix approach through a multi hog machine which was having a positive impact. This early intervention was beneficial in reducing the spread of potholes.

Members sought to understand what the implications there were for a bad winter and how that would impact on the programme of works. In response, officers confirmed that there could be an impact on works planned for the immediate areas outside of schools and GP practices, but works would not be postponed, but simply delayed until the beginning of the following year's programme. In recent years, only a few days had been lost to bad winter weather and the programme had been delivered. Where planned works had been communicated to residents and businesses, the service would write again to confirm when works would take place if they had been subject to delay. It was noted that the service actively engaged both the Communications and Marketing Team and the Neighbourhoods Service to ensure that messages were communicated effectively via a number of mediums. Members were pleased to learn that the service was ahead of scheduled in respect of its programme of works.

Reference was made to the condition of country lanes that were not particularly well used in respect of the volume of vehicles, but had deteriorated to a very poor condition and how regularly these were checked and maintained. In response, officers confirmed that it was the Council's responsibility to check and maintain all highways across the borough.

Resolved:-

1. That the Cabinet be advised that the recommendations be supported.

**51. CHILDREN'S COMMISSIONER'S TAKEOVER CHALLENGE
SCRUTINY REVIEW: YOUNG CARERS**

Consideration was given to a report which outlined the findings and recommendations following a spotlight review undertaken by Rotherham Youth Cabinet, together with Rotherham Young Carers Council, regarding improved access to leisure opportunities for young carers in Rotherham.

It was reported that Rotherham Youth Cabinet (RYC) had chosen young carers as the theme for the 2019 Children's Commissioner Takeover Challenge, which had been one of its key priorities from their manifesto in 2019. In undertaking the review, the RYC had worked closely with the Rotherham Young Carers Council.

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Members noted that the RYC had developed recommendations which had focused on:-

- An improved offer of discounted access to leisure activities for young carers
- Clear eligibility criteria
- Support to travel to activities
- Good promotion and publicity
- Identification of young carers and support

The report was presented to the Board in order for the recommendations to be formally submitted to the Cabinet for response in early 2020.

Resolved:-

1. That the report be received and the conclusions and recommendations noted.
2. That the report be forwarded to the Cabinet and partners for consideration and to Council for information.
3. That a detailed response from the Cabinet and partners be presented to the Overview and Scrutiny Management Board and Rotherham Youth Cabinet in January 2020.

52. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

The Chair reported that there were no further Youth Cabinet or young people's issues for consideration by the Board at the meeting.

53. WORK IN PROGRESS - SELECT COMMISSIONS

The Chairs of the Select Commissions provided the following updates on recent and planned activities:-

Health Select Commission

Councillor Keenan reported that at the meeting held on 13 June there had been consideration of the refresh of the Sexual Health Strategy for Rotherham and the Commission was awaiting the final equality analysis and feedback on suggestions for a broader and smarter set of performance measures. Members had also considered the Cabinet's response to the recommendations from workshop on Adult Residential and Nursing Care Homes, which had been entirely accepted by the executive. Consideration was also given to the Annual Report of the Director of Public Health and Members had emphasised the importance of addressing health inequalities.

In July, the Commission had received a monitoring report on Drug and Alcohol Treatment and Recovery Services and Members had made plans for a follow up visit to a treatment facility. Consideration was also given to a report in respect of the development of six primary care networks across the borough involving all GP practice in closer collaboration. Finally a report was submitted on the development of Rotherham Community Health Centre and Members reviewed proposals to move ophthalmology outpatient services from the hospital site to the Rotherham Community Health Centre.

Members received a further report on the ophthalmology proposals following public consultation at the meeting held on 5 September 2019. They also noted the progress made on maternity services transformation and how the requirements of national guidance 'Better Births' had been met with a focus on safe and personalised care. The Commission received an initial presented on the review of the respiratory pathway which detailed current issues, rationale for change and engagement plans. The outline business case for proposals for the new model of intermediate care and reablement based on a "home first" principle and recovery ethos were also reported to the Commission.

Looking to the future, Councillor Keenan reported that the October meeting of the Health Select Commission would include an update on the Rotherham Foundation Trust's progress against the CQC Action Plan, as well as a report on the Social, Emotional and Mental Health Strategy. Furthermore, she reported that a workshop on suicide prevention and self harm action plan was planned, which was important in light of newly released national figures on suicide.

Improving Lives Select Commission

Councillor Cusworth reported that her commission had met twice since the last update report to Overview and Scrutiny Management Board. On 11 June, Members had welcomed John Edwards, the Regional Schools Commissioner, which had proved to be a very open and informative session. Members had also agreed that a report would be brought to the September meeting in respect of elective home education. An update was provided on the Rotherham Strategic Education Partnership and Members were keen to understand what progress had been made since it was established in 2018. Members were pleased that there had been significant improvements arising from the work of the partnership.

On 19 July 2019, the Commission had received a presentation in respect of the Rotherham Multi-Agency Arrangements for Safeguarding Children, during which Members were informed of the new Multi-Agency Safeguarding Arrangements for Rotherham, which would replace the Rotherham Safeguarding Children Board. Members welcomed the decision to replace the board with a partnership body and resolved to receive an update on the progress made with the new arrangements after six months of operation.

Improving Places Select Commission

Councillor Mallinder reported that the Commission had held a meeting in June 2019 solely to discuss the contract with Dignity in respect of bereavement services, which included an update on progress against recommendations made by the Commission in February 2019, alongside the annual performance report against the contract. She was pleased that significant progress had been made in the past year, with regular monitoring and dialogue between the Council and Dignity, as well as improved links with the wider community. A further report would be submitted to the Commission in December 2019 detailing the outcomes of the extended hours pilot.

In July 2019, the Commission had received three reports for scrutiny which had provided updates on:-

- Thriving Neighbourhoods - delivery of the Thriving Neighbourhoods Strategy and the Neighbourhood Working model.
- Time for Action Enforcement Contract around enviro-crime, particularly littering offences and parking offences – performance, challenges and the importance of enhanced enforcement and visibility. Progress was being made on the recommendations previously made by Scrutiny.
- Home to School Transport - annual transport reviews, to be undertaken at the same time as Education and Health Care Plan reviews to assess the suitability of existing transport and young people's ability to partake in Independent Travel Training, was now in place. the service was on track for numbers of young people with personal travel budgets

Looking ahead, the next meeting in September would focus on the Employment and Skills Strategy and the Commission would seek to follow up on the recommendations made by OSMB at pre-decision scrutiny on the strategy.

The Chair of Overview and Scrutiny Management Board reported that he had been invited to attend a meeting of the East Midlands Scrutiny Network, along with the Leader of the Council, to report on the practices and procedures followed by scrutiny in Rotherham. Whilst it was expected that the Deputy Leader, Councillor Watson, would accompany him to the meeting, the Chair reflected on the positive nature of the invitation to attend and welcomed the interest being shown in the progress made in scrutiny at Rotherham MBC.

54. FORWARD PLAN OF KEY DECISIONS - SEPTEMBER TO NOVEMBER 2019

Consideration was given to the Forward Plan of Key Decisions for the period from 1 September to 30 November 2019 which was submitted in order to identify potential agenda items for pre-decision scrutiny by the Overview and Scrutiny Management Board and Select Commissions.

Recognising that there were a number of significant reports which would be of interest to Members from a scrutiny perspective, it was suggested that the relevant Cabinet Members be invited to arrange seminars for all Members in respect of the Social Value Policy and Crisis Support Future Options.

Resolved:-

1. That the Forward Plan of Key Decisions for the period from 1 September to 30 November 2019 be noted.
2. That the following items be identified for pre-decision scrutiny:-
 - Outcome and recommendations from Non-Residential Charging Consultation
 - House to House Collections Policy
 - Statement of Licensing Principles (Gambling Act 2005)
 - Statement of Licensing Principles (Licensing Act 2003)
 - Taxi Licensing Policy Consultation
3. That the relevant Cabinet Members be invited to consider arranging seminars for all Members in respect of the Cabinet reports on 'Social Value Policy' and 'Crisis Support Future Options'.

55. CALL-IN ISSUES

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

56. URGENT BUSINESS

The Chair advised that there were no urgent items of business requiring the urgent consideration of the Board.

57. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board will be held on Wednesday 2 October 2019 commencing at 11.00 a.m. at Rotherham Town Hall.