

OVERVIEW AND SCRUTINY MANAGEMENT BOARD

- Date and Time :-** Wednesday, 10 June 2020 at 11.00 a.m.
- Venue:-** Virtual Microsoft Teams Meeting
- Membership:-** Councillors Cusworth, R. Elliott, Jarvis, Jepson, Keenan, Mallinder, Napper, Steele (Chair), Taylor, Tweed, Walsh and Wyatt.

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

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

AGENDA

1. Apologies for Absence

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

2. Minutes of the previous meetings held on 4, 12 and 18 March and 7 May 2020 (Pages 1 - 47)

To consider the minutes of the previous meetings of the Overview and Scrutiny Management Board held on 4, 12 and 18 March and 7 May 2020 and to approve them as a true and correct record of the proceedings.

3. Declarations of Interest

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

4. Questions from Members of the Public and the Press

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

5. Exclusion of the Press and Public

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

Items for Pre-Decision Scrutiny

In accordance with the outcome of the Governance Review in 2016, the following items are submitted for pre-scrutiny ahead of the Cabinet meeting on 15 June 2020. Members of the Overview and Scrutiny Management Board are invited to comment and make recommendations on the proposals contained within the report.

6. Autism Strategy (Pages 48 - 111)

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

7. Support Services for Adult Survivors of Child Sexual Exploitation: Commissioning and Procurement Approach (Pages 112 - 148)

Cabinet Portfolio: Leader of the Council
Strategic Directorate: Children and Young People's Services

8. Finance Update and Budget Monitoring Report (Pages 149 - 186)

Cabinet Portfolio: Corporate Services and Finance
Strategic Directorate Finance and Customer Services

9. Covid-19 Discretionary Business Grants Scheme (Pages 187 - 203)

Cabinet Portfolio: Corporate Services and Finance
Strategic Directorate: Finance and Customer Services

For Discussion/Decision

10. Children's Commissioner Takeover Challenge - Hate Crime (Pages 204 - 222)

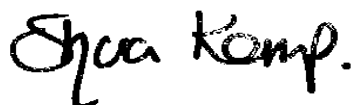
To consider a report detailing the recommendations arising from the Children's Commissioner Takeover Challenge in respect of Hate Crime.

11. Urgent Business

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

12. Date and time of next meeting

The next meeting of the Overview and Scrutiny Management Board will be held on Wednesday 8 July 2020 as a virtual Microsoft Teams Meeting.



SHARON KEMP,
Chief Executive.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Wednesday, 4th March, 2020

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

Apologies for absence:- Apologies were received from Councillors Napper and Cusworth.

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

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

139. MINUTES OF THE PREVIOUS MEETINGS HELD ON 28 AND 29 JANUARY 2020

Resolved:-

That the minutes of the meetings of the Overview and Scrutiny Management Board held on 28 and 29 January 2020 be approved as true and correct records of the proceedings.

140. DECLARATIONS OF INTEREST

There were no declarations of interest.

141. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

142. EXCLUSION OF THE PRESS AND PUBLIC

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

143. GENDER PAY GAP REPORTING 2019

Consideration was given to a report which detailed Gender Pay Gap information that the Council is statutorily obliged to publish. The gender pay gap shows the difference in the average pay between all men and women in a workforce. The smaller the value of the gap, the more equal the pay gap is between genders. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

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

explain the changes.

Whilst there was no legislative requirement to publish information on other protected characteristics, analysis for Black and Minority Ethnic (BME) employees showed the Council had a negative 8.2% median pay gap and negative 4.3% mean pay gap. For disabled employees there was a negative 6.6% median and a negative 2.6% mean. The negative pay gap indicated that both BME and disabled employees were paid more than non-BME/disabled employees.

As a large employer, the proportions of male and female employees in the different quartiles in terms of salary did fluctuate over the year. Since 2013 significant reductions had occurred in both the median and the mean gender pay gap from around 20% down to current figures of around 10%. Numbers of female staff in the top five percent of earners had increased to 65% over this period and half the strategic leadership team were female, which was positive in terms of representation in senior posts. Initiatives were in place to bring the gender pay gap down, including regularly reviewing HR policies, particularly where they linked to recruitment, to ensure no unconscious or conscious barriers to recruiting females existed. Attention was drawn to staff development work, the new apprenticeships and Rotherham leader programme.

Members asked about data tracking the career progression of part-time employees. Officers confirmed that as part of the wider workforce data reported on data was available on the number of promotions and from tracking the outcomes of internal and external recruitment adverts. This data all fed into the reviews of HR policies and processes, together with feedback from colleagues. The employee opinion survey outcomes had recently discussed by Scrutiny and the survey was another means of getting feedback, in addition to focus groups on specific issues. Further data would be provided by officers.

There was a view that further progress would depend on breaking down gender stereotypes around job roles and on addressing the impact of career breaks for caring responsibilities that still impacted more on female staff members. As per the legislation, anything around carers responsibilities was open to females and males, with no assumptions made about who would assume those roles within a family, although it was often the female in the family that did, similarly with shared parental leave and paternity/maternity leave. It would take a while for that cultural shift at societal level not just within the organisation but would feature as part of the wider reviews. The vast majority of staff were female and the lowest paid roles, such as catering and cleaning, were where more flexibility in contract type was available to individuals to work around other outside interests but until more males were in those types of role it would continue to be a struggle.

Members inquired about opportunities at senior management level and if for example job sharing would be feasible. This would probably have to

be looked at on a case by case basis, depending on the role, the grade and the expectations of the role. A number of team managers across the council, especially in social care roles, worked on a job share or part-time basis. Less so higher up in the organisation but a number of service managers worked part time or used some of the other flexible working options available such as compressed hours, but not necessarily job share.

Assurance was sought that the pay structure and job evaluation scheme were fit for purpose and not open to challenge. Officers confirmed the Council used the national scheme in terms of job evaluation, which was reviewed regularly and any changes made nationally would be adopted locally to reflect best practice. HR were confident that it was a fair and transparent system.

The Chair asked about breaking down barriers and encouraging black and minority ethnic employees to go for senior posts. Although the Council was not obliged to report on this it had elected to do so as it was recognised as an important issue. Data showed that minority ethnic staff were paid on average more than non-minority ethnic staff and that disabled staff were also paid on average more than non-disabled staff. It was always an issue about representativeness of the borough and across the workforce, so this could be looked at through targeted recruitment, such as within specific communities, and how jobs were advertised to make sure people were aware of available opportunities. Looking at processes and policies in terms of recruitment would ensure nothing was intrinsically built into the system that might cause disadvantage to people with a protected equality protected characteristic as part of the wider policy review.

In terms of specific directorates requiring more attention due to the composition of the workforce, in Regeneration and Environment the position was clear regarding roles and numbers of cooks and cleaners, with something to be done in terms of advertising jobs and attracting men into those types of role and conversely for front line staff in waste management and grounds maintenance. Roles in Adult Care needed examination in terms of carers in lower paid roles where gender imbalance existed.

The officers were thanked for their attendance.

Resolved: That the Council's position and actions being taken to reduce the Gender Pay Gap be noted.

144. ADULT CARE BUDGET FORECAST AND SAVINGS UPDATE

Consideration was given to a report which provided an update of the forecast budget position for Adult Care, Housing General Fund and Public Health. The savings plan was an integral part of the financial position and further information was provided to explain the impact in 2019/20 and how

this relates to the Council's Budget report.

It was reported that the Adult Care Housing and Public Health Directorate had forecast an overspend of £1.4m, largely as a result of an increase in demand for Adult Social Care. This was based on full delivery of savings identified by implementing the new target operating model and part year savings from the reassessment programme and review of Learning Disability services. It was noted that, whilst the overall number of people in receipt of care was stable, people were presenting with increasingly complex needs and the average cost was increasing. There were timing issues associated with the delivery of some savings and also some budget pressures which had been addressed in the Council's Budget report (minute 313 refers). The principle remained that the Adult Care savings would be delivered in full by 2021/22, either in the way originally proposed or by approved variations where required.

Members noted that the new Targeted Operating Model (TOM) was implemented on 21 October 2019 and all of the key milestones had been met. The planned savings of £1.6m in 2019/20 and £3.1m in 2020/21 were forecast to be fully delivered. It was noted that this was a significant change programme for the directorate, where halfway through the financial year the whole service moved to a new staffing structure; including new pathways and new ways of working. The change was supported by a workforce development programme and had been also supported by external partners. This was a people centred programme designed to empower and engage staff from front line through to senior leaders, which had been implemented and utilised across the Health and Care system. It was a 12-15-week programme, where the purpose for Rotherham would be to build capability and confidence in the workforce to be able to deliver the future model. This had now been completed with further training planned throughout next financial year to support the ongoing professional development of staff.

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

Furthermore, it was reported that the My Front Door programme had been re-profiled for the amended In-House Services timeline. The net additional cost (£182k) was due to the cost of new packages of care. The programme prioritised the care and support needs of people who use the in-house services, ensuring the new arrangements are in place prior to

existing services being decommissioned and before any saving could be released. The timing of the overall programme had been delayed but was expected to be delivered in full by 2021/22.

The budget gap was still a concern but the picture had improved from the last few years and the service had worked very hard to reduce the deficit in the context of austerity and demand pressures. The challenge through the Judicial Review had affected savings programmes for learning disability transformation and reassessments, which continued under the My Front Door programme, as it had impacted on timing and also successful recruitment of staff. One off additional income had helped with delivery of the savings programme.

Although good plans were developed when services were reconfigured, Members questioned whether implementation usually took longer than planned to deliver the savings. There had been challenges and with the learning disability reassessments some people would receive more funding as a result, some the same and some less. Savings would follow from the building side. It was also acknowledged that the TOM had delayed some of the transformation work slightly but the structure needed to be put in place and people in posts.

This had been a mild winter but hospital admissions had been quite high, creating significant demand for the Integrated Discharge Team due to an increase in health conditions that required social care support. Officers highlighted that despite talk about winter pressures, nowadays services no longer experienced a reduction in hospital admissions or primary care demand at other times throughout the year.

Assurances were sought that the budget could be brought under control. The Cabinet Member confirmed that the budget position was discussed on a weekly basis with the Strategic Director and was confident in the information provided. Weekly performance meetings also undertook detailed analysis and considered what else needed to be done. A degree of unpredictability existed as no guarantee could be given that a large number of high cost cases would not come through. In terms of things that could be predicted and seen as going in the right direction, reassessments were starting at Addison so that should feed through and Oaks would be going to Estates. The new respite homes would save £250,000 p.a. and would come through quite quickly.

Officers reiterated that significant governance was in place at all levels within the Council around the spend, from case audits all the way through to decision-making around costs, coupled with an extensive workforce development programme for staff to ensure the best use of resources to manage demand.

Given recent discussion on sickness absence, Members queried if the impact of holding vacancies in Adult Care on other staff and on sickness absence had been factored in. Holding vacancies needed to be done in a

considered way and running alongside the development of the care pathway was work around commissioning, where a restructure was imminent, but vacancies there had slightly less of an impact on the frontline. The service was mindful about holding vacancies and this included in the period leading up to the operating model when particular vacancies were held. Managers were aware of potential sickness absence and the need to use stress risk assessments and to understand fully the impact on a team, in addition to being clear on the longer term plans. There was not a specific policy to hold vacancies, this was more of a historical issue, and the new model was predicated on having people in post, with the revolving recruitment programme in place. Agency staff were brought in when necessary.

Clarification was sought on the use of £0.2m reserves in Public Health. Public Health was centrally funded from Westminster and in the knowledge that the grant funding would reduce year on year, the service had tried to create a reserve pool to mitigate against this lost revenue to avoid making severe cutbacks within Public Health. As the grant had now been increased for 2020-21 the reserve was looked at again. Public Health reserves had been used to fund services during the year but the reserves supporting the savings mitigation related to several different general fund reserves, with the main one being the Housing General Fund Transformation Reserve which had been drawn down to support the position on the savings.

Confirmation was sought that the expected target savings set out in the report would be achieved by 2020-21. The Cabinet Member was confident but unable to give an absolute guarantee and reiterated the point about any new care packages requiring significant funding. The big question marks had been getting the TOM right, which was now almost totally complete, and the work at Oaks and Addison, which was progressing.

The Chair suggested that a further report be brought back in six months unless anything drastic occurred before then that needed scrutiny.

Resolved:-

- 1) To note the information contained within the report.
- 2) To have a further report in six months as part of the ongoing budget monitoring work.

145. ADULT CARE, HOUSING & PUBLIC HEALTH MARKET POSITION STATEMENT 2020/21

A short presentation introduced the Adult Care, Housing & Public Health Market Position Statement 2020/21, setting the context and outlining duties under the Care Act 2014. The Rotherham Market Position Statement (MPS) would cover all aspects of commissioning requirements

for Adult Care, Public Health and Housing from 2020/21 onwards, setting out the Council's intentions and expectations. Increasingly the role of housing was viewed as fundamental to delivering desired outcomes, not just in terms of permanent accommodation but also buildings to support general needs, hence inclusion of elements of housing in the MPS.

Provider feedback had informed the development of the MPS, with commissioning intentions and timeframes named as the most important thing from a business perspective - what was wanted and when, how much money was available and how to bid in. A move away from traditional provider/commissioner relationships towards one of greater partnership and co-design/co-production, with a strong values base, was envisaged. Regular communication, engagement and relationship building with providers would be essential, and less segregation of providers, especially where cross-cutting issues emerged.

Although a non-digital document would be published in April 2020, Members were informed that it would primarily be an on-line MPS to allow for regular editing and refreshes to keep the content current and relevant. The core content to populate it initially would be drawn from the paper included in the agenda pack. Information would be set out under key themes in five broad areas to facilitate people being able to go straight to pertinent issues without having to go through a lengthy paper document:-

- 1 Understanding Demand – Introduction, Demographic Change and Service Take-up
- 2 Understanding the Market - Market Overview, Self-funders, Quality, Workforce, Sustainability and Resources
- 3 The Vision - Models of Housing, Care and Support and Commissioning Intentions
- 4 Commissioners Approach to the Market - Managing the relationship, Future Support and Key Dates and Timelines
- 5 Useful Links and Key Contacts

More detail was provided for each of the three specific commissioning intentions, as set out below.

“Act to help yourself”

- Further test digital solutions e.g. Alexa technology
- Support community capacity building and neighbourhood working
- Implement “Active Solutions” Pre front door with Age UK – voluntary and community sector (VCS) mobile information and advice hubs
- Support and jointly develop town centre unpaid Carers Hub with Crossroads
- Continue to promote “5 Ways to Wellbeing” – using key tools to keep people safe

“Act when you need it”

- Mobilisation of new model for Home Care April 2020 - 1300 people in customer base and a successful tender process with social value aspects that resulted from that tender with the providers all agreeing to pay their staff the real living wage
- Explore Dynamic Purchasing System for a range of Learning Disability and Autism services including accommodation/support - mechanism to bring in new providers or to develop more coherent pricing, learning from the use of the dynamic purchasing system for home care
- Increase the number of flexible Core & Cluster Supported Living units for Learning Disability/Autism – Transforming Care Partnership/Preparing for Adulthood etc. - more choice and preparation for the next group of people who are going to come into services as people who transition with complex needs will require different solutions to older people with learning disabilities in service a long time
- Recognised Provider List for housing options – housing partners to work with the Council – call off when needed
- Review Mental Health social care pathway and develop a new offer including accommodation/support – limited choice at present
- Develop Domestic Abuse Pathway and test new ways of working – interface with other services not only around the Care Act, new legislation likely with new requirements
- Review Housing Related Support pathway for Adults – those who do not meet assessment criteria
- Further develop the Housing First model and homelessness prevention interventions - maximising grant funding opportunities – already increased from 20 to 30

“Act to live your life”

- Mobilise the new Healthwatch service following tender process – Citizens Advice Bureau
- Mobilise the new Advocacy service following tender process - built in social value drivers so Cloverleaf will need to sub contract some of the non-statutory to the local voluntary sector
- Implement a Quality strategy – based on LGA/ADASS Quality Matters v.2 incorporating TLAP/NICE/CQC measures - improved standards in Rotherham but no complacency and it is hoped new national standards result, although Rotherham was looking to adopt some of the principles of early drafts
- Develop services for people in receipt of direct payments e.g. Personal Assistants
- Support for unpaid carers – golden thread
- Further development of Micro Enterprises

An example of a digital MPS in another local authority was shown to indicate how Rotherham’s MPS might look and how to navigate around it once in place. It was also expected to link in data from the Joint Strategic Needs Assessment.

Cllr Roche highlighted that looking to the future, although some adult commissioning work already took place with the Clinical Commissioning Group (CCG) and partners in the integrated Rotherham Place Plan, discussion regarding commissioning levels and whether some might move up to regional level had been held. Council commissioning would also be looked at and whether more links could be made.

Members questioned whether it would be advantageous to have numerous small providers, operating a range of models, in order to meet the Care Act duties and whether the market could be governed to keep money in the local economy to ensure an understanding of and focus on specific Rotherham needs. This would be the desired direction although inevitably some contracts would be awarded to large national organisations. In the Home Care offer, two tiers of providers had been established with the second for growing smaller, local businesses. In the past, frameworks had been quite restrictive but the move to a dynamic purchasing system allowed new providers to be added. The second tier was also designed for smaller volumes of work which could be advantageous for smaller providers. Micro enterprises and third sector organisations helped to create the mix. The Social Value policy was important and providers, especially Rotherham providers, were increasingly on board.

Clarification was sought on what support would go into the carers' hub. This was a question of not looking at adult care in isolation but linking in other services, optimising the use of the building, for example with meeting rooms, and also being able to provide support for others if resources could be channelled. Alignment with neighbourhood working and joint work with health partners would also be important. The CCG was a big investor into services for carers so there should be alignment and even scope potentially to pool monies and look at joint commissions and joint investments. It was acknowledged that some groups and carers groups would need support and focus.

Within the new operating model, a lead officer had been appointed for carers and one of their first tasks would be to develop a new carers strategy. This would need to reflect the points made about the diversity within carers in terms of environment, age and the people for whom they provided care.

Members asked about quality assurance and control regarding residential homes and ensuring quality in services delivered in people's own home. Control in residential homes was difficult because ultimately people chose where they wanted to live and the Council also had no powers to enter people's own homes with regards to inspection. The long standing contracts and compliance function was looking at rebranding on quality but with no change to the standards. That service regularly went into care homes and liaised closely with the CQC. Any issues identified were raised with the establishment in the first instance and if improvement was

not forthcoming through informal means then formal processes would be initiated with action plans, often shared with the CQC. Community services were equally important and all services were monitored. Services provided in people's own home were more challenging as there were a large number of people each with their own requirements and views but feedback was elicited through follow up calls when care packages had been brokered, which helped to address any issues. Electronic monitoring also gave assurance that care workers had been to the person's home. Quality was a golden thread running through the new adult care pathway as being everyone's responsibility and the intention was to identify concerns through collaborative work.

Members queried whether the action plan for a person living in their own home with dementia would include a named carer in the case of any issues to discuss. The CCG were remodelling the dementia pathway from a health perspective and a key aspect would also be how the adult care pathway fitted in. Training and awareness raising would follow.

Concerns were raised about the paucity of mental health data and what measures would be taken to address this as it should be informing all the relevant issues, such as housing. Data was crucial to effective commissioning and one reason for gaps was due to health information being on SYSTM1 and the Council having Liquid Logic as its core system. Present information to inform the MPS had been limited, but the Rotherham Health Record allows for portal access to open up possibilities. Better data was needed and it was a priority for the mental health pathway this year. A further concern was the lack of data regarding transitions from children's services, especially the mental health cohort, as it was essential for commissioning housing, supported living etc. Information came across from CYPS to adults because both used Liquid Logic, meaning a good overview of younger people. The MPS focused primarily on people aged 18 plus and it was more a question of data around the existing cohort.

Questions in relation to prioritisation of older people's accommodation in certain wards with limited land availability for development and subsequent allocation of older people's housing were taken back for a response from Housing.

The officer was thanked for his informative presentation.

Resolved:

- 1) That the information presented be noted.
- 2) That Improving Places Select Commission scrutinise any issues in relation to the Market Position Statement and Housing.
- 3) That Health Select Commission scrutinise issues regarding mental health data and the development of the mental health pathway.

146. UPDATE ON ADULT SOCIAL CARE RESTRUCTURE AND PATHWAY

Consideration was given to an update in respect of the Adult Social Care restructure and pathway, which was implemented on 21 October 2019. The main aims of the new structure and pathways were to ensure a more customer focussed and responsive offer to the residents of Rotherham resulting in less waiting times at point of contact; a stronger reablement offer enabling more people to regain independence; increase the continuity of council staff involved; a simpler structure for residents and partners to understand and to raise practice standards and overall performance.

Members noted the following developments:

- Adult Social Care had been successfully completed with a very small number of compulsory redundancies.
- The Reablement service had been able to increase the number of people who it supported at any one time, which had resulted in more people having access to vital reablement, regaining independence and confidence for the future.
- More people could contact the council and inquire about adult social care services without waiting.
- Extensive workforce development programme was in place, increasing competence and improving practice in line with the objectives of the new Pathway.
- The Coaching programme had been successful in building leadership skills and had resulted in a new 'Operating Rhythm' for teams that included daily 'huddles', assisted by technology that enabled key information and actions to be shared and freed up time in the day to respond to people's needs and enquiries.
- Overall performance had improved since implementation.

It was reported that a Sector Led Improvement Regional Peer Challenge had taken place in early February and had identified the following strengths:

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

The challenge had also identified the following areas for further consideration:

- Pathway clarity
- Sufficient capacity
- Sustainability

- Celebrating successes
- Improving the Carers offer

Attention was drawn to the fact that this restructure and development of the TOM had been a major piece of work that affected nearly 400 staff over a period of months. The overall planning and engagement with staff about what the vision needed to be formed a key element of this before the formal restructuring process and the new pathway came into being in October. Specialist teams had been replaced with more generic teams which meant the breadth of knowledge and competence required by staff now was much broader but this was felt to be appropriate for social workers.

A formal six month review of the restructure was approaching to look at its impact, the benefits and any areas that still needed to be worked on and improved. Whilst it was a very positive message the service was in the middle of a change programme, with the restructuring and the new pathways just one part of that. Embedding the new practices and new ways of working would take some time to actually deliver. A change programme had been needed to organise and improve services but as it also came with a significant saving in resources the concern was in relation to not only wanting to maintain performance but wanting to improve it and the offer. Monitoring showed signs of progress but not every element was quite where it was wanted to be yet. For example, there was work needed on the digital offer, website and encouragement for people to self-help.

Work had gone in to supporting the change through providing coaching and leadership development to managers and changes in the day to day management, such as big screens/digital platforms around Riverside House and at Maltby for daily team huddles. It kept the momentum and was about visibility and what people did as a manager and had been received positively.

Improvements in performance were acknowledged by Members but they asked about feedback from social workers about the changes. Some really positive comments had been received, with staff reporting that they had never felt so invested in, including some long serving members of staff. That was also echoed by other staff picked up as part of the peer review challenge. Significant time had been invested in the training offer, including bringing in experts for areas such as strength based practice and safeguarding, with a lot of positivity amongst the workforce. The Liquid Logic review of the assessment tools would soon conclude and this would drive social work practice very much in that strengths based direction and allow for a greater degree of exercising professional judgement and autonomy for social workers. As managers and social workers were involved in co-production it should result in the tools to determine eligibility in the right way and to be proportionate and flexible. Strong emphasis was placed on the reablement pathway as the default position wherever possible as the first step.

The fact that the service had now succeeded in reducing sickness absence levels after going through a major change programme might indicate there was learning that could be shared across the Council. At a challenging and emotive time the engagement with staff had been a key aspect but clearly there were stresses.

The Chair inquired whether the wider more generic role for social workers was used in other local authorities. Debate was always occurring around specialist teams and generic social work, with the latter sometimes viewed in a lesser way than specialist. The view in Rotherham was that roles and places for specialism and specific knowledge had their place with champions in certain areas. Experts in the Principal Social Worker's team provided support around continuing healthcare and safeguarding and still retaining a smaller amount of specialist knowledge would help to inform practice of the wider social workers.

Members asked about ensuring equality for service users across the pathways and making sure each person received a specific service. Around reablement, far more people were getting the opportunity to be re-abled at an earlier stage and if their circumstances changed at any point they could have further reablement, it was not a one-off. This was much more flexible and more in tune with what people were saying they needed, as feedback was that people wanted to remain independent for as long as possible but they did need the support, advice and guidance to do that.

In terms of any major challenges from the restructure it was a sizeable staff group, therefore organisationally and resource wise it had taken a lot out of the system to actually deliver it. The workforce development programme was very robust but as it would take time for everyone to go through that process not everybody was operating exactly as desired yet and there had been delays due to competing priorities. Undoubtedly in any change programme some people would take a bit longer to feel comfortable and confident with the work they were doing. Certain parts of the pathway were also interdependent on other parts of the Council, such as some of the supporting elements around the website design and the digital offer. It was anticipated that by October 2020 the service would be where it needed to be but things might change and there could be statutory changes within that time frame.

Members took the opportunity to ask about improving communication about the offer following the restructure as there seemed to be a lack of information for some services, such as Shared Lives. Shared Lives was a good example of a service that was growing in demand but it was agreed more people did need to be aware of it, both staff and the public. There could also be misinformation as well as no information about how beneficial a certain service is. Community Connectors helped teams with local information and there were close links with the Neighbourhood Strategy to try and get the information out there but more could be done in terms of promoting certain services.

The officers were thanked for their attendance and although it was pleasing to see things progressing well a further update was requested.

Resolved:-

- 1) That the information in the briefing be noted.
- 2) That Overview and Scrutiny Management Board receive a further update on implementation of the Target Operating Model and new pathways in Adult Care in October 2020.

147. OUTCOMES OF WORKSHOP ON SICKNESS ABSENCE

Consideration was given to a briefing paper which detailed the outcomes of the third in a series of workshops in relation to specific underperforming measures in the Council Plan identified as a concern by Members. The session had followed a similar format to previous ones with an initial briefing and detailed presentation setting out corporate and directorate level performance on the measure and actions to address the underpinning issues. Directorates provided more detail of actions they were taking and highlighted any service-specific matters. The session focused on:-

- Measure 5D2 - Sickness Absence is managed and staff wellbeing supported
- Definition: Number of days lost per full-time equivalent (FTE) – target 10.3 days
- Long term sickness absence - 20 or more days as this accounts for 70% days lost

It was reported that Members had felt positive about the improvements made recently regarding this measure. The importance of training and guidance was highlighted, as it was good to have greater consistency in the application of policies across all job roles and services. Members recognised the use of measures to keep people in work with the right support and acknowledged how redeployment and phased returns could facilitate this process. It was noted that wider policies to support disabled employees and people with caring responsibilities would continue to be important.

The following recommendations from the workshop were endorsed by the Board:-

- That consideration be given to developing guidance for managers around enhanced emotional support for employees during a restructure, given the links to absence through stress and anxiety.
- That data be disaggregated regarding absence through anxiety, stress and depression, as these should be recorded as discrete

issues and to have a better understanding of sickness absence.

- That follow up work be undertaken to ensure managers proactively support staff and manage workloads across teams to prevent any potential knock on effect in terms of sickness absence as a result of staff assuming additional work to cover for an initial long-term sickness absentee.

Resolved:-

- 1) That the recommendations from the workshop be supported.
- 2) That the recommendations be forwarded to Cabinet for a response.

148. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

It was confirmed that arrangements for the Children's Commissioner's Takeover Challenge with Rotherham Youth Cabinet were going to plan with a number of officers and partners lined up to answer the young people's questions regarding hate crime.

149. WORK IN PROGRESS - SELECT COMMISSIONS

The Chairs of the Select Commissions provided an update on their recent work:-

Health Select Commission

Councillor Keenan, Chair of the Health Select Commission, provided an update on the activities of the Health Select Commission:-

Two good opportunities had been taken to inform the final drafts of important plans. The first was a dedicated session on the refresh of the Rotherham Integrated Health and Social Care Place Plan. Health Select emphasised the importance of autism in its own right rather than being seen as part of learning disability and mental health and that would be recognised in the plan. Secondly, on the loneliness plan, key feedback from HSC was around linking the plan to the Carers Strategy and that work with schools was needed on loneliness.

Vice Chair Cllr R Elliott chaired a workshop session with Rotherham Hospital to look at progress on their quality priorities for this year and actions in response to the Care Quality Commission re-inspection.

Progress on the Autism Strategy and Implementation Plan had also been reported back, together with the outcomes of consultation on respiratory services and next steps for implementing the new model.

In March the Select Commission would be looking at the Local Authority declaration on healthy weight; work with Care Homes including the Quality Strategy, and progress on Learning Disability transformation.

Improving Places Select Commission

Councillor Mallinder, Chair of Improving Places Select Commission, provided an update on the activities of that committee:-

In February the Select Commission issued recommendations on

- a review of the Major Incident Plan
- the Council's response to the November 2019 floods
- and the Council's plans for future flood defences.

Plans for Member visits to Herringthorpe Cemetery to look at the land for additional burial plots and to Gulliver's were also in place.

On the agenda for the next meeting would be monitoring updates and discussion on the following:-

- Vehicle immobilization for persistent evaders
- Enforcement collaboration with Doncaster Council
- CCTV installations in Wards
- Public Space Protection Orders in the Town Centre and Fitzwilliam Road areas
- Progress of the Town Centre and Forge Island developments

Improving Lives Select Commission

An update on the activities of the Improving Lives Select Commission would be circulated following the meeting.

Resolved:- That the updates be noted.

150. FORWARD PLAN OF KEY DECISIONS - FEBRUARY TO APRIL 2020

Consideration was given to the Forward Plan of Key Decisions for the period from February to April 2020 detailing the decisions to be taken by the Cabinet over that three-month period.

Members identified the following reports for pre-decision scrutiny at the meeting on 18 March 2020:-

- Climate Change Action Plan
- Licensing Act 2003 - Statement of Licensing Policy
- Gambling Act 2005 – Statement of Licensing Policy
- Hackney Carriage and Private Hire Policy
- Clean Air Zone Final Business Case

Resolved:-

1. That the Forward Plan of Key Decisions from February to April 2020 be noted.

2. That the following reports be presented for pre-decision scrutiny on 18 March 2020:-

- Climate Change Action Plan
- Licensing Act 2003 - Statement of Licensing Policy
- Gambling Act 2005 – Statement of Licensing Policy
- Hackney Carriage and Private Hire Policy
- Clean Air Zone Final Business Case

151. CALL-IN ISSUES

The Chair reported that no decisions from the recent Cabinet meeting held on 17 February 2020 had been called in for scrutiny.

152. URGENT BUSINESS

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

153. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Thursday 12 March 2020, commencing at 5.00 p.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Thursday, 12th March, 2020

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

Apologies for absence:- Apologies were received from Councillors Jepson and Mallinder.

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

Councillor Steele welcomed everyone to the special meeting of the Overview and Scrutiny Management Board which was once again supporting the Children's Commissioner's Takeover Challenge (CCTOC) by working with Rotherham Youth Cabinet (RYC). It was positive to have so many young people there, with many new faces who Members had not worked with before.

155. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillors Allen, Beck, Hoddinott, Lelliott and Watson

Haider Ashiq, Haleema Mubash-Shirah, Aaban Shah and Alex White (Rotherham Youth Cabinet)

Danielle Spencer (SYP), Pepe Di'lasio, Sally Hodges and Tom Smith (RMBC)

156. RESPONSE TO RECOMMENDATIONS FROM CHILDREN'S COMMISSIONER TAKEOVER CHALLENGE SPOTLIGHT REVIEW ON YOUNG CARERS

The Chair reported that this agenda item had been deferred until either June or July 2020.

Amaan Saqlain from Rotherham Youth Cabinet assumed the chair of the meeting.

157. INTRODUCTION AND PRESENTATION FROM ROTHERHAM YOUTH CABINET - HATE CRIME

Josie and Sam from Rotherham Youth Cabinet (RYC) provided a short introduction about the group. It was comprised of young people aged 11-18 years old who lived or studied in Rotherham. They provided a voice for young people to represent them in the community and felt passionate

about the issues facing young people. Their aim was to work around these issues to improve the lives of each and every individual young person. The theme of hate crime had been chosen by RYC as it had emerged in the top three issues following the "Make Your Mark" consultation with young people.

158. QUESTION AND ANSWER SESSION WITH OFFICERS AND PARTNERS

1 Had any of you ever been the victim of a hate incident or hate crime and how was it dealt with?

Three of the witnesses related personal experiences of being a victim of a hate crime/incident. One had reported it to South Yorkshire Police (SYP) who had taken it seriously and dealt with it but without a resolution at that time. Another had experienced hate incidents a number of times, especially cyber-crime through emails, which the police had been dealing with and actively trying to resolve. Young people were advised to report it if they were being targeted. The third had been a few years ago and the incident had been dealt with through a local resolution as it had been fairly low level and a case of needing to educate the person rather than real maliciousness.

In terms of how police officers would deal with hate crimes against themselves, it would still be a victim led process as with members of the public but incidents would be dealt with accordingly. Some might be low level, for example if the perpetrator was drunk with no real meaning behind it but in other cases where officers were racially abused or abused by their sexuality, that would be taken further and the hate element included and taken into consideration. Offences would be dealt by whichever means to bring them to a satisfactory conclusion.

2 How quickly would there be a response from South Yorkshire Police to a victim when an incident had been reported and what was done to keep people in the loop about what was happening whilst a hate crime/incident was being investigated?

SYP hoped to respond very quickly and the protocol called for a response within 24 hours, although that was not always possible. An incident log would be created, the incident allocated to an officer and a plan agreed with the victim in terms of the frequency for contacting them about what was happening, which varied greatly from person to person.

Reassurance was given that it was viewed as serious and a high level priority, as a joint partnership issue. Part of the performance dashboard in relation to preventing hate crime in Rotherham showed that numbers reported increased following a drive to encourage reporting. This was good but people needed to see that something was being done about it, such as finding the perpetrators and getting them in the Criminal Justice System if required.

3a What training was in place for Police Officers so they understood all the issues involved so they were effective in recording and handling cases?

All new police officers received specific input on hate crime awareness and there was a lot more to it than people tended to think. The Hate Crime Coordinator delivered some officer training. Refreshers were also in place for long standing officers. Within RMBC it was a similar approach and a corporate process had been put in place for staff to report incidents, either experienced themselves or if victims reported something to them. RYC probed more deeply into the refresher training for police officers. This was considered important and could be via an online training package which officers could complete between jobs. This was quite effective as it did not take them away from the work for too long as it could be done in stages. Fairly regular refreshers covered all aspects of policing, such as the law and legislative changes, to ensure officers were up to date. All new officers were given in-depth training in the early stages of their career and hopefully they took that with them and used that learning on a weekly basis. It was shown in some of the crime reports and the way that officers dealt with issues.

3b Was there representativeness and diversity within South Yorkshire Police and investigation teams?

South Yorkshire Police was a diverse organisation; however, it did need more representation from certain ethnic groups. The workforce included Black and Minority Ethnic officers, lesbian, gay, bisexual and trans officers and disabled officers. The key was to remain diverse and inclusive and to improve.

3c I would like to ask about any measures and procedures in place to tackle any discrimination that may already exist within the police force?

As SYP was an all-inclusive organisation the hope was that there was no discrimination within the force and that if there was it would be challenged very quickly. No particular examples could be given but more Black and Minority Ethnic officers and female officers were on the promotion ladder and more disabled people working within the organization than ever before.

4 What happened in schools to raise awareness and educate young people around Hate Crime and also within the community, for example to counter any fears that people had about others who were not the same as them?

The Hate Crime Co-ordinator reported that schools could be quite difficult to get into and in part this was due to fears around Ofsted inspection outcomes if things did not look so good. Nevertheless, SYP had been

into quite a few schools within the area, predominantly secondaries and colleges, rather than primaries, perhaps 40-45%. They offered a bespoke training and awareness package aimed at young people and as a Crown Prosecution Service training pack had also been distributed to all schools some may choose to do that first.

It was acknowledged that young people had greater understanding than people of his generation and were more aware and more accepting. Many people think they knew what hate crime was but it was more than racism. It was a matter of opening people's eyes and getting them to think more deeply about what things meant and the fact that inside people were all the same.

The officer was happy to go into any school to work with students but also with young people who ended up being affected, such as offenders or perpetrators of hate crime issues. Rather than starting to prosecute people of a young age, they could be offered one to one education sessions as part of their community resolution/restorative justice. It was important that people understood what words meant and they did not always appreciate the effect on other people.

The Chair of Rotherham Schools Forum said no incidents had been reported at her school, which was a primary, but they had a mechanism in place. In primaries issues would be covered in the PHSE curriculum and there was also anti-bullying week, so opportunities were there to feed in on impact. Work could take place with secondary colleagues to make the links to support preventative work.

Coordination and links were also in place between this work and that in schools around harms of hate. There had been work with people expressing more extreme views, who were at risk of being manipulated and taken down the wrong route, before it became a major issue, with a written remedy process.

The Community Safety Officer confirmed the importance of enforcement but qualified this by saying how it needed to be appropriate and proportionate, with education and awareness raising also needed. The young people linked this back to freedom of speech versus hate speech, commenting that if people's views were suppressed this could lead to them becoming shut off and that people's opinions could not be controlled but could be challenged.

5 What could be put in place to ensure young people have anonymity when reporting hate incidents?

Anonymity when reporting made it difficult to deal with reported incidents or crimes, for either a prosecution or an educational programme. If a crime had been committed and the person who reported did so anonymously it would never get past the Crown Prosecution Service to take to a prosecution without anybody there making a complaint. It was

appreciated that for some people anonymity was important, which in Rotherham had led to the creation of a simple email address called Operation Solar where people could send an email about a hate crime or hate incident totally anonymously. Messages to this email address were used as intelligence by SYP.

The Community Safety Officer gave a very simple message: “report, report, report” to help build the local picture. He referred to incidents at a public house that had been reported anonymously and this led to interventions that had solved the problem without anyone being named.

6 Media reporting and coverage varies depending on the personal characteristics of the victim and perpetrator, how do we stop this happening and do you think our local press are guilty of this?

The media had a job to do to create headlines but the way they presented some of those headlines created negativity in many cases and had a knock on effect. One example given that was used in awareness raising presentations was the way in which the media portrayed issues regarding ISIS. This created division and hatred so it was a case of trying to educate people that it was a very small group of people involved. Media coverage made it more difficult to tackle and was hard to control but those headlines needed to be challenged. People needed to think about the way things were written and to recognise that things were not necessarily true as presented. There was perhaps a tendency for people to buy the newspapers that reported what they wanted to hear.

The young people inquired if any regular meetings took place with the local press, or if there had been any challenge, particularly as quite often negative stories appeared. Good news tended to be smaller and less prominent. SYP Command Team had met with the press and challenged them as they needed to take responsibility for what they wrote but they also needed to build that relationship with the press.

In terms of far right and terrorist reports, there would be headlines in the news in relation to events elsewhere. If the police identified something as terrorist-related it should be reported as such and if not, it should not be, as it could have a negative, far reaching impact within local communities. Identification of issues quickly was key and make sure the right messages were sent out to the communities.

Following up, the question was asked as to whether the media could actually provoke hate crimes or prompt action from people. Probably not was the response but there was a feeling that the media could manipulate the way people thought about certain aspects and the way that people treated people who were different to themselves. Different media reported issues in very different ways, for example immigration and migration. It was deemed important to challenge perceptions and to ensure the correct terms were used to describe issues.

7 How do you distinguish between an act of terrorism and a hate crime or hate incident such as in the case of the recent stabbing in a London Mosque?

This came down to the mindset of the perpetrator and what they intended when they set out to do something. A terrorist act could also be a hate crime but a hate crime did not necessarily have to be a terrorist act, so it depended on the person's intentions. A terrorist act would be recorded as a hate crime if it had targeted somebody for their specific beliefs or other characteristics. Information needed to go out to the public but it had to be the correct information. The incident referred to has quickly been ruled out as a terrorist attack so information behind that had led to that conclusion.

With regard to procedures for dealing with terrorist incidents compared with hate incidents, it was difficult to answer as in a terrorist incident ground level police would have very little involvement, other than at the start, as it would be dealt with by specialist departments.

8 Many people feared using public transport, what was being done to help this?

SYP were not receiving many reports of people in fear of using public transport although they were aware of some incidents. They worked closely with all the transport companies within South Yorkshire, who all had a training package on recognising and identifying incidents and how to deal with them. The British Transport Police had dedicated transport officers.

Reference was made to an issue that had been happening on buses which had been dealt with successfully. Although the number of incident reports was low probable under-reporting was acknowledged and again young people were encouraged to report any incidents.

9 Following the CSE in Rotherham, there have been incidents of hate crime directed at Taxi Drivers, what systems are in place to support this within RMBC and the Police?

As RYC were aware the Council had recently undertaken a review of its private hire licensing policy and people's views on this had fed into the consultation around the development of that policy. Taxi drivers were very clear in relation to experiencing incidents at significant levels and also in some cases the families of people who drive taxis were feeling in danger and seeing hate crimes and victimisation as a result of their association with taxi drivers.

In 2015 the policy had been changed and at that time probably centred on protecting the public. Now the policy would be much more focused around protecting individual drivers as well as the public after listening to what the trade, family groups and another representative groups had to

say. The Council were looking to further enhance the camera systems within licensed vehicles. They were also placing a duty on taxi companies that they would have to act in a way that did not encourage discrimination in any way. For example, if somebody were to ring a taxi firm and ask for a driver who was White British, the expectation would be for that request to be refused by the company.

Licensing worked closely with the police and there had been instances where camera footage had been requested by the police and provided speedily, which allowed the apprehension of the offender. Such information had been used in prosecutions and ensured conviction of the offender for quite nasty offences against taxi drivers. Signage within vehicles was also being looked at and possibly a warning inside the car might be appropriate to make it clear that people were being video recorded and that any behaviour taking place in that vehicle which could be perceived as a crime, be it hate crime or any other kind of crime, would be referred to the police by the Council.

Taxi drivers were encouraged to report hate crime. One of the requirements to being a taxi driver was to attend safeguarding training and that included hate crime - recognising the signs of hate crime and how to report it but also how to act if you were a victim of hate crime whilst driving the taxi. Other suggestions were welcomed but the view was that progress had been made.

RYC commented that within parts of the community there was a perception that taxi licensing in the Council was racist and the young people queried how this was being addressed to combat those perceptions. Assurance was given that action would be taken if any staff acted in this way but there was no evidence to show that people had acted in a racist manner and public records existed of decisions and the reasons why they had been taken. A system of checks and balances was in place to make sure decisions were correct and any decision to revoke a licence was taken by a group of five Elected Members not by individual officers. Following such a decision there was the opportunity to go through an appeal process, with the decision reviewed by the Magistrates Court in the first instance and overturned if there was any suggestion it was wrong.

Further assurance was provided from the Cabinet portfolio holder for equality that zero tolerance existed regarding any form of discrimination within the Council and any examples would result in strict action. Clearly there was a need to engage with the community to address these perceptions and it was important to work with the taxi trade to ensure balance, transparency and accountability. If there were any examples these should be brought forward for investigation.

10 What specific work was being done in Rotherham on disability related hate crime?

Disability was one of the strands that was probably most under-reported, again because in many cases people did not understand that what was happening to them was hate crime. The SYP Hate Crime Co-ordinator worked with many disability groups in Rotherham and delivered awareness raising with staff and service users and assured people they would be listened to if they reported. Not all disabilities were visible, for example autism or learning disability, hence the importance of the police working with their support groups.

A new South Yorkshire wide Autism Alert card had recently been introduced for people on the autistic spectrum or awaiting diagnosis. The card included details about the person, their particular traits of autism and how best to communicate with them. People could register their card with the police who would then know straight away who the person was and what they needed to be aware of that would cause the person distress. For learning disabilities as well police officers were aware of how to speak with people and would use easy read documents or diagrams to explain things and provide reassurance.

For schools it came down to prevention and to accepting differences and diversity in education. Most primary schools had a very clear taught curriculum that addressed those things, in addition to plenty of opportunity for children to informally debate and consider things experienced in their own lives. This would equip them with the tools and understanding of the wider world and the issues that other people beyond themselves experience.

One of the young people reported that someone had been to Winterhill School to talk about hate crime and had included disability. One of the examples given was of a blind person shopping with their carer and the staff just completely ignored the customer as if they were not there and spoke only with the carer, even about the nature of the person's disability.

Officers were asked what was in place to support people with sensory disabilities. It was agreed this was very depersonalising for the person involved and overlooking somebody in the manner described did make it seem personal and even embarrassing in many cases. SYP would hope their officers were suitably trained to understand that a person had a condition that would prevent them from carrying out some functions that the rest of us just took for granted. It was difficult to educate everybody and more difficult in the private sector than the public sector but education and awareness raising needed to continue.

11 We had chosen Hate Crime as one of our campaigns this year as a lot of young people raised it as an issue, what could we as young people do to help support improving the situation in Rotherham?

The SYP Hate Crime Co-ordinator reiterated his earlier point about young people having a better understanding of many issues than older generations did when they were of a similar age. This sent out a very

positive message as they were the generation making decisions in the future and with the right attitude and right ideas now that would be shared with the next generation. It was vitally important for young people who had witnessed or experienced something to come forward and report it and if not confident enough to do so directly, through one of the third party reporting centres. Another important message was “don't be a bystander” - challenge if something was not right.

Although the question had not been asked about how many hate crimes occurred every month in Rotherham the answer was SYP didn't know as there were so many that went unreported, either because people felt it was not important or they lacked the confidence to report it or they did not want anything to happen about it. Reported hate crimes ranged from 40 to 60 per month but there were no real patterns and then there were incidents in addition.

As RYC had clearly identified hate crime as a priority the young people were encouraged to tell Licensing if they thought the service had got things wrong or had suggestions for how things could be done better, either directly or through the Youth Cabinet. Feedback was welcomed on issues from the community regarding licensing decisions and to build that confidence.

Cllr Alam appreciated that the focus of the young people was on social justice and equality and suggested that the RYC could potentially forge links with the Independent Hate Crime Panel and for young people's views to be captured through engagement with the police and Council.

RYC felt that young people should speak up about it a great deal in a way that shocked people and brought about action from organisations.

12 What were the police doing to help repair relationships with other ethnic groups and between them and the police?

The police liked to work with Rotherham's communities and the local community policing teams went in to speak with lots of different community groups. Some people did have a big fear and mistrust of the police; therefore, the onus was on the police to ensure they were breaking down those barriers and building bridges between our many communities and they had been out to many different groups and schools. There were also issues within communities and inter-group issues. Proactive work had taken place at one particular school and the students have been out doing six week mini projects and workshops with Rotherham United Community Sports Trust, looking at differences but more importantly similarities between different community groups. In addition to sports and beat boxes, work was done around team and trust building with everybody together.

13 Young people spent a lot of time online and it was becoming quite popular to make very offensive jokes regarding race, disability and

sexual orientation. Was the procedure any different from any other type of complaint?

Cyber or online hate crime and online bullying were becoming more prevalent as people could sit and hide behind their keyboard. Online hate crime was treated exactly the same as other forms of hate crime and was just as serious as face to face. One difficulty was people committing these offences could be in different countries. People believed they could not be traced but IP addresses from computers and phone numbers could be traced and with social media on phones people could screen capture evidence. Where physically possible the police would follow up and deal with it. Specialist departments dealt with the technological side if necessary, to interrogate systems.

The Assistant Director for Early Help and Family Engagement commented that policy under the legislation allowed a zero tolerance approach to discrimination but there was still a need to work with people and to educate people in order to create an inclusive, cohesive society. There was no textbook about how to do that work and he believed it started with each individual and their own journey. He was keen to spend time looking at those issues as opposed to the reporting side. It was about how to start to challenge thresholds on education and understanding.

Colleagues in the past may have displayed unacceptable behaviours but if you stuck with people and worked with them you could change people. It was how to strike that balance which was a challenge and there were various skills and approaches and everyone had their own individual values.

Rotherham United did some amazing work, particularly around racism, along with the Football League and some national programmes, as did the voluntary and community sector. If this work programme were to continue thought was needed about ways to involve them.

In terms of CYPS a number of specific “interest in identity groups” including LGBT+, disability, and Black and Minority Ethnic groups were established, although on one level it was a shame such services were still needed to support people. Several of these groups created a safe space for some people in the short term until they felt confident to challenge. It was vital to work with those groups as well because there would be significant learning from their experiences. He was happy to follow this up if people wished to take it further.

14 About the training, was there something that set out kind of a line between hate crime and banter or a joke?

Banter was not a word that the SYP Hate Crime Co-ordinator liked and he was aware that people making hateful comments towards others tried to pass them off as banter and a joke when they were really not. As police officers dealt with some pretty grim things, without a sense of humour they

would find it difficult to get through a lot of days, but it could be a fine line to when banter overstepped the mark. If somebody was receiving so called banter because of their race, religion, disability or sexuality that was not acceptable and needed to be challenged as it was very different to mean comments about being either a Sheffield United or a Sheffield Wednesday fan.

On the Rotherham United Community Sports Trust website was a project he had done with them looking at the five protected characteristics of hate crime. Five video clips were filmed which looked at hate crime from a different angle, from an angle of banter when banter became not funny anymore.

15 In some circumstances when introducing hate crime and how it is wrong to young people, wouldn't you agree that maybe sending someone of the same age, or around the same age, as the age group you're trying to get the attention of would be better than sending someone who was quite a bit older than them?

That could have more of an impact as you could get them to explain it in the terms of those in the target group and the messages might get across more readily?

Maybe you could introduce some form of youth police so that young offenders of hate crime could actually be informed by people their age instead of people much older?

The question would be having people suitably versed and knowledgeable in the specific subject to do that who were of a similar age, as it was quite an in depth subject. People had been young themselves and knew what it was like to be a young person. In terms of the sessions delivered in schools by the SYP Hate Crime Coordinator, they were quite specifically aimed at young people and interactive and he was willing to go into any schools as many times as needed.

The Assistant Director recognised the challenge around the idea in terms of knowledge and experience of what could be called peer educators but felt that young people could work alongside some of the adults, having that combined experience and knowledge. Support would be needed for young people to be able to do that, both in collaboration or until the point where they had the trust and confidence to be able to do that work themselves. OSMB members were supportive and although it might not be able to replace the training that was being delivered it could add value.

The Chair of Rotherham Schools Forum was really interested in peer mentoring education in primary school, perhaps with slightly older children talking to the older primary children with the power of hearing something from a child or a young person. If anybody who was a victim of hate crime was brave enough with support to share that information with children in her school that would deliver a far more powerful message about the

impact of that behaviour than from their class teacher speaking about it in the abstract. It was a good idea to follow up after the meeting.

Amaan thanked everyone for their comments and said it had been great listening to the questions from RYC colleagues and answers from partners, who he would look forward to working with in the future.

The Governance Advisor outlined the next steps which would be to type up the notes from the very good questions asked and then to liaise with RYC in terms of any formal recommendations they would wish to make to the Council and partners for a response. Some points that had emerged were highlighted that could be the basis for recommendations:

- More liaison between primary and secondary schools
- Continuing dialogue with young people
- Links to the Independent Hate Crime Panel
- Feeding back from the community around licensing
- Work with peer educators or peer mentors

Cllr Steele said it had been a fantastic meeting again with some good contributions made and excellent questions from the RYC, especially their follow up questions. He guaranteed that this would be followed up with the review report to come back to the Overview and Scrutiny Management Board. It was a great cause for the young people to focus on as racism, which was learned not inherent, should be challenged and nobody should put up with any kind of hate crime. Officers and Councillors also needed to be challenged if the young people did not believe they had got things right. Everyone was thanked for their attendance and officers thanked for their excellent contributions

159. DATE AND TIME OF NEXT MEETING

Resolved:-

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 18 March 2020, commencing at 11.00 a.m.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Wednesday, 18th March, 2020

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

Apologies for absence:- Apologies were received from Councillors Cusworth, Jepson, Mallinder, Taylor and Tweed.

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

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

160. MINUTES OF THE PREVIOUS MEETING HELD ON 12 FEBRUARY 2020

Resolved: -

That the minutes of the meeting of the Overview and Scrutiny Management Board held on 12 February 2020 be approved as a true and correct record of the proceedings.

As a consequence of the decision taken in the light of the Coronavirus situation to cancel the meeting of Council scheduled for 25 March, and the subsequent addition of the report on the Implementation of the South Yorkshire Devolution Deal to the Cabinet agenda, the Chair advised that he had agreed that the report "Implementing the South Yorkshire Devolution Deal" should be considered by the Board as an urgent item of business.

161. DECLARATIONS OF INTEREST

Councillor Steele declared a non-pecuniary interest in the urgent item on the Implementation of the South Yorkshire Devolution Deal as he was a member of the Sheffield City Region Combined Authority Overview and Scrutiny Committee.

Councillor Wyatt declared a non-pecuniary interest in the urgent item on the Implementation of the South Yorkshire Devolution Deal as he was a member of the Sheffield City Region Combined Authority Audit and Standards Committee.

162. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

Resolved: -

That the minutes of the meeting of the Overview and Scrutiny Management Board held on 15 January 2020 be approved as a true and correct record of the proceedings.

163. EXCLUSION OF THE PRESS AND PUBLIC**Resolved: -**

That the minutes of the meeting of the Overview and Scrutiny Management Board held on 15 January 2020 be approved as a true and correct record of the proceedings.

164. LICENSING ACT 2003 - STATEMENT OF LICENSING POLICY

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 23 March 2020 in respect of the Licensing Act 2003: Statement of Licensing Policy.

The Strategic Director of Regeneration and Environment and the Licensing Manager attended the meeting to present the report.

The report noted that Section 5 of the Licensing Act 2003 required a licensing authority to prepare and publish a statement of its licensing policy at least every three years, however the last review that had been scheduled for 2016 had not taken place due the Council's focus at that time on taxi and private hire licensing.

It was noted that Cabinet at its meeting on 23 December 2019 (Cabinet Minute No.97) had approved that a consultation process on the drafted policy take place to inform the final version of the revised Statement of Licensing Policy. A summary of the consultation process was included in the officer's report and a summary of responses was attached as an appendix.

The report also provided information on a proposed Cumulative Impact Zone (CIZ) for Wickersley that would be included in the revised Statement of Licensing Policy. It was noted that where appropriate the Council could identify areas within the Borough where the granting of further licences, or variations to licences would likely impact on the Council's obligations to the licensing objectives, and as a consequence the Council should produce a Cumulative Impact Assessment (CIA) for such areas in order to establish whether a CIZ should be implemented.

It was noted that following the Cabinet decision that a CIA for Wickersley should be completed, that a CIA that had been drafted had been consulted on widely with Ward councillors, licensees, residents and other responsible authorities. In response to the information received from the responsible authorities and supported by the response to the consultation the CIA showed that there was sufficient evidence to proceed with the implementation a CIZ for Wickersley due to the saturation of licensed premises, and the density of these premises having a negative impact on crime and anti-social behaviour and also of them negatively impacting health through an increase in ambulance call-outs directly related to

alcohol consumption. The proposed CIZ for Wickersley was attached as an appendix to the officer's report

The full revised Statement of Licensing Policy was attached as an appendix to the officer's report.

Members welcomed the report and the revised Statement of Licensing Policy but expressed concern about the proposed Cumulative Impact Zone for Wickersley, in relation to both its size and that it was the only such proposed area in the Borough when other areas had similar densities of licenced premises. Members asked for further information on the processes that had been followed that had led to the proposed determination of Wickersley as a CIZ and asked if the operation of the CIZ already operating in nearby Bawtry had been looked at to inform the decision making process.

The Strategic Director of Regeneration and Environment provided information on the data that had been used to determine the proposed designation of Wickersley as a CIZ, and advised that other town centres in the Borough had been considered for designation but that analysis of the data had shown that only Wickersley, due to its high density of licensed premises met the criteria for a CIZ.

The Licensing Manager advised that the proposed designation of Wickersley as a CIZ was fully evidence based, and as the first proposed CIZ in the Borough officers in their research had looked at how CIZ's operated in other areas, including Bawtry, where it was noted that the CIZ was scheduled for review.

Members noted that the designated CIZ in Bawtry was limited to specific streets, all in the town centre, whereas the proposed area in Wickersley was very large and included many predominantly residential areas and asked why the proposed area for the CIZ was so large in comparison. The Licensing Manager advised that the CIZ had to be large enough to cover all potential areas where a new licence could be requested, and as such needed to be a broad area, but advised that the designated area could be reviewed in at a point in the future. The Licensing Manager assured members that the introduction of a CIZ did not affect existing licences or prevent applications for amendments to existing licences, or for new licences to be made.

Members asked about the crime figures that had been included in the report that had been used to inform the CIA, noting that some of the crimes listed did not appear to be clearly linked to, and caused by the number of licenced premises in the area. The Strategic Director advised that work had been carried out to identify how crimes could be linked to the number of licensed premises, noting that the figures showed an increase in crimes later in the day when the premises were in operation. Members acknowledged the work that had been done regarding crime figures in Wickersley, however they were not fully assured that the link

between crime figures and the number of licenced premises had been adequately demonstrated in the CIA.

Members asked about the geographical designation of the proposed CIZ, noting that that the proposed area of the CIZ should be smaller and concentrated in the northern area of Wickersley where most of the licenced premises were. The Licensing Manager advised that a smaller CIZ could potentially cause a problem with displacement of new licensed premises into the area not included in the CIZ, and that the proposed wider area of the CIZ avoided the potential of the problems related to an excess of licensed premises being displaced to elsewhere in Wickersley.

Members asked for further information on the type of complaints that had been received related to licensed premises in Wickersley. The Licensing Manager provided information on complaints that had been received that included issues regarding music and noise related to customers leaving licenced premises.

The Chair asked about the impact that CIZ's had had in other areas. The Licensing Manager advised that there was not a great deal of information available on their success but advised that from the work that had been done it had been shown that the CIZ's that had been implemented following thorough research and consultation had shown evidence of success in reducing the problems associated with a large concentration of licensed premises in one area.

Resolved: -

- 1) That Cabinet be advised that the revised Statement of Licensing Policy be supported.
- 2) That Cabinet be advised that further consideration be made to the geographical designation of the proposed Cumulative Impact Zone for Wickersley with the view that the designation be restricted to the area north of the A631 Bawtry Road.

165. GAMBLING ACT 2005 – STATEMENT OF LICENSING POLICY

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 23 March 2020 in respect of the Gambling Act 2005 Statement of Licensing Policy 2020-2023.

The Strategic Director of Regeneration and Environment and the Licensing Manager attended the meeting to present the report.

The report noted that Section 349 of the Gambling Act 2005 required a licensing authority to prepare and publish a statement of its licensing policy at least every three years, however the last review that had been scheduled for 2014 had not taken place due the Council's focus at that

time on taxi and private hire licensing. It was noted that Cabinet at its meeting on 10 June 2019 (Cabinet Minute No.16) had approved a two-stage consultation process that would inform a revised Statement of Licensing Policy

The revised policy included a number of proposed changes to the existing policy, and it was noted that the consultation process had shown that these changes were broadly supported. A summary of the consultation process was included in the officer's report with a summary of responses attached as an appendix

The proposed changes to the Statement of Licensing Policy included:

- The addition of the section identifying the links between different priorities and strategies of the Council, such as the role of Health and Wellbeing Strategy, Safer Rotherham Partnership, Planning, and Culture and Tourism had in the role of protecting the public from the harms of gambling.
- The inclusion of a section to provide more detailed information to emphasise the individual licensing objectives and to detail how these could be promoted by applicants.

It was noted that it had initially been proposed that further work should be carried out to create a 'Local Area Risk Profile', that would set out the Council's position, based on available data, as to which areas of the borough may have a higher sensitivity to problem gambling. The report stated that while a Local Area Risk Profile did not form part of the Licensing policy, but provided further information to potential applicants about the areas in where licences were already being considered, it was recommended that further work to develop this profile, in consultation with the Licensing Committee, Health and Wellbeing Board and colleagues in Public Health, continue. However in the absence of sufficient data to enable the production of a Local Area Risk Profile, additional information regarding the completion of risk assessments, including advice to applicants about how they should undertake a risk assessment of their local area and what types of evidence should be included in their application had been included in the revised policy.

The full revised Statement of Licensing Policy was attached as an appendix to the officer's report.

The Chair asked for further information on the procedures that were in place, and assurance as to their robustness regarding the inspection of premises where fixed odds betting terminals were located. The Licensing Manager advised that an inspection of such premises was carried out annually in advance of an annual return being completed for the Gambling Commission. The Licensing Manager provided assurance as to the robustness of the procedures that supported this process.

Members asked if there was any information held regarding the impact of gambling on health and whether there was any evidence of suicides linked to problem gambling.

The Strategic Director of Regeneration and Environment stated that the data currently held on the links between gambling and the health and wellbeing was limited, but advised that it was envisaged that work would be carried out in the future to look how gambling impacted on the health and wellbeing of individuals and would be used to inform the development of future policies.

Resolved: -

- 1) That Cabinet be advised that the recommendations be supported.
- 2) That the Health Select Commission look into data from Public Health in respect of the impact of gambling on the wellbeing of individuals in the borough as part of its work programme for the 2020-21 municipal year.

166. HACKNEY CARRIAGE AND PRIVATE HIRE POLICY

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 23 March 2020 in respect of the revised Hackney Carriage and Private Hire Policy.

The Strategic Director of Regeneration and Environment and the Licensing Manager attended the meeting to present the report.

The report stated that the revised Hackney Carriage and Private Hire Licensing Policy that had been introduced in July 2015 was now due for review, and as such the Council had consulted on a number of proposed changes to the policy. It was noted that the review would ensure that the policy continued to deliver the highest standard of licensed drivers, vehicles and operators in Rotherham, and also enable it to continue to be viewed as an example of best practice licensing practice nationally.

The Strategic Director of Regeneration and Environment and the Licensing Manager attended the meeting to present the report.

The revised policy included a number of proposed changes to the existing policy. A summary of the consultation process was included in the officer's report with a summary of responses attached as an appendix

The proposed changes to the Hackney Carriage and Private Hire Policy included:

- Including a clause in the 'Fitness and Propriety' requirements for both drivers and operators obliging them to meet the requirements of the Public Sector Equality Duty.

- Allowing, in exceptional circumstances, and with caveats, that a driver's medical assessment to be carried out by a GP other than their own.
- Ancillary staff, such as call operators being required to have a basic Disclosure and Barring Service check.
- Drivers having to complete safeguarding refresher training every three years.

Members asked whether it would be beneficial for the protection of both drivers and customers if both the security cameras and audio recording were switched on in vehicles at all times. The Strategic Director of Regeneration and Environment advised that revised signage was being developed that would highlight the audio recording facility that had been recommended after the consultation had shown that most passengers had not been aware that audio recording was available. The Licensing Manager noted that it had originally been proposed that both security camera and audio recording were enabled at all times, however guidance received from the Information Commissioner had been that such a practice could not be implemented due to the unjustifiable invasion on drivers and passengers privacy that such a policy would make. The Licensing Manager advised that the proposed policy where recording would always used in certain prescribed circumstances, accompanied by the ability for both drivers and passengers to switch audio recording on struck an effective balance between the need to provide effective safeguarding and the need to preserve the privacy of both drivers and passengers.

The Chair asked with regard to proposals highlighted in the report as requiring further consultation, how that consultation would take place in view of the current situation regarding the Coronavirus pandemic. The Licensing Manager advised that the full consultation process had yet to be determined but advised that in the most recent consultation 1,900 responses had been received online and as such noted that even if face to face consultation was scaled back an effective on broad consultation could still take place.

Resolved: -

That Cabinet be advised that the recommendations be supported.

167. RESPONDING TO THE CLIMATE EMERGENCY

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 23 March 2020 in respect to Responding to the Climate Change Emergency.

The Cabinet Member for Cleaner, Greener Communities, the Strategic

Director of Regeneration and Environment and the Head of Policy, Performance and Intelligence attended the meeting to present the report and to answer members questions.

The Cabinet Member noted that following the Council declaration of a Climate Emergency at its meeting on 30 October 2019 (Council Minute No.271), work had been undertaken to produce a draft policy document "Rotherham Council Responding to the Climate Emergency", that set out the Council's commitment to tackle climate emergency. The draft policy document was attached as an appendix to the officer's report.

The Cabinet Member advised that a Member Working Group had been established to consider the Council's response to the climate emergency and to propose a target for the Council's carbon reduction. As a result of this work it was proposed that the Council's carbon emissions should be at net zero by 2030 and Borough-wide carbon emissions should be at net zero by 2040. The Cabinet Member noted that the draft policy document, due to the constant improvement and development of technology in this area was a living document, and as such would be subject to amendment over time.

The Cabinet Member advised that work to deliver on the proposed targets would be approached by themes of activity supported by a set of actions for 2020/21 and that it was proposed that the Member Working Group would continue to develop the policy and actions for future years to meet the target outcomes. A full action plan of activity was attached as an appendix to the officer's report. Actions for 2020/21 included:

- Producing carbon impact assessments for all significant Cabinet decisions
- Addressing gaps in data collection regarding CO2 emissions
- Exploring the feasibility of renewable energy self-generation
- Committing to requiring efficiency standards for private housing developers that were in line with net zero targets
- Carrying out assessments of the Council's operational buildings to determine feasible energy efficiency upgrades
- Developing a timeline for Electric vehicle fleet conversion
- Developing awareness training for the Council's work force around energy use behaviours
- Promoting sustainable transport across the workforce
- Strengthening South Yorkshire partnership commitments to reduce emissions associated with waste
- Completing energy efficiency improvements to street lighting

The Cabinet Member advised that to deliver on the proposed targets engagement with staff, residents and partners would be essential and that the working group would be looking for both staff and members to become Climate Change Champions. The Cabinet Member noted that the Council would look to work with both the Government and the

Sheffield City Region combined authority in order to secure the extra funding that would be required to deliver on the proposed targets for carbon reduction.

Members welcomed the actions that had been taken since the Climate Emergency had been declared, and noted their support for the proposed targets, themes of activity and the specific actions detailed for completion during 2020/21. Members in particular welcomed the proposals for some members to become Climate Change Champions and that a tree planting policy be developed for the borough during 2020/21.

Members asked for assurance that there was communication across council departments on the actions proposed to respond to the Climate Emergency as the rerouting of heavy vehicles to improve air quality and reduce emissions in some areas could lead to increased traffic flow and road safety problems elsewhere. The Strategic Director of Regeneration and Environment advised that there would be communication across departments and that mitigating actions, such as extra pedestrian crossings on roads where traffic flow increased would be looked at.

The Chair welcomed the development of a borough wide tree planting policy and asked for further information on where the trees would be planted noting that if trees were planted near to roads that seasonal leaf fall could impact on the council's ability to keep roads clear of leaves. The Cabinet Member advised that trees would be planted near to, but not directly next to roads and that mitigating actions regarding increased leaf fall would be taken if required. The Cabinet Member noted that while there was no current masterplan on where trees should be planted across the borough advised that any proposed new developments that were submitted to the Council for approval would be assessed to see how they could accommodate a tree planting scheme.

Members asked for information on how the Council could work with schools to enable them to recycle more, noting that most schools did not have access to a recycling scheme and asked whether schools would be able to access support from the Council in order to enable them to access recycling facilities. The Cabinet Member and the Strategic Director of Regeneration and Environment advised that they would look into this matter further.

Members expressed their approval for the list of actions scheduled for completion during 2020/21 noting that it was a set of specific and realistic actions that would lead to the development of rational, flexible and achievable policies.

Resolved: -

That Cabinet be advised that the recommendations be supported.

168. IMPLEMENTING THE SOUTH YORKSHIRE DEVOLUTION DEAL

As a consequence of the decision taken in the light of the coronavirus situation to cancel the meeting of Council scheduled for 25 March, and the subsequent addition of the report on the Implementation of the South Yorkshire Devolution Deal to the Cabinet agenda, the Chair advised that he had agreed that the report "Implementing the South Yorkshire Devolution Deal" should be considered by the Board as an urgent item of business.

The Leader advised that it had been planned that the report would be considered at full Council so that all members could be included in the discussion on the proposed South Yorkshire Devolution Deal, however due to the meeting of Council scheduled for 25 March being cancelled the report would instead be considered by Cabinet on 23 March. The Leader advised that as the proposed Devolution Agreement and the next steps required to move the process forward had already be endorsed by the other South Yorkshire Councils it was important that Rotherham did so as well in order to prevent further delays to the processes of implementing the agreement.

It was noted in the report of the Chief Executive that the proposed devolution deal had been agreed with Government in 2015 and had been endorsed at the meeting of Council held on 2 March 2016 (Minute No.150 2015/16). The economic deal that had been endorsed would involve the establishment of a directly elected mayor to chair the Mayoral Combined Authority who, working alongside local authority leaders would exercise powers and functions devolved from central government, enabling decisions on how £30 million a year of funding was spent to be decided locally.

The powers required to implement the deal had been set out in a governance review and scheme, and this had been subject to a public consultation that had concluded on 15 March 2020. It was noted that subject to the consultation results and the decision of the Mayoral Combined Authority, that the proposed scheme would be submitted to the Secretary of State for approval in anticipation that a powers order to would be produced by the end of May 2020.

The Leader emphasised that even though the devolution deal had been agreed over four years ago the areas included in the deal were still very relevant. It was noted that the proposed deal was one of the largest individual settlements for any combined authority area and covered a range of themes, including skills and employment; housing, planning and public assets, innovation, advanced manufacturing and business growth, and transport. The Leader advised that the proposed deal would, when implemented show very clearly that South Yorkshire was open for business, and that due to the UK leaving the EU this was even more important than it had been when the devolution deal had originally been proposed. The Leader advised that the responses to the consultation had

been overwhelmingly positive with all questions in the consultation receiving as a minimum two thirds positive approval.

The Leader noted that the decision being sought from Cabinet was for authority to be delegated to the Chief Executive, in consultation with the Leader of the Council and the Monitoring Officer, to take forward and conclude the legal steps necessary to implement the devolution agreement.

Members noted that with regard to the powers included in the proposed devolution deal regarding public transport that the establishment publicly owned bus company would be desirable. The Leader advised that this could be difficult due to existing laws regarding the operation of public transport, but noted that the devolved powers that would be granted regarding public transport would enable the Mayoral Combined Authority to define public transport franchises and consequently influence how public transport operated.

Members welcomed the report and noted that while ideally it would have been better being discussed at Council, that due to the current situation with coronavirus it was important that the steps taken to move the proposed deal closer to implementation were taken.

The Chair asked whether the current situation regarding the coronavirus pandemic would impact on the timescales for the implementation of the devolution deal. The Leader advised that there could be delays in receiving the final approval from the Secretary of State, but noted that by ensuring that Cabinet was able to delegate authority to the Chief Executive to take forward and conclude the legal steps necessary to implement the devolution agreement, the Council would have done as much as it could to prevent further delays to the implementation of the devolution deal.

Resolved: -

That Cabinet be advised that the recommendations be supported.

169. DATE AND TIME OF NEXT MEETING

Resolved: -

That the next meeting of the Overview and Scrutiny Management Board be held on Wednesday 10 June 2020 commencing at 11.00 a.m. in Rotherham Town Hall.

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Thursday, 7th May, 2020

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

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

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

170. DECLARATIONS OF INTEREST

Councillor Wyatt declared a personal interest in agenda item 6, Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic, as he had a family member who accessed these services.

171. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

172. EXCLUSION OF THE PRESS AND PUBLIC

There were no items requiring the exclusion of the press and public.

173. FINANCIAL SUPPORT FOR OLDER PEOPLE'S RESIDENTIAL CARE HOMES DURING THE COVID-19 PANDEMIC

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 11 May 2020 in respect of Financial Support for Older People's Residential Care Homes during the COVID-19 Pandemic.

The Cabinet Member for Adult Social Care and Health, the Strategic Director of Adult Care, Housing and Public Health and the Assistant Director - Strategic Commissioning attended the meeting to present the report and to answer members' questions.

The report stated that the Secretary of State for Health and Social Care had written to all local authorities on 19 March 2020 outlining the financial support that would be made available to support the response to Covid-19 with regards to the provision of adult care services. In the time since the letter had been received the Council had been allocated two un-ringfenced grants totalling £16.2million that were to be used to support Adult Social Care and other Council services impacted by Covid-19. The report stated that the Secretary of State had specifically reminded local authorities for the need, and of their obligation to support the Adult care provider market in their local area.

The Secretary of State's letter highlighted that the funding should be utilised to support specific activities surrounding supporting home care providers and the care home sector. It was noted that the requirement to protect the cash flow of home care providers had been addressed by a delegated officer decision taken in April 2020.

The report detailed the specific areas that then Secretary of State had highlighted as key areas that should be targeted for support. These included:

- Helping providers deal with the costs of increased workforce pressures due to higher sickness absence caused by the outbreak
- Facilitating arrangements for adjusting packages as required in a timely and non-bureaucratic way, especially where providers are having to operate beyond normal services in order to respond to need.
- Helping providers to meet costs associated with enhanced infection control and the protection of staff.
- Finding supportive and creative ways to support providers in handling wider pressures caused by Covid-19.

The report stated that care homes were, like all other areas of Adult Care, feeling the impact of Covid-19, in that they were incurring additional costs within a low profit margin business model. It was noted that particular pressures included:

- Increased PPE costs, hand gels and increased costs for routine supplies.
- Accepting admissions at short notice to people discharged from hospital, or where regular informal support ceases to be available for example due to carer illness.
- Higher sickness absence rates among their workforce, especially with staff self-isolating.
- Statutory Sick Pay being paid from the first day of illness, rather than from the fourth day, and the requirements for workers to self-isolate.
- Increased cost pressures from higher use of agency staff.

It was noted that the impact of any one of these pressures could threaten the stability of the Council's supply of care home beds and consequently have a negative impact on the wider health and social care system in Rotherham. In order to mitigate against the impact of these pressures it was proposed that the money allocated to by the Secretary of State

should be used by the Council to provide direct financial support to the 33 Independent Sector Care Homes for Older People that were currently operating in the Borough.

The report provided details of various options that had been considered on how to best support care homes financially during the pandemic. It was recommended that a programme of cash grants be implemented where each care home in the Borough would be awarded a fixed upfront payment of £15,000 to support their additional expenditure as a result of Covid-19 over a 12-week period and that payments be backdated to 1 April 2020. The Cabinet Member for Adult Social Care and Health advised that a budget of £450,000, along with £100,000 of contingency funding was being proposed and noted that the scheme of support would be reviewed after 12 weeks of operation. It was noted that this solution would provide the best support all Older People's Care Homes in Rotherham and consequently the wider Health and Social Care system. The alternative options that had been considered and their reasons for rejection were detailed in the officer's report.

Members asked how the proposed scheme to support care homes during the pandemic would impact on the Council's cashflow. The Strategic Director of Adult Care, Housing and Public Health advised that the grants that had been received were to support the wider provision of adult care in the Borough and not just care homes, and that as the money that had been given to the Council by the Government for this specific purpose the proposed scheme would not impact on the Council's cashflow. The Strategic Director noted that the proposed scheme would however have a positive impact on the cashflow of care homes in the Borough, and as such would enable them meet the financial challenges that the pandemic had presented therefore ensuring the sustainability of the care home sector in the Borough into the future.

Members asked how care homes were managing with regard to caring for residents who were convalescing after being discharged from hospital after recovering from Covid-19 and asked whether these residents were isolated from other residents in the homes. The Strategic Director advised that substantial guidance on infection control in residential homes was available and that this guidance was being closely adhered to in care homes. The Strategic Director assured members that care home providers across the Borough were being supported effectively in order to ensure effective infection control was being implemented and maintained in all care homes. Members also sought assurance on the auditing procedures around the extra costs being incurred by care homes in managing their response to the pandemic. The Assistant Director - Strategic Commissioning noted that all returns submitted by care homes on extra costs incurred would be subject to a rigorous audit process, but noted that the amount and detail of information submitted did vary between the larger and smaller homes due to the level of resource that each home had to provide the required information.

Members asked how the Council was working with care homes in order to manage the discharge processes into care homes and whether the target times for managing Covid-19 discharges were being met. The Strategic Director advised that procedures around the discharge process were working well and that the target of a turnaround times of three hours was being met. The Strategic Director assured members that discharge processes and timescales would be closely monitored as hospitals returned to more normal operating procedures.

Members asked for further information on the current situation regarding care homes that had had an embargo placed on them from taking new residents due to Covid-19 outbreaks. The Strategic Director advised that the number of care homes with embargos on taking new residents changed on a daily basis due to the complex nature of how such embargos were applied, but assured members that the situation was constantly monitored. The Assistant Director noted that the criteria under which a care home would be prevented from taking new residents had changed since the start of the pandemic.

Members asked about how the grants received from the Government to support adult social care were being used to support home care providers. The Strategic Director provided information on the delegated officer decision taken on 1 April 2020 regarding changing the way that home care providers were paid during the pandemic that would mitigate negative financial impacts of home care providers during this period. The Strategic Director noted that the decision had been able to be taken under delegated authority as the changes required could be financed within existing approved budgets.

Resolved: -

That Cabinet be advised that the recommendations be supported.

174. FINANCIAL SUPPORT FOR LEARNING DISABILITY DAY OPPORTUNITY PROVIDERS DURING THE COVID-19 PANDEMIC

Councillor Wyatt who had declared an interest in this item took no part in the discussion and subsequent vote.

Consideration was given to a report that was submitted for pre-decision scrutiny ahead of the Cabinet meeting scheduled for 11 May 2020 in respect of Financial Support for Learning Disability Day Opportunity Providers during the Covid-19 Pandemic.

The Cabinet Member for Adult Social Care and Health, the Strategic Director of Adult Care, Housing and Public Health and the Assistant Director - Strategic Commissioning attended the meeting to present the report and to answer members' questions

The report stated that the Secretary of State for Health and Social Care

had written to all local authorities on 19 March 2020 outlining the financial support that would be made available to support the response to Covid-19 with regards to the provision of adult care services. In the time since the letter had been received the Council had been allocated two un-ringfenced grants totalling £16.2million that were to be used to support Adult Social Care and other Council services impacted by Covid-19. The report stated that the Secretary of State had specifically reminded local authorities for the need, and of their obligation to support the Adult care provider market in their local area

The Secretary of State's letter highlighted that the funding should be utilised to support specific activities surrounding supporting the adult social care sector. The report detailed the specific areas that then Secretary of State had highlighted as areas that should be targeted for support. These included:

- Helping providers deal with the costs of increased workforce pressures due to higher sickness absence caused by the outbreak
- Facilitating arrangements for adjusting packages as required in a timely and non-bureaucratic way, especially where providers are having to operate beyond normal services in order to respond to need.
- Helping providers to meet costs associated with enhanced infection control and the protection of staff.
- Finding supportive and creative ways to support providers in handling wider pressures caused by Covid-19.

The report provided information on the actions that were being proposed to enable the Council to respond to the challenges presented by the Covid-19 Pandemic on supporting people with a Learning Disability and/or Autism and to respond to the increase in financial demands from providers who supported people with these needs in the Borough. It was noted that after Older People's services this area of service provision represented the Adult Care Directorate's second largest area of spend, with a gross budget annual budget of approximately £31.6 million.

The report provided details of the challenges that the Covid-19 Pandemic had created for the delivery of support to those with a Learning Disability and/or Autism and information on the actions that were being proposed to deal with these in areas including:

- Day Opportunities and Direct Payments
- Residential Care and Supported Living
- Unpaid Carers and the Voluntary Sector

It was noted that introduction of social distancing measures had impacted severely the provision of services that supported residents with a Learning

Disability and/or Autism in that access to these support services had been greatly reduced or had ceased entirely. In the absence of formal support services, parent carers, many of whom were in vulnerable groups themselves in relation to the pandemic, had had to increase the level of daily support that they provided. The Cabinet Member for Adult Social Care and Health advised that the proposed actions would not only support these services and unpaid carers during the pandemic but would also ensure their sustainability into the future.

The Cabinet Member advised that the proposed actions detailed at sections two and three of the officer's report had an estimated cost of £970,000 over a twelve-week period, and that support would be backdated to 1 April 2020. It was noted that in line with Local Government Association guidance, the Council would further support the cash flow of providers supporting people with a Learning Disability/Autism by making prompt weekly payments. It was noted that this proposed method of payment would support the cash flow of service providers and their ability to maintain their workforce.

It was also noted that the Council was also working on a fast track recruitment and training offer that would be able to support the independent/voluntary sector to recruit readymade applicants to supplement staff shortages as an alternative to agency staffing, and that this service would be known as the Rotherham Skills Academy.

The report provided details of the specific approach to payments that would support different types of service provision, noting that the proposed approach would enable differentiation between the different type of service provision to be made that would enable the different funding mechanisms for each service to be taken into account, either through commissioned services or through the use of Direct Payments.

The alternative options to deliver financial support to Learning Disability Day Opportunity Providers during the Covid-19 Pandemic that had been considered and the reasons for their rejection were detailed in the officer's report.

Members welcomed the proposals to financially support Learning Disability Day Opportunity Providers during the pandemic and asked for further information on how the amount of financial support for different services and providers had been established. The Assistant Director - Strategic Commissioning provided further information on how the levels of support for different aspects of service delivery and service providers had been arrived at. The Assistant Director advised that Speak Up, a not for profit organisation that provided a diverse range of support services in the sector had been particularly active in supporting people with a Learning Disability/Autism during the pandemic through innovative approaches to service delivery, and as such it was proposed to award them a grant of £20,000 from the Covid-19 budget to enable them to continue to support people with a Learning Disability and Autism who were lonely and socially

isolated as a result of social distancing measures and service closures.

The Cabinet Member advised that an online meeting had been arranged to take place with unpaid carers to help establish more clearly the help and support they would need during the pandemic, and that these discussions would help determine how financial support was further allocated. The Cabinet Member also noted that meetings with unpaid carers would continue on a regular basis in order to ensure that the Council's support remained focussed on the needs of carers and service users as the pandemic progressed.

Members sought assurance over the auditing processes involved in the allocation of funding to providers and were assured by the Assistant Director that robust audit procedures were in place.

Members sought further information on the support that would be offered by the Rotherham Skills Academy. The Assistant Director provided further information on the service and assured members that the service would be able to recruit the numbers of qualified staff that would be required. The Assistant Director noted that Doncaster Metropolitan Borough Council had already set up such a service and that the Council would be using this as a benchmark for provision in Rotherham.

The Chair thanked the Cabinet Member for Adult Social Care and Health, the Strategic Director of Adult Care, Housing and Public Health and the Assistant Director - Strategic Commissioning for attending the meeting and answering members questions on the two reports that had been presented for consideration.

The Chair also advised that today was the last day at Rotherham for Assistant Chief Executive, Shokat Lal before he left to take up a new post at Barnsley Metropolitan Borough Council. The Chair noted his thanks to Mr Lal for the support that he had provided to scrutiny during his time at Rotherham and wished him all the best in his new role.

Resolved: -

1. That Cabinet be advised that the recommendations be supported.
2. That the thanks of the Overview and Scrutiny Management Board be conveyed to the outgoing Assistant Chief Executive, Shokat Lal, for his support the scrutiny function at Rotherham since 2016.

175. URGENT BUSINESS

There was no urgent business.

Committee Name and Date of Committee Meeting

Cabinet – 15 June 2020

Report Title

Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023

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

Yes

Strategic Director Approving Submission of the Report

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

Report Author(s)

Garry Parvin, Joint Head of Learning Disability, Autism & Transitions Commissioning
garry.parvin@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The purpose of this paper is to present the Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023 for comment and approval.

The strategy is grounded in the vision and passion expressed in the Council Plan and in the Rotherham's Integrated Health and Social Care Place Plan - based on the values of ensuring collaboration and co-production. The strategy supports and progresses the outcomes outlined in Integrated Health and Social Care Place Plan and the Councils Housing Strategy.

The strategy uses a 'whole life approach' which is used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activity focused on 5 areas. These are:

1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm
2. Developing Well: All Rotherham's autistic children and young people start school ready to learn for life

3. Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
4. Living well: Autistic adults living in Rotherham will get the right support when needed
5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old

The new All Age Autism Strategy and Implementation Plan provides an overarching framework for the Council, NHS Rotherham Clinical Commissioning Group (CCG) and partners. It identifies priority areas based on the national requirements and local findings.

It is proposed that both the Strategy and the accompanying Implementation Plan will be delivered over a period of three years, from 2020 to 2023. The Plan will work on the principle of a strength-based approach; this means the Strategy should encourage people to recognise their strengths to support choice and control.

The Strategy will build on work being carried out in Rotherham and South Yorkshire by individuals, groups and communities, as well as the Council and partners to improve the lives of people with autism.

Recommendations

1. That the content of the report be noted.
2. That approval be given to the proposed Rotherham All Age Autism Strategy and Implementation Plan.
3. That the intention to review the Plan in 2022 noted.

List of Appendices Included

- Appendix 1 Equalities Initial Screening (part A) and full Assessment (part B)
Appendix 2 Rotherham's All Age Autism Strategy and Implementation Plan 2020 - 2023

Background Papers

N/A

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 10 June 2020

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023

1. Background

- 1.1 Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism can live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over – or under – sensitivity to sounds, touch, tastes, smells, light or colours.
- 1.2 Autism is a disability and is recognised by the Equality Act 2010; it is estimated that around 50% of those with autism also have a learning disability and 71% of those with autism may experience mental health problems.
- 1.3 Both as a society and a community, we can all do some simple things to improve the lives of people with autism. For example: businesses and amenities making small changes (such as reducing noise, distractions and putting in place clear signage) so that their services can be enjoyed by those on the spectrum, and people with autism and that their families are well supported.
- 1.4 A note on terminology: research has found that all groups like the terms 'on the autism spectrum' and 'Asperger syndrome'. Autistic adults prefer the identity-first terms 'autistic' and 'Aspie', whereas families didn't like 'Aspie'. Practitioners also like the term 'autism spectrum disorder (ASD) or conditions (ASC)'. To reflect the findings of this research, the strategy will use the term 'autistic' – particularly when talking about children and to adults who identify themselves in this way.

National policy and priorities:

- 1.5 The National Autism Strategy, 'Fulfilling and Rewarding Lives', was originally published by the government in March 2010 as a result of the Autism Act 2009 and applies to adults in England. The National Autism Strategy set out a vision for all public services in England to respond appropriately to the needs of people with autism. This was followed by statutory guidance for local authorities and NHS organisations in December 2010. The Autism Act 2009 required that local authorities and local health bodies work together to improve on supporting the needs of adults with autism.
- 1.6 The Autism Act 2009 remains the only disability specific piece of legislation in England. It places clear legal responsibilities on local authorities, NHS bodies (including Clinical Commissioning Groups) and NHS Foundation Trusts. Local authorities are required to treat the statutory guidance that accompanies the Act 'as though it were guidance issued under section 7 of the Local Authority Social Services Act 19706 (LASS Act).
- 1.7 Both the National Strategy (2009) and the statutory guidance (2010) have been revised and refreshed as there has been concern about the progress of transformation. "Think Autism" in 2014 refreshed the national strategy and affirmed the importance of five areas for action:
 - To improve the lives of adults with autism;
 - Increase awareness and understanding of autism;

- Develop clear, consistent pathways for the diagnosis of autism;
- Improve access for adults with autism to services and support;
- Help adults with autism into work; and enable local partners to develop relevant services.

In particular, “Think Autism” had a new focus on:

- building communities that are more aware of and accessible to the needs of people with autism;
- promoting innovative local ideas, services or projects that can help people in their communities; and
- Ensuring advice and information about services is clear and accessible for people.

This was followed by a refresh of the Statutory Guidance in March 2015 (see 1.8 below).

It is expected (subject to the impact of COVID-19), that both the national strategy and Statutory Guidance will be further updated in 2020/21

1.8 The 2015 Statutory Guidance is organised into nine areas and contains ‘must’ and ‘should’ statements. Where the guidance says local authorities, NHS bodies and Foundation Trusts, “must” refers to ‘legal duties imposed upon these bodies by the Autism Act 2009 or other Acts of Parliament e.g. the Care Act 2014, and the Children and Families Act 2014 (or secondary legislation made under such Acts).’ The Council and its health partners are responsible for providing leadership and to secure the implementation of all aspects of the Act. The nine areas are:

1. Training of staff who provide services to adults with autism;
2. Identification and diagnosis of autism in adults, leading to assessment of need for relevant services;
3. Planning in relation to the provision of services for people with autism as they move from being children to adults;
4. Local planning and leadership in relation to the provision of services for adults with autism;
5. Preventative support and safeguarding in line with the Care Act 2014 from April 2015;
6. Reasonable Adjustments and Equality – this is a theme that is relevant to all our functions and which we plan to monitor through Equality Impact Assessment (EIA);
7. Supporting people with complex needs, whose behaviour may challenge or who may lack capacity.
8. Employment for adults with autism
9. Working with the criminal justice system.

2. Key Issues

2.1 Autistic people in Rotherham and their families have identified that the autism strategy and the implementation plan will take a ‘whole life approach’ - as developed by Rotherham’s Health and Wellbeing Strategy. The Rotherham Autism strategy identifies 5 areas to improve the health and wellbeing of autistic people in Rotherham. The areas are:

1. Starting Well: All Rotherham’s autistic children and young people are healthy and safe from harm
2. Developing Well: All Rotherham’s autistic children and young people start school ready to learn for life
3. Moving on well to independence: Rotherham’s autistic children and young people are provided with the same opportunities to thrive going into adulthood.
4. Living well: Autistic adults living in Rotherham will get the right support when needed
5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old

Ensuring that autistic children, young people and adults have timely diagnosis and have access to post diagnostic support if needed.

- 2.2 Rotherham has higher recorded rates of autistic children in primary, secondary and special educational schools – with figures for secondary schools more than double the national average.

	Rotherham	National
Primary	8.5%	6.7%
Secondary	18.2%	8.8%
Special	30.4%	26.9%

The reasons about these differences remain unclear. Activity is being commissioned by Rotherham CCG to better understand these differences.

- 2.3 There is a neurological diagnostic pathway for autistic children and young people delivered by the Rotherham, Doncaster and South Humber foundation Trust (RDaSH). Joint work between Rotherham CCG and RDaSH estimates that the current pathway can respond to approximately 25 children per month. The average number of new referrals per month is 47.
- 2.4 There has been a high level of requests for diagnosis for autism in children. This has also been reported nationally. We aim to reduce waiting times as Autistic children; young people and their families have reported waiting much too long to receive a diagnosis.
- 2.5 A joint action plan between Rotherham CCG and RDaSH has been developed to reduce the diagnosis waiting list over time. This work will ensure that the current pathway is effective and efficient. A pilot commenced in February 2020; to increase capacity by commissioning a second provider (Healios) to work in partnership with RDaSH to offer a diagnostic pathway via on online platform. Such solutions are also encouraged in relation to addressing demand for diagnosis during the COVID-19 crises.
- 2.6 In addition to seeking to balance demand and the capacity to respond, work is required to understand the level of demand in Rotherham and to explore if there might be ways to reduce this. Other areas have seen a reduction in the number

of referrals by introducing a comprehensive behaviour pathway with schools; ensuring that early intervention is embedded and understood across the system.

For Rotherham adult population (18+) the number of adults with autism is estimated to be 2017. There are currently only 117 adults with autism known to social care services within Rotherham at this time.

- 2.7 The table below shows the projected prevalence rates of autism (Projecting Adult Needs and Service Information- POPPI and Projecting Older People Population Information System -PANSI) in Rotherham and in neighbouring authorities.

Age	Rotherham's diagnosis numbers (age)	Rotherham - predicted	Doncaster - predicted	Barnsley - predicted	Sheffield - predicted
18-24	542 (19-24)	207	240	193	833
25-34	327 (25 -40)	322	414	307	863
35-44		294	374	280	685
45-54	109 (41-55)	385	426	364	737
55-64	29* (56+)	330	387	310	589
<i>Total aged 18-64</i>		<i>1538</i>	<i>1,840</i>	<i>1,455</i>	<i>3,706</i>
65 -74	*See above	280	312	259	474
75+	*See above	199	224	178	388
<i>Total over 65</i>		<i>479</i>	<i>536</i>	<i>437</i>	<i>862</i>
Grand Total	1007	2017	2376	1892	4568

The table above shows that the number of people aged 18 – 24 diagnosed with autism in Rotherham is higher than the predicted numbers, although this equalises in the 25 - 40 age range.

Figures regarding levels of diagnosis were requested but they were not available. The paucity of data for adults with autism is reflected across Councils and health care systems across England with a current overreliance on estimated prevalence rather than facts.

- 2.8 Provision of the diagnostic assessment of adults for autism is currently commissioned from Sheffield Health and Social Care (SHSC) at the Sheffield Adult Autism and Neurodevelopment Service (SAANS) meaning that people with autism registered with a Rotherham GP currently travel to Sheffield for a diagnostic assessment. The specialist service undertakes a detailed assessment over a period of 3 – 4 hours with input from the person with autism and their carers.
- 2.9 Current average waiting time to access diagnosis services is 28 weeks. This is too long as the expected waiting time is no longer than 18 weeks. The implementation plan seeks to reduce waiting times to ensure people are waiting than 18 weeks.

2.10 Rotherham CCG is developing an all age neurological pathway across children's and adults services with RDaSH supported by an investment of £800k from the CCG.

2.11 There is no post diagnostic support offer for adults in Rotherham now, we intend to address this. This means that autistic adults may struggle to get the level of support to access health, welfare and work support they need following a diagnosis. Rotherham CCG are investing £80k per annum to create a personalised, asset-based post diagnostic service. The post diagnostic support service will provide advice and support if a person's needs require a Care Act Assessment (CAA).

Supporting autistic young people and adults to access Rotherham's job market.

2.12 During the development of the Autism Strategy autistic young people and adults said they wanted greater opportunities to work and to be included in their communities. The strategy and implementation plan will create these opportunities by:

- Using initiatives such as the European Social Funding (ESF) Pathways Programme. Pathways to Progression - supports 15 to 19 year-olds not in education employment or training (NEET) to engage in learning or employment and Pathways to Success supports adults.
- Linking with Job Centre Plus work coaches.
- Ensuring better local post-19 education provision – as offered by Rotherham Opportunities College.
- Creating supported internships through Project Search. Project Search is a service to support young people in the preparing for adulthood cohort. The scheme offers specialist advice and support and has been very successful in developing employment opportunities in Doncaster.

Ensuring that the Criminal Justice System in Rotherham is accessible and can meet the needs of autistic people.

2.13 Autistic people can come into contact with the Police and criminal justice system both as victims and perpetrators of crime. Rotherham partners are working closely with South Yorkshire Police and the South Yorkshire Police and Crime Commissioner to:

- Develop the Autism Alert Card. This will ensure the needs of autistic people are known by the police and criminal justice system. This was previously a significant gap and was launched in September 2019.
- Provide autism awareness training sessions for all South Yorkshire Police officers
- Raise awareness of hate crime by training sessions (dealing with hate crime, being radicalised, controlling and cohesive behaviour, being groomed or abused in other ways.)

2.14 The strategy and implementation plan will improve:

- Access to mental health support (including suicide prevention) as rates of recorded mental health issues (stress, anxiety and depression) are lower for autistic people than expected, when compared to national trends
- Housing options.
- Promote awareness and understanding of autism in Rotherham in NHS, Council and Police services and the general public.

3. **Options considered and recommended proposal**

3.1 In developing the Autism Strategy and Implementation Plan the following options were considered:

- Create separate strategies for autistic children and adults – this would reflect what most other local authorities have done and complies with the Autism Act.
- Develop the strategy first, followed by the development of an implementation plan.

3.2 The Rotherham Autism Partnership Board stated it wished Rotherham to develop:

- An All age Strategy – working across children, young people and adults
- a clear implementation plan with a clear programme of work to ensure that the strategy was delivered.
- Whole life approaches.

This is the preferred option that has framed the development of the strategy.

4. **Consultation on proposal**

4.1 A core principle which underpins the development of the Strategy and implementation plan is that: autistic people and their families and carers are at the centre of everything we do.

4.2 To develop the strategy, workshops have been held with representatives from a wide range of professionals, people (including young people) with autism, parents, families, carers and local businesses. The workshops gathered rich information and ideas for key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.

4.3 People with autism said they required housing which is suitable for people with autism; it would be able to support people with autism who have a range of sensory issues. The Autism Partnership heard from people who had a negative experience from the Criminal Justice System; they told us many professionals still do not understand autism.

4.4 The Autism Partnership Board was set up to advise on all aspects of implementation associated with national and local autism policy - Fulfilling and Rewarding Lives (2010) and Think Autism (2014) and is made up of people with autism, carers, representatives of community and voluntary groups and professionals from the statutory sectors and will have a lead role in ensuring both the strategy and delivery plan are implemented.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Rotherham's All age Autism Strategy and implementation plan will last for 3 years until 2023. The Strategy has a implementation plan which ensures that under the 5 key areas identified in 2.1 are delivered. The impact of COVID-19 may have an impact on delivery times and this will be evaluated as the Council and partners move into 'recovery'.
- 5.2 The successful delivery of the Strategy is for all Rotherham Place partners. In terms of governance, the responsibility for the strategy will sit under Rotherham's Health and Wellbeing Board.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial implications from the proposals in the report. Any additional resources required to support the Autism Strategy will be subject to separate future decisions within the overall context of the Council's budget.
- 6.2 There are no known procurement implications that apply to the implementation of this strategy as it stands. For any additional and currently unplanned commissioning arrangements, that may arise over the next 3 years as a result of implementing this strategy, will be subject to compliance with the Councils Financial and Procurement Procedure Rules and Public Contract Regulations.

7. Legal Advice and Implications

- 7.1 The *Statutory guidance for Local Authorities and NHS organisations to support Implementation of the Adult Autism Strategy* as set out in section 3 of the Autism Act 2009 is to be treated as though it were guidance issued under section 7 of the Local Authority Social Services Act 1970 (LASS Act). This means that The Council must "follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course."

8. Human Resources Advice and Implications

- 8.1 No implications identified at this stage.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Both the strategy and implementation plan are 'all age' in scope. The implications both for Children, Young People and Vulnerable Adults are set out in the report.

10. Equalities and Human Rights Advice and Implications

- 10.1 Both Parts A and B have been completed. The Equalities Analysis Action Plan (see PART B – Equality Analysis Form in appendix 1) has concluded that the following actions need to be addressed:
- Data: Autism is captured in Council Children and Adult Care systems and is linked to some Protected Characteristics (Age, Gender and BAME status). There remain gaps in relation to sexual orientation and marital status.

Further work is also required to ensure that autism is accurately captured. This will be done as part of the refresh of Rotherham's Joint Strategic Needs Assessment (JSNA). There is a need to explore that all systems in the Rotherham Place – (For example: the NHS, leisure and libraries etc) capture autism as a Protected Characteristic. Target July 2021

- Ongoing engagement with autistic people, their families, Unpaid Carers and place partners principally through Rotherham's Autism Partnership Board. This will last for the duration of the strategy and beyond.
- The implementation plan addresses the priorities highlighted in engagements and the 2018 Autism Self-Assessment Framework. It is proposed (and if accepted) that updates on progress will be provided to both Rotherham's SEND Strategic board and Health and Wellbeing Board every 6 months.

11. Implications for Ward Priorities:

11.1 The Rotherham Autism Strategy and Implementation plan supports the three key outcomes which are set out in '*Thriving Neighbourhoods*', *our neighbourhood strategy for 2018/2025*:

- Neighbourhoods are safe and welcoming with good community spirit
- Residents are happy, healthy and love where they live
- Residents use their skills and assets to contribute to the outcomes that matter to them.

11.2 Both the strategy and implementation plan are Rotherham wide in scope. There are opportunities to address the needs of autistic people working with local Councillors and Neighbourhood services.

11.3 In reviewing the ward plans for Rotherham, both the strategy and implementation plan supports the following priorities within one or more of the Ward Plans:

- Support local voluntary and community organisations that provide activities and services for older people and young people and families.
- Supporting initiatives which will look at the health and wellbeing in the individual wards. The strategy discusses how positive mental health will be promoted.
- Ensuring a co-ordinated response to crime and anti-social behaviour – the development of the autism alert cards will ensure that the police and criminal justice services know that they are supporting autistic people.
- Decreasing loneliness and social isolation – the post diagnostic service will work with the voluntary sector to develop opportunities.

12. Implications for Partners

12.1 The Rotherham autism strategy has implications for all place partners. The principle partners identified are:

- NHS Rotherham CCG – this is set out in the report, strategy and will be approved via CCG governance.
- RDaSH: RDaSH are partners on the Rotherham Autism Partnership Board and have been instrumental in the development of the strategy and the implementation plan.

- Criminal Justice Partners: For example - South Yorkshire Police – this is set out in the strategy and implementation plan.
- Third Sector: Voluntary Action Rotherham (VAR), Rotherham Speak Up, Rotherham National Autistic Society and Rotherham Parents Carers Forum have been principle partners in developing both the strategy and implementation plan.

13. Risks and Mitigation

13.1 The following risks have been identified:

- Legal compliance with Autism Act (2009) and Statutory Guidance: the adoption of both the strategy and the implementation plan will close this risk and it anticipates national movements towards all age strategies.
- Support for the strategy and implementation plan from autistic people, their families and unpaid carers: as the equality impact assessment highlights there has been an ongoing dialogue with these groups and this will continue as set out in the report.
- financial implications: the development of an all age neurological diagnostic pathway and post diagnostic support has been accounted in Rotherham CCG spending.

14. Accountable Officers

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health
 Nathan Atkinson, Assistant Director – Strategic Commissioning

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	01/06/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	27/05/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	27/05/20

Report Author: Garry Parvin - Joint Head of Learning Disability, Autism and Transition Commissioning
 garry.parvin@rotherham.gov.uk

This report is published on the Council's [website](#).

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: ROTHERHAM'S ALL AGE AUTISM STRATEGY AND IMPLEMENTATION PLAN 2020 - 2023	
Directorate: Adult Care, Housing and Public Health	Service area: Strategic Commissioning
Lead person: Garry Parvin: Joint Head of Learning Disability, Autism and Transition Commissioning	Contact number: garry.parvin@rotherham.gov.uk Mobile: 07887057491
Is this a:	
<input checked="" type="checkbox"/> Strategy / Policy	<input type="checkbox"/> Service / Function
	<input type="checkbox"/> Other
If other, please specify	

2. Please provide a brief description of what you are screening
Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023 is grounded in the vision and passion expressed in the Council Plan and in the Rotherham's Integrated Health and Social Care Place Plan - based on the values of ensuring collaboration and co-production. The strategy supports and progresses the outcomes outlined in Integrated Health and Social Care Place Plan and the Councils

Housing Strategy.

The strategy uses a 'whole life approach' which is used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activity focused on 5 areas. These are:

1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm
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5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old

The new All Age Autism Strategy and Implementation Plan provides an overarching framework for the Council, NHS Rotherham Clinical Commissioning Group (CCG) and partners. It identifies priority areas based on the national requirements and local findings.

It is proposed that both the Strategy and the accompanying Implementation Plan will be delivered over a period of three years, from 2020 to 2023. The Plan will work on the principle of a strength-based approach; this means the Strategy should encourage people to recognise their strengths to support choice and control.

The Strategy will build on work being carried out in Rotherham and South Yorkshire by individuals, groups and communities, as well as the Council and partners to improve the lives of people with autism.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians,

carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.		
Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community? <i>(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)</i>	Yes	
Could the proposal affect service users? <i>(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)</i>	Yes	
Has there been or is there likely to be an impact on an individual or group with protected characteristics? <i>(Consider potential discrimination, harassment or victimisation of individuals with protected characteristics)</i>	Yes	
Have there been or likely to be any public concerns regarding the proposal? <i>(It is important that the Council is transparent and consultation is carried out with members of the public to help mitigate future challenge)</i>	Yes	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom? <i>(If the answer is yes you may wish to seek advice from commissioning or procurement)</i>	Yes	
Could the proposal affect the Council's workforce or employment practices? <i>(If the answer is yes you may wish to seek advice from your HR business partner)</i>	Yes	
If you have answered no to all the questions above, please explain the reason		

If you have answered **no** to all the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The strategy is expected to:

1. Improve health and wellbeing for autistic people living in Rotherham
2. Improve the delivery of health, care, housing, criminal justice system services in Rotherham for autistic people.

Working with Public Health and Joint Strategic Needs Assessment states:

An estimated 2,900 people in Rotherham are autistic. Autism is more prevalent in children and young people than in adults. The number of people with a learning disability or ASD who are aged over 65 is projected to increase by 20% by 2025. The number of Rotherham children with Special Educational Needs related to ASD increased by 26% between 2010 and 2015.

Local Rotherham diagnosis rates

From the estimated national prevalence rate, we would expect 1.1% of the Rotherham population to be diagnosed with an autism spectrum disorder, approximately 2,900 people. However, we were able to obtain local rates from recorded autism or Asperger's syndrome diagnosis in GP records. There are 2,707 Rotherham registered patients with a diagnosis of autism or Asperger's syndrome on their GP records⁷.

Whilst the total local number of autism cases is not out of line with the national 1.1% prevalence rate, when considered by age profile, local diagnosis rates are significantly above predictions in young people over 5 years old and that there is potentially significant under-diagnosis in the older adult population.

Whereas the prevalence study suggested 15% of autism diagnoses in women, locally this ranges from 22% (0-4 year olds) to 38% (in 41-55 year olds) with an average of 27%.

Health Outcomes and Autism:

More detail was obtained from GP records covering 40% of the Rotherham registered population which show:

- 6% of patients with ASD also had epilepsy (lower than 20-40% expected by research)
- 20% of patients with ASD also had learning disabilities (lower than 50% expected by prevalence study)
- 7% of patients with ASD also had anxiety, depression or stress (lower than expected)

- **Actions**

(think about how you will promote positive impact and remove/reduce negative impact)

A core principle which underpins the development of the strategy is that: *People with autism and their families and carers are at the centre of everything we do.* To develop

the strategy

- a series of workshops were held from April to June 2018 with representatives from a wide range of professionals, people (including young people) with autism, parents, families, carers and local businesses. The workshops gathered rich information and ideas for key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.
- Follow up workshops were held in July 2019
- Meetings were held with parent and family representatives from 2018 -2020

Key elements of concerns were raised:

- People said they required housing which is suitable for people with autism; it would be able to support people with autism who have a range of sensory issues.
- We heard from people who had a negative experience from the Criminal Justice System; they told us many professionals still do not understand autism.
- People also said more people in Rotherham should receive training and awareness on autism including: taxi drivers, bus drivers, housing staff, teachers in schools, retail staff and general public awareness.

The Rotherham Autism Partnership Board has been a clear partner in developing the delivery plan which accompanies Rotherham’s Autism Strategy.

Date to scope and plan your Equality Analysis:	20/04/20
Date to complete your Equality Analysis:	22/04/20
Lead person for your Equality Analysis (Include name and job title):	Garry Parvin Joint Head of Learning Disability, Autism and Transition Commissioning

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Nathan Atkinson	Assistant Director – Strategic Commissioning	22/04/20

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	22/04/20
Report title and date	ROTHERHAM'S ALL AGE AUTISM STRATEGY AND IMPLEMENTATION PLAN 2020 - 2023
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	22/04/20

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: ROTHERHAM'S ALL AGE AUTISM STRATEGY AND IMPLEMENTATION PLAN 2020 - 2023	
Date of Equality Analysis (EA): 20/04/2020	
Directorate: Adult Care, Housing & Public Health	Service area: Strategic Commissioning
Lead person: Garry Parvin: Joint Head of Learning Disability, Autism and Transition Commissioning	Contact number: garry.parvin@rotherham.gov.uk Mobile: 07887057491
Is this a:	
<input checked="" type="checkbox"/> Strategy / Policy	<input type="checkbox"/> Service / Function <input type="checkbox"/> Other

If other, please specify

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (eg service user, managers, service specialist)
Garry Parvin	RMBC/ RCCG	Joint Head of Service, Learning Disability, Autism, Transitions & Transforming Care, Strategic Commissioning
Jenny Lingrell	RMBC/ RCCG	Joint Assistant Director Commissioning, Performance & Inclusion
Ian Spicer	RMBC	Assistant Director Independent Living

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)

This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023 seeks to address the needs of all children and young people adults with autism who live in Rotherham.

The Strategy and the Implementation Plan are both grounded in the vision and passion expressed in the Council Plan and in the Rotherham's Integrated Health and Social Care Place Plan - based on the values of ensuring collaboration and co-production. The strategy supports and progresses the outcomes outlined in Integrated Health and Social Care Place Plan and the Councils Housing Strategy.

Rotherham's strategy reflects the vision of the national autism strategy. Rotherham's vision is:

To work towards making Rotherham an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full members of the local community.

Rotherham's All Age Autism Strategy sets out a vision for all people with autism, to have the same opportunities as anyone else to live rewarding and fulfilling lives whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

What equality information is available? (Include any engagement undertaken)

To ensure that Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023 has considered customers, future customers, key stakeholders such as Unpaid Carers. The purpose is to ensure that everyone's protected characteristics are considered.

The strategy uses a 'whole life approach' which is used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activity focused on 5 areas. These are:

1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm
2. Developing Well: All Rotherham's autistic children and young people start school ready to learn for life
3. Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
4. Living well: Autistic adults living in Rotherham will get the right support when needed
5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old

The new All Age Autism Strategy and Implementation Plan provides an overarching framework for the Council, NHS Rotherham Clinical Commissioning Group (CCG) and partners. It identifies priority areas based on the national requirements and local findings.

It is proposed that both the Strategy and the accompanying Implementation Plan will be delivered over a period of three years, from 2020 to 2023. The Plan will work on the principle of a strength-based approach; this means the Strategy should encourage people to recognise their strengths to support choice and control.

The Strategy will build on work being carried out in Rotherham and South Yorkshire by individuals, groups and communities, as well as the Council and partners to improve the lives of people with autism.

The strategy is expected to:

1. Improve health and wellbeing for autistic people living in Rotherham
2. Improve the delivery of health, care, housing, criminal justice system services in Rotherham for autistic people.

Engagement (summary):

A series of workshops were held from April to June 2018 with representatives from a wide range of professionals, people (including young people) with autism, parents, families, carers and local businesses. The workshops gathered rich information and ideas for key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.

Face to face meetings with autistic people were also held with:

- Chat 'n' chill
- Speak Up Autism

Follow up engagement events were held in July - October 2019

Meetings were held with parent and family representatives from 2018 -2020

Rotherham completed the Autism Self-Assessment in 2018.

Data:

The Joint Strategic Needs Assessment states:

An estimated 2,900 people in Rotherham are autistic. Autism is more prevalent in children and young people than in adults. The number of people with a learning disability or ASD who are aged over 65 is projected to increase by 20% by 2025. The number of Rotherham children with Special Educational Needs related to ASD increased by 26% between 2010 and 2015.

Rotherham prevalence rates

From the estimated national prevalence rate, we would expect 1.1% of the Rotherham population to be diagnosed with an autism spectrum disorder, approximately 2,900 people. However, we were able to obtain local rates from recorded autism or Asperger's syndrome diagnosis in GP records. There are 2,707 Rotherham registered patients with a diagnosis of autism or Asperger's syndrome on their GP records.

Whilst the total local number of autism cases is not out of line with the national 1.1% prevalence rate, when considered by age profile, local diagnosis rates are significantly above predictions in young people over 5 years old and that there is potentially significant under-diagnosis in the older adult population.

Whereas the prevalence study suggested 15% of autism diagnoses in women, locally this ranges from 22% (0-4-year olds) to 38% (in 41-55-year olds) with an average of 27%.

Autistic Children and Young People:

As at the end of March 2020 the Council Children's Inclusion dataset shows:-

- 1492 children aged 0-25 yrs. old who are flagged with a diagnosis of Autism. This works out at 16.8% from the overall cohort (overall cohort is at - 8907).

When looking at the ethnicity breakdown for these 1492 children, we have:

- 87.8% CYP recorded as White British, 10.4% are recorded as BME (black and minority ethnicity group)
- Other than White British being the highest %, the 2nd next higher % ethnicity is Asian Pakistani at 3.3%

There are:-

- 815 CYP on an EHCP from the 1492 children aged 0-25 yrs. old who are flagged with a diagnosis of Autism – this equates to 54.6%

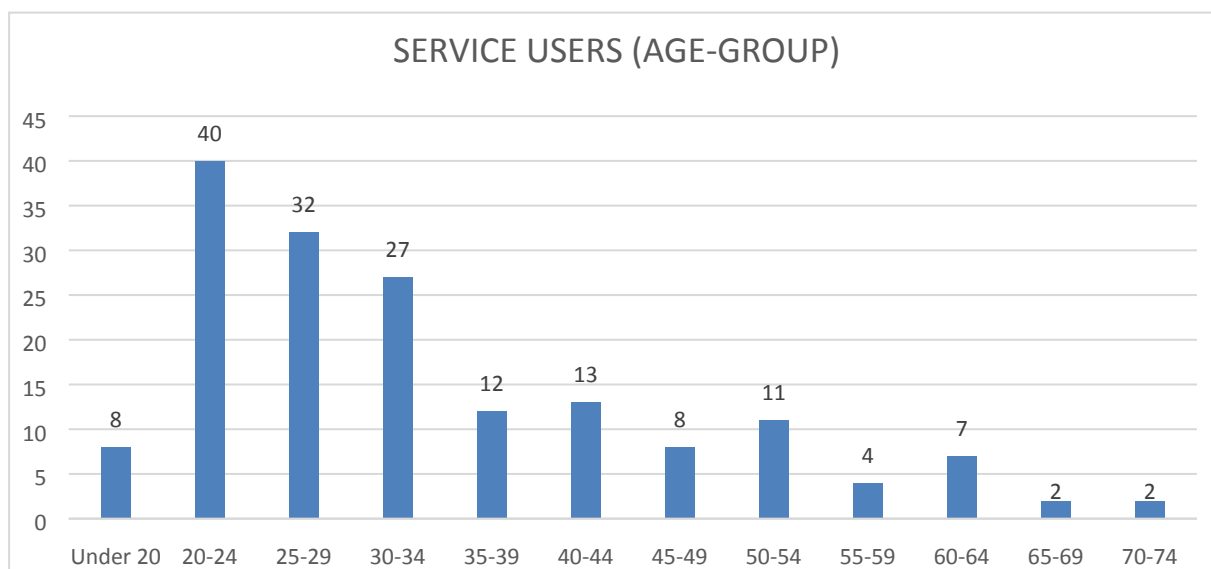
From the 1492 children aged 0-25 yrs. old who are flagged with a diagnosis of Autism: -

- Around 9% of these live within the most 30% disadvantaged areas in the borough

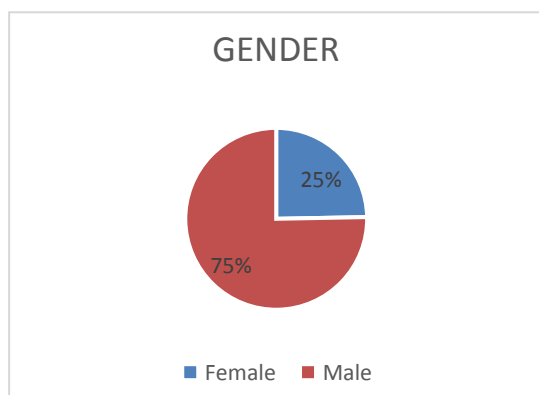
Autistic Adults (18 +)

Rotherham Council have identified that there are 122 people identified on adult care systems with autism. This is very low when compared to the predicted prevalence. In part, this low figure can be explained that a large number of autistic people will be logged under another service category, for example learning disabilities and/ or mental health. Analysis of the 122 people highlighted the following protected characteristics:

Age:

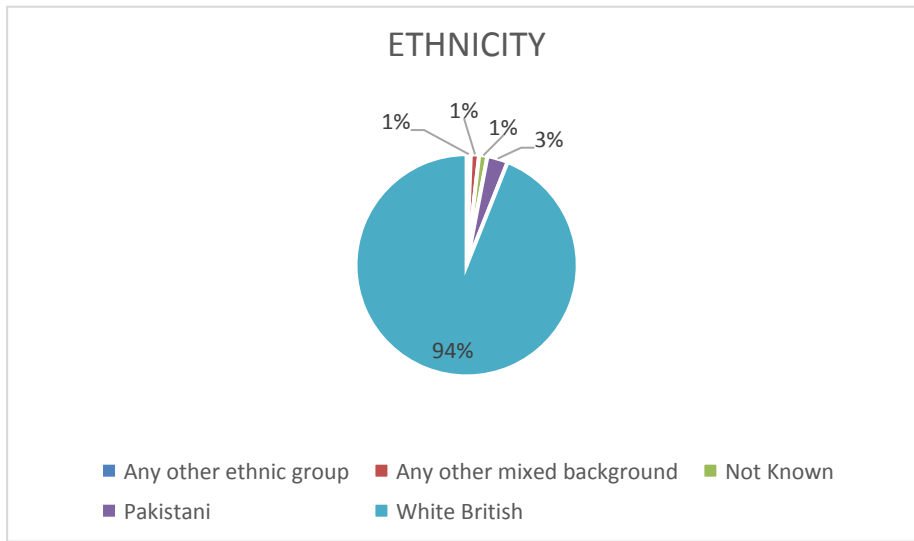


Gender:



More males are identified as being diagnosed with autism in Rotherham.

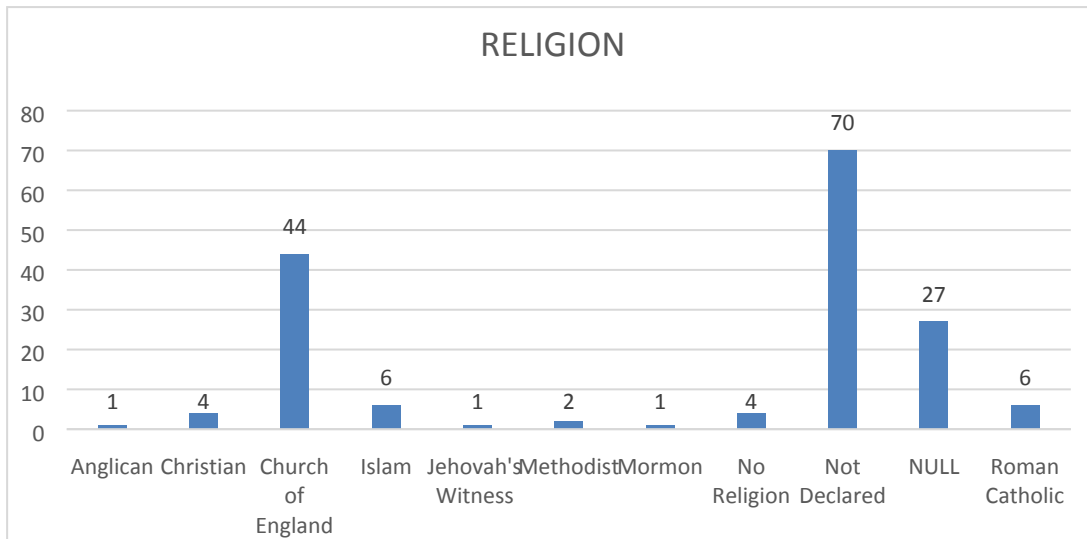
Ethnicity:



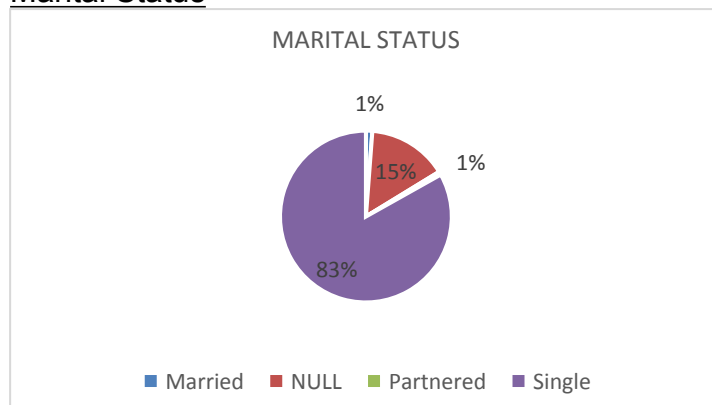
Rotherham's 18+ population is 93.04% White British (ref: Census 2011), in comparison 94% of autistic adults are from this ethnic group.

Customers from Black Minority Ethnic (BME) groups appear to be underrepresented in this cohort; 6% of the cohort are from a BME background compared with 6.96% of the total population. The 'Pakistani' BME group has the highest number of customers.

Religion or Belief



The graph above shows that current Adult Care records show most autistic adults have not declared their religion or belief.

Marital Status

The graph above shows that 83% of autistic adults on adult care records are single.

Health Outcomes and Autism:

More detail was obtained from GP records covering 40% of the Rotherham registered population which show:

- 6% of patients with ASD also had epilepsy (lower than 20-40% expected by research)
- 20% of patients with ASD also had learning disabilities (lower than 50% expected by prevalence study)
- 7% of patients with ASD also had anxiety, depression or stress (lower than expected)

Carers: There are 340 carers (aged 50+) who provide care for people with a learning disability and / or autism.

Are there any gaps in the information that you are aware of?

Coproduction has been at the heart of developing this strategy. This has entailed meetings / engagement events with representatives from a wide range of practitioners, autistic people, parents, families, carers and local businesses. This gathered information and ideas of key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.

Autistic children, young people and adults, their families and carers, and the practitioners who work with them have been a central part of this strategy and its development. They will continue to be closely involved in order to achieve the aims and actions set out within this strategy.

Equality data in relation to autistic people as a standalone characteristic is often incorporated into other protected characteristics e.g. learning disability. This means that data in relation to sexual orientation or marital status is currently missing.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The Rotherham Autism Partnership Board played a key role in developing this strategy.

The Rotherham Autism Partnership Board includes the following partners:

- Rotherham Parent Carers Forum
- RDaSH
- Voluntary Action Rotherham
- Speak Up Autism – Rotherham
- NHS Rotherham CCG
- TRFT
- Rotherham schools and colleges

The Rotherham Autism Partnership Board has asked that it remains actively involved in monitoring the impact the strategy.

Rotherham’s SEND Board and Health and Well Being Board will have oversight in relation to both the impact and delivery of the strategy and the implementation plan.

Engagement undertaken with customers. (date and group(s) consulted and key findings)

A variety of engagement events took place across the borough between a series of workshops were held from April to June 2018 with representatives from a wide range of professionals, people (including young people) with autism, parents, families, carers and local businesses. The workshops gathered rich information and ideas for key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.

Face to face meetings with autistic people were also held with:

- Chat 'n' chill
- Speak Up Autism

Follow up engagement events were held in July - October 2019

Meetings were held with parent and family representatives from 2018 -2020

Rotherham completed the Autism Self-Assessment in 2018.

The following issues were raised:

- The young people at Chat 'n' Chill talked about having worries about moving into adulthood and having the same opportunities to work or go into further and higher education as their peers.

	<ul style="list-style-type: none"> • People said they worried about health services understanding to their needs -particularly in relation to mental health and wellbeing. • People said they required housing which is suitable for people with autism; it would be able to support people with autism who have a range of sensory issues. • We heard from people who had a negative experience from the Criminal Justice System; they told us many professionals still do not understand autism. • People also said more people in Rotherham should receive training and awareness on autism including taxi drivers, bus drivers, housing staff, teachers in schools, retail staff and general public awareness. • In relation to respite services specifically for people autism, people who responded felt that: respite services need to be made more available and accessible. • People also expressed that they wanted a wider range of options, opportunities and choice to help them live a more fulfilled and valued life. <p>The Autism Self-Assessment was completed in November 2018. The purpose of the self-assessment is to enable local strategy groups to review their current progress in the implementation of the Autism Statutory guidance and Autism Strategy locally and to identify future priorities and plan in partnership with health partners, other key organisations and local autistic people and their families.</p> <p>As both the current Autism Act and the Statutory Guidance are focused on autistic adults, this is the focus of the Autism Self-Assessment Framework.</p> <p>It is led by the Council but needs partners (NHS and criminal justice) to assist.</p> <p>The SAF was submitted on 17/12/18.</p> <p>Rotherham has achieved some notable successes. For example, the work in extracting data from GP records about people diagnosed with autism. This has not been replicated in other authorities and Rotherham has been approached to share its methodology (e.g. Wakefield). CYPS provided data about the Preparing for Adulthood cohort.</p>
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	<p>The most significant impact on Rotherham’s score is the assessment made by the Rotherham Autism Partnership Board’s at the confirm and challenge session.</p> <p>The SAF highlighted the following areas as red:</p> <ul style="list-style-type: none"> • ensuring accessible information and • plans for housing <p>These were incorporated into the strategy implantation plan.</p>
<p>Engagement undertaken with staff (date and group(s)consulted and key findings)</p>	<p>There are no direct HR implications for the Council. Council officers have been partners in developing both the strategy and implementation plan.</p>

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

Rotherham’s All Age Autism Strategy and Implementation Plan (2020 -2023) articulates how key agencies will work together to improve the lives of all autistic people living in Rotherham. This will ensure that Rotherham is following the Autism Act and Statutory Guidance. Given the Strategy and Implementation Plan is ‘all age’ in scope this includes children and young people.

The strategy will support other protected characteristics of Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage and Pregnancy and Maternity.

Does your Policy/Service present any problems or barriers to communities or Groups?

The Rotherham All Age Autism Strategy and Implementation Plan has been developed to remove barriers that autistic people (of all ages) and their families face.

What has been clear is that autistic people and their families wanted a clear implementation plan.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

Rotherham's vision is:

To work towards making Rotherham an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full members of the local community.

Rotherham's All Age Autism Strategy sets out a vision for all people with autism, to have the same opportunities as anyone else to live rewarding and fulfilling lives whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

Rotherham's All Age Autism Strategy and Implementation Plan should have limited adverse impact on community relations as there has already been a long history of consultation. Developing the Strategy has been a priority for the Council for some time and articulated in planning documents. The delay to the publication of the strategy has drawn local media scrutiny

It would be pertinent, should Rotherham's All Age Autism Strategy and Implementation Plan be approved, Officers will continue engagement with autistic people, their families and services to ensure that the Strategy is 'live'.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance.

Title of analysis: Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023
Directorate and service area: Adult Care, Housing & Public Health, Strategic Commissioning
Lead Manager: Garry Parvin
Summary of findings:
<p>The Equality Analysis has been completed to ensure that Rotherham's All Age Autism Strategy and Implementation Plan has considered the Protected Characteristics of key stakeholders such as autistic people (of all ages), their families, unpaid carers and local residents.</p> <p>The Equality Analysis found that the primary focus of the proposal will be to support autistic people, Unpaid Carers as identified by the Autism Act (2009) and subsequent Statutory Guidance. However, the process has identified that there remain data gaps in terms of some of the Protected Characteristics including: Gender Reassignment, Pregnancy and Maternity and Sexual Orientation have not been captured.</p> <p>Extensive consultation and coproduction have taken place regarding the development of the proposed All Age Autism Strategy and Implementation Plan. It has taken time developing the implementation plan. This commitment of ongoing coproduction will align to Council and place partners policies. For example: Rotherham Charter Genuine Partnerships.</p>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
<p>Data: Autism is captured in Council Children and Adult Care systems and is linked to some Protected Characteristics (Age, Gender and BAME status). There remain gaps in relation to sexual orientation and marital status. Further work is also required to ensure that autism is accurately captured. This will be done as part of the refresh of Rotherham’s Joint Strategic Needs Assessment (JSNA). There is a need to explore that all systems in the Rotherham Place – (For example: the NHS, leisure and libraries etc) capture autism as a Protected Characteristic.</p>	<p>Primary focus on D & C and A but also S, GR, RE, RoB, SO, PM, CPM & O</p>	<p>On-going - Target July 2021</p>
<p>Ongoing engagement with autistic people, their families, Unpaid Carers and place partners principally through Rotherham’s Autism Partnership Board.</p>	<p>A, D, S, GR, RE, RoB, SO, PM, CPM, C & O</p>	<p>The duration of the strategy and beyond.</p>
<p>The implementation plan addresses the priorities highlighted in engagements and the 2018 Autism Self-Assessment Framework. It is proposed (and if accepted) that updates on progress will be provided to both Rotherham’s SEND Strategic Board and Health and Wellbeing Board every 6 months.</p>	<p>A, D, S, GR, RE, RoB, SO, PM, CPM, C & O</p>	<p>Every 6 mths from formal launch of the strategy – July 2020.</p>

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Name	Job title	Date
Anne Marie Lubanski	Strategic Director, Adult Care, Housing and Public Health	24/04/20
Cllr David Roche	Cabinet Member - Adult Social Care and Health	24/04/20

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	22 April 2020
Report title and date	Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	22/04/20

Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023

DRAFT



Foreword: Cllr David Roche:

Rotherham's All Age Autism Strategy and Implementation Plan sets out a vision for all autistic people living and working in Rotherham, to have the same opportunities as anyone else to live rewarding and fulfilling lives, whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

Rotherham is committed to a personalised approach, making sure that support is formed around the person. This means that they can take control and make real choices about how they lead their lives. This approach is seen to be a positive way for people on the autistic spectrum to receive the support they need and empowering them to have more choice and control over how their needs are met.

Autism touches the lives of many people in Rotherham. Everyone with autism will experience it differently. Many autistic people live independent lives. Others may need some support or access to services in order to achieve their full potential and lead fulfilled and happy lives.

Our ambition is that we want Rotherham to become an autism-friendly borough in which autistic people can reach their full potential at all stages of their lives. We have developed a strategy for the next three years which includes all ages - children, young people and adults with autism and the needs of families and carers. We have listened to the views of a wide range of people in developing this strategy.

In Rotherham we are committed to improving the lives of autistic people. We will do so by continuing to work with families, local autism groups and partner agencies to ensure that this strategy and the implementation plan are a success.

A handwritten signature in black ink, appearing to read 'David Roche', is written over a horizontal line.

Councillor David Roche

Cabinet Member - Adult Social Care and Health

Our Vision:

To work towards making Rotherham an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services,

organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full members of the local community.

Rotherham's *All Age Autism Strategy* sets out a vision for all people with autism, to have the same opportunities as anyone else to live rewarding and fulfilling lives whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

Introduction:

Autistic children, young people and adults, their families and carers, and the practitioners who work with them have been a central part of this

strategy and its development. They will continue to be closely involved in order to achieve the aims and actions set out within this strategy.

The Rotherham Autism Partnership Board plays a key role in developing this strategy.

Coproduction has been at the heart of developing this strategy. This has entailed meetings / engagement events with representatives from a wide range of practitioners, autistic people, parents, families, carers and local businesses. This gathered information and ideas of key priorities for people with autism in Rotherham. This information then led to the development of the areas for focus as well as the actions for improvement.

From our work, it has become clear that to make Rotherham autism friendly, we would need to work across five key areas:

- 1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm**
- 2. Developing Well: All Rotherham's autistic children and young people start school ready to learn for life**
- 3. Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.**
- 4. Living well: Autistic adults living in Rotherham will get the right support when needed**
- 5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old**

A note on Terminology

Autism is considered to be a disability under the Equality Act 2010. It is not an illness or a mental health problem.

The research found that all groups like the terms 'on the autism spectrum' and 'Asperger syndrome'. Autistic adults prefer the identity-first terms 'autistic' and 'Aspie', whereas families didn't like 'Aspie'. Practitioners also like the term 'autism spectrum disorder (ASD) or conditions (ASC)'. To reflect the findings of this research, the strategy will use the term 'autistic' – particularly when talking about children and to adults who identify themselves in this way.

Autism and Me - 'Autism is like my superpower':

Our Neurodiverse population (which includes autistic people) bring many gifts and strengths to Rotherham.

Chat 'n' Chill' is a Rotherham based youth group for autistic young people. They have just celebrated their 10th Anniversary and wanted Whistle Video to create this video for them to promote this amazing group.

<https://www.whistlevideo.com/chatandchill>

CONTEXT:

National Picture:

The National Autism Strategy, ‘*Fulfilling and Rewarding Lives*’¹, was originally published by the government in March 2010 as a result of the Autism Act 2009 and applies to adults in England. This was followed by statutory guidance for local authorities and NHS organisations in December 2010. The Autism Act 2009 required that local authorities and local health bodies work together better support the needs of adults with autism.

Think Autism – Update to the National Strategy

The Government published an update to the national autism strategy, entitled “Think Autism”,² on 2 April 2014. This followed a review led by the Department of Health, which considered what needs to happen next to make sure progress continues. The document reaffirms the importance of five areas for action to improve the lives of adults with autism, which are in line with those identified in the original national autism strategy:

- increasing awareness and understanding of autism;
- developing clear, consistent pathways for the diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

In particular, “Think Autism” has a new focus on:

- building communities that are more aware of and accessible to the needs of people with autism;
- promoting innovative local ideas, services or projects that can help people in their communities; and
- how advice and information on services can be joined up better for people.

The National Autism Strategy sets out a vision for all public services in England to respond appropriately to the needs of people with autism. The central vision of the strategy can be summarised as follows:

“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access to support if they need it, and they can depend on

¹ Department of Health. *Fulfilling and rewarding lives: the strategy for adults with autism in England*. London : s.n., 2010.

<https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

Department of Health *Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update*. London : s.n., 2014.

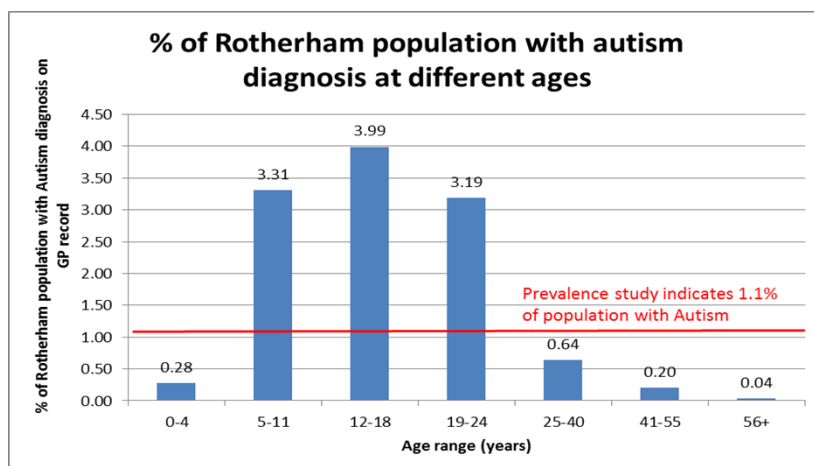
mainstream public services to treat them fairly as individuals, helping them to make the most of their talents”.

Revised Statutory Guidance

The Department of Health published statutory guidance to support the updated strategy in December 2014, following a public consultation exercise. The revised statutory guidance covers nine areas:

- Training of staff who provide services to adults with autism;
- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services;
- Planning in relation to the provision of services for people with autism as they move from being children to adults;
- Local planning and leadership in relation to the provision of services for adults with autism;
- Preventative support and safeguarding in line with the Care Act 2014 from April 2015;
- Reasonable Adjustments and Equality – This is a theme that is relevant to all our functions and which we plan to monitor through Equality Impact Assessment;
- Supporting people with complex needs, whose behaviour may challenge or who may lack capacity;
- Employment for adults with autism;
- Working with the criminal justice system.

The Local Picture:



From the estimated national prevalence rate, we would expect 1.1% of the Rotherham's autistic population to be diagnosed. This is around 2,900 people^{3 4}.

Rotherham Council's Children's Service have recorded 1,487 children / young people who are autistic, out of this cohort 688 children have an Education, Health and Care Plan (EHCP).

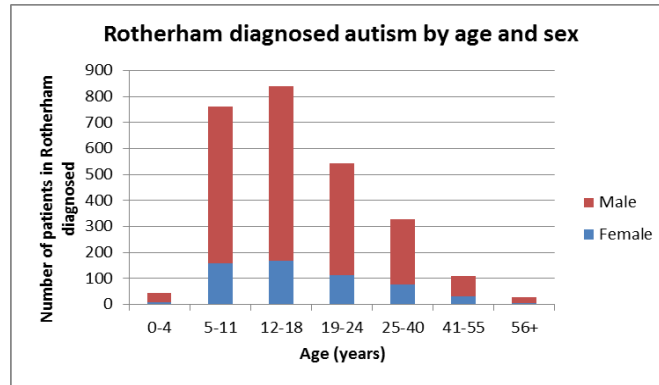
In reviewing Rotherham's GP records, we have found out that there are 2,707 Rotherham registered patients with a diagnosis of autism or Asperger's syndrome. Most of these are younger people; this tells us two things:

- That overall our local rates of diagnosis are probably higher than the national average
- That there may be a number of adults that we have not diagnosed

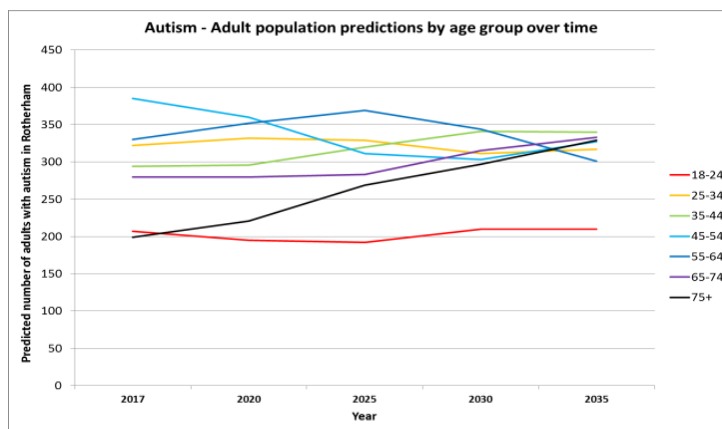
Numbers of people diagnosed with autism as split by age and sex.

³ Baird G, Simonoff E, Pickles A, et al. 'Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)', *Lancet*, 2006; 368(9531):210–215

⁴ Brugha TS, McManus S, Bankart J, et al. 'Epidemiology of autism spectrum disorders in adults in the community in England', *Arch Gen Psychiatry*, 2011, 68(5), 459–465



Nationally 15% of autistic people will be female. In Rotherham, this ranges from 22% (0-4 year olds) to 38% (in 41-55 year olds) with an average of 27%. There are a number of theories that might explain why more men and boys than women and girls get an autism diagnosis. Some think our current assessments do not work well in identifying autistic women and girls. There are a number of theories that might explain why more males than females are diagnosed; these include current assessments not identifying female presentations and females acting in a way which masks (hides) some of the challenges they face predicting future prevalence in Rotherham.



Projecting Adults Needs and Service Information (PANSI) data for 18-64 year olds and Projecting Older People Population Information (POPPI) data for people aged 65 and over, have produced a profile with predicted numbers of autistic people up to 2035. This shows (see Fig 1) that over the next fifteen years there will be a significant increase in the number of autistic people. This is due to increases in the numbers of older autistic people whereas the number in younger age groups will remain relatively stable.

For more Information about autism can be found in Rotherham’s Joint Strategic Needs Assessment:

<https://www.rotherham.gov.uk/jsna/downloads/file/140/rotherham-context-autism>

Why do we need a strategy?

A strategy is a vision and this vision is delivered by a plan. Every area in the country will have both a vision and a plan. In Rotherham, we decided to make a new plan for everyone with autism. One of the most important starting points in making this plan was the Autism Act (2009).

The Autism Act describes what we need to do to make services better. It says people with autism may not always get what they need. This could be because services do not understand what they need, or public places are not inclusive.

We also know what matters to people in Rotherham and used this in our strategy.

- It can sometimes be difficult to gain a formal diagnosis of autism.
- People with autism have strengths and can develop their skills, explore interests, improve physical health and improve social interaction and, in many cases, can find employment. All autistic people can, and do, learn and develop with the right sort of support.

Our plan describes how the Council, the NHS and partners will invest and improve the services and outcomes over the next three years – from 2020 to 2023.

Rotherham's Principles and Values:

Principles and values are the most important things that will help to make the strategy and its plan work.

Our principles are:

- All autistic children, young people, adults and their families are at the centre of everything we do
- Focus on individual's strengths to overcome barriers
- Guidance, information and support are easily available
- The right support at the right time and making every contact count
- Increasing awareness of autism across Rotherham
- Supporting individuals to live the life they choose

It will be really important that we use the amazing resources we have in Rotherham– the knowledge and skills of autistic children, young people and adults; understanding the value of relationships between families, friends and informal (neighbours and community) networks; and recognising the importance of local community and voluntary groups.

This strategy sets out how we will do this and is built around the *Vision for Adult Social Care* which promotes active independence, Rotherham's *Vision for Children and Young People's Services* and *VOICES*. The visions can be linked:

Adult Social Care Vision (2017-2020)	VOICES Priority Actions	Vision for Rotherham's Children and Young People's Services
Act to help yourself	Make transitions to adulthood better and plan them with me	Children, young people and their families are ready for the world of work
Act when you need it	Get me help quicker	Children and young people are healthy and safe from harm
Act to live your life	Believe	Children and young people start school ready to learn for life

It promotes people being treated fairly as individuals and being offered opportunities to help them make the most of their talents.

It involves partners across the Council, health services, the police and probation services, and within the community and voluntary sector to ensure that we deliver the best possible outcomes for autistic people. Using the vision of 'Active Independence' we will work to ensure that autistic people are secure, responsible and empowered.

The Strategy

Rotherham's Joint Health and Wellbeing Strategy (A Healthier Rotherham by 2025) states that Rotherham will take a 'Life Course Approach' in supporting its residents to live healthy and happier lives. Rotherham's all age autism strategy will take a similar approach about how we want the future to be for autistic people living in Rotherham.

1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm

Vision:

This is about ensuring that Rotherham will be a great place to grow up in; where autistic children, young people and their families have fun and enjoy living, learning and working.

How will we get there?

Working with partners, our voluntary organisations and community groups we have identified five priority areas on which to focus our implementation plan. Some examples of the operational activity that is underway are:

A digital diagnostic pathway has been commissioned from Healios who will support local CaMHS service.

Planning is underway to re-design our C&YP diagnostic pathway in 20-21.

Education settings have engaged in training, licensed by Autism Education Trust.

New specialist education places have been created, at primary and secondary, for children with Autism.

Rotherham Opportunities College offers local post-19 education provision.

Project Search offers supported internships.

Rotherham Parent Carers Forum are commissioned by Rotherham CCG to offer regular drop-in sessions to support families on the diagnostic pathway.

In speaking to autistic children and families living in Rotherham we will:

1. Continue to improve the children's diagnosis and support pathway.
2. Review the Autism support offer funded through the CAMHS local transformation plan.
3. That the diagnosis and support pathway is NICE compliant.
4. Implement a new sensory support offer for children and young people Rotherham.
5. Use the CAMHS / Schools Pilot Project and the Trail Blazers pilot (see: <https://www.england.nhs.uk/mental-health/cyp/trailblazers/mh-support-teams/>) to develop new ways of working and increase understanding of social, emotional, mental health for autistic children and young people.
6. To develop wider workforce links across all schools, academies, colleges and health

practitioners about receiving autism awareness training.

2. Developing Well: All Rotherham's autistic children and young people start school ready to learn for life

Vision:

Whilst tackling inequalities in health needs focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. Good education and healthcare, and opportunities for good work and training are needed in order to support young people with autism to thrive.

How will we get there?

1. Promoting healthy Lifestyles for children and young people with autism

- Ensuring we Identify health inequalities and address areas adding to future implementation plan for the autism strategy – Joint Strategic Needs Assessment (JSNA) does capture this data. A SEND JSNA is being developed.

- National screening programmes take up.
- Annual health checks take up and quality of the health checks.
- Ensure that children and young people are participating in the 5 ways to wellbeing campaign – accessible information and promotion.

2. Ensuring that the mental health needs (including Suicide prevention) for autistic children and young people are met:

1 in 4 Autistic young people are prone to mental health problems – if they do not have the right support. Affective disorders such as depression and anxiety are the most common co-morbid secondary psychiatric disorders.

We will ensure that Rotherham's suicide prevention program includes autistic people.

3. Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.

Vision:

Families need help and accessible support and information to enable children to develop life skills to live independently. Autistic young people need support and training to develop life skills, including managing personal relationships and support to access employment opportunities.

How will we get there?

We will ensure that transition pathways consider the needs of autistic young people. Ensuring that young people plans are put in place to meet these needs as young people move into adult life. This will see the development of both a targeted offer and a universal offer (open to all).

1. Pathways, Work and Health, Building Better Opportunities and Jobcentre Plus work coaches.
2. We will make sure that all provision made through the graduated response – this is a person centred

approach to ensure people's needs are identified. and,

We will ensure the effective coordination and delivery of programmes providing targeted support to autistic people. This includes initiatives such as the European Social Funding (ESF) Pathways Programme – Pathways to Progression - Supporting 15 to 19 year-olds not in education employment or training (NEET) to engage in learning or employment and Pathways to Success.



4. Living well: Autistic adults living in Rotherham will get the right support when needed

Vision:

All autistic people living in Rotherham enjoy the best possible health and wellbeing and have a good quality of life.

How will we get there?

1. Autistic people and their families have told us they aspire to have a range of housing options; housing is a fundamental requirement to ensure people with autism can live as independently as they are able. Families and people with autism benefit from autism friendly homes – often associated with the benefit of additional rooms; outdoor areas to allow for personal space and aide coping mechanisms. A clear pathway and greater choice of appropriate accommodation is needed to assist people to move in a structured way to independence within their chosen community.

Housing: Rotherham Council are developing new supported living options for people with a learning disability and autism in 2020/21.

2. People with autism experience general barriers in engaging with the police and criminal justice system. People with autism are sometimes reluctant to engage with the Police when they are victims of crime. A lack of understanding and awareness of autism within the Criminal Justice System (CJS) is also a potential barrier.

- Autism awareness training sessions is planned for all South Yorkshire Police officers
- Hate crime awareness training sessions (dealing with hate crime, being radicalised, controlling and coercive behaviour, being groomed or abused in other ways).

3. Local diagnostic and post diagnostic services need to be able to undertake a comprehensive assessment that can take alternative diagnoses and co-existing disorders into account. They also need to be able to identify specific needs relating

to communication, behaviour, physical or sensory conditions that might, regardless of diagnosis, suggest a need for further assessment.

Rotherham CCG will:

- Review Of current adult diagnostic service, to include local and national indicators of volume and waiting lists.
 - New local adult diagnostic pathway developed that demonstrates improvement to accessing specialist assessments with an investment of £300k.
 - Specialist assessments are available closer to home.
4. There was general agreement that more awareness and an understanding of autism was needed. This was not limited to health and care services. It also includes:
- Schools, colleges and early years services
 - Workplaces
 - Housing
 - General community
 - Transport providers
 - Leisure services
 - Reception staff

- An E Awareness campaign in 2020 will be developed which target key organisations (all RMBC social care staff, RDaSH and TRFT).
 - A Wider Awareness campaign (phase 2) to extend to partners and universal community services
 - We want all public bodies in Rotherham to ensure that the needs of autistic young people and adults are considered and captured in Equality Impact Assessments (EIA).
 - We will raise public awareness in relation to autism and hate crime/safeguarding.
5. Autistic people living in Rotherham have talked about having mental health problems and problems in accessing the right support -
- Mental health awareness (including suicide prevention) for autistic adults by raising awareness of 'Being the One (see: <https://www.be-the-one.co.uk/>)'
 - Ensuring Rotherham wide opportunities such as the 5 ways to wellbeing and Ensure the opportunities offered by Get Healthy Rotherham is accessible for autistic people (see: <https://www.gethealthyrotherham.co.uk/>)

5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old

Vision:

This is about making sure autistic people, as they grow older, receive the right kind of support to help them live as well as possible.

better use of technology such as wearable devices and monitors to support people with long term health problems in new ways, helping them to stay well and live independently for longer.

How will we get there?

1. As the population grows older, the number of adults with autism is projected to rise, with an associated increase in the need for care and support for independent living.
 - Rotherham will aim give autistic greater control over the care they receive as people grow older, with more care and support being offered in or close to people's homes, rather than in hospital.
2. Stakeholders, including service providers, voluntary organisations, people with autism, families and carers, have told us they want to see improvements in support and services locally.
 - In Rotherham's Integrated Health and Social Care Place Plan there is a commitment to make

Next Steps: Implementation Plan 2020-2023 - Rotherham All Age Autism Strategy

People in developing this strategy said they wanted action and not just ‘fancy’ words. Time was spent developing a clear implementation plan with programmes of work to ensure the strategy ‘lives’ and delivers the vision. We have identified the following ongoing challenges:

- Supporting services and the community to be open to support people with autism: for the community to celebrate neurodiversity.
- Diagnosis and post diagnostic offer for Children and Young People and Adults.
- Rotherham CCG and RDaSH are working to create ‘all age’ solutions to address the diagnosis waiting list issues and develop a local post diagnostic offer for adults.
- Ensuring that the right support is available and is cost effective.

How we will measure success?

Clear success criteria is identified and measured in the plan. The Autism Partnership Board reporting to Rotherham’s Health and Wellbeing Board every 6 months will monitor progress. This will be done with Rotherham’s autistic adults, young people, children, families and practitioners who work with them.

Priority 1 – Starting Well

Lead: Jenny Lingrell (Joint Assistant Director Commissioning, Performance & Inclusion – CYPS)

All Rotherham’s autistic children and young people are healthy and safe from harm

Lead	What will Rotherham do? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
1.1	RMBC/CCG	<p>Improve the children’s diagnosis and support pathway Establish a robust profile of the waiting list RDASH hold. Develop a multi-agency approach to “concerning behaviours”. Review the efficiency and effectiveness of the current pathway and explore alternatives. Benchmark Rotherham against other CAMHS Services and identify areas of good practice. Explore creative solutions (which may include alternative commissioning options) to reduce waiting times Review the Autism support offer funded through the CAMHS local transformation plan. That the diagnosis and support pathway is NICE compliant</p>	<p>Pathway document created</p> <p>All practitioners understand and adhere to pathways protocols</p> <p>Timely diagnosis</p> <p>Young people and families understand pathways and is visible.</p>	<p>30th June 2020 (sign off)</p> <p>31/12/2020</p> <p>31/12/2020</p>	<p>Joint Assistant Director Commissioning, Performance & Inclusion</p>	
1.2	CCG	<p>Implement a new sensory support offer for children and young people Rotherham</p>	<p>Children and young people are able to access an appropriate sensory assessment and support</p> <p>Young people and families understand pathways and is visible.</p>	<p>30th October 2019</p>	<p>Children’s Joint Commissioning Manager (RMBC & CCG)</p>	

1.3	CCG	<p>Monitor the effectiveness of the CAMHS / Schools Pilot Project and the Trail Blazers pilot (see: https://www.england.nhs.uk/mental-health/cyp/trailblazers/mh-support-teams/) in developing new ways of working and increase understanding of social, emotional, mental health for autistic children and young people.</p>	Commenced 2019	30 th April 2021	Children's Joint Commissioning Manager (RMBC & CCG)	
1.4	RMBC / CCG Training	<p>For all schools (working with academies), colleges and health practitioners to receive autism awareness training</p> <p>Training: Rotherham's offer free training to families, teachers, schools is based on the autism education trust schools programme see: https://www.autismeducationtrust.org.uk/ and this is advertised on Rotherham's SEND local offer, see: . http://www.rotherhamsendlocaloffer.org</p> <p>Speak up offer regular autism awareness training to Rotherham's GP's</p>	95% of All schools, colleges and GP's / primary care staff to have autism awareness training.	31 st December 2022	Children's Joint Commissioning Manager (RMBC & CCG)	

Priority 2- Developing Well

Lead: Jenny Lingrell (Joint Assistant Director Commissioning, Performance & Inclusion – CYPS)

Rotherham's autistic children and young people start school ready to learn for life.

Lead	What will Rotherham do? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date RAG rated	RAG	
2.2	RMBC/CCG	<p>Promoting healthy Lifestyles for children and young people with autism</p> <p>Ensuring we Identify health inequalities and address areas adding to future implementation plan for the autism strategy – Joint Strategic Needs Assessment (JSNA) does capture this data.</p> <p>National screening programmes take up</p> <p>Annual health checks take up and quality of the health checks.</p> <p>Ensure that children and young people are participating in the 5 ways to wellbeing campaign – accessible information and promotion and Rotherham's suicide prevention program includes autistic people</p>	<p>Autistic people report increased health and wellbeing</p> <p>A year on year reported increase in take up of public health programmes</p>	30th June 2022	<p>RMBC Public Health</p> <p>Gilly Brenner</p> <p>Garry Parvin and Anne Charlesworth</p> <p>Ruth Fletcher-Brown – Public Health</p>		

Priority 3 - Moving on Well into Independence:

Children and young people are ready for the world of work.

Lead: Garry Parvin

Lead	What will Rotherham do? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
3.1	<p>RMBC/ CCG/ TRFT/ RDaSH/ schools and colleges</p> <p>To ensure that transition pathways consider the needs of autistic young people</p> <p>Those services involved in transition review current transition pathways to see how they meet the needs of autistic young people.</p> <p>To develop a universal transition planning passport for all young people 14 - 25.</p>	<p>Autistic young people and their families report that transitions to adulthood were better</p>	31 October 2021	Ian Spicer - Assistant Director Integration		
3.2	<p>RMBC</p> <p>Ensure the effective coordination and delivery of programmes providing targeted support to autistic people. This includes initiatives such as Pathways, Work and Health, Building Better Opportunities and Jobcentre Plus work coaches</p>	<p>Autistic people and their families are aware of the supported employment opportunities</p> <p>More autistic young people are either in work, apprenticeships, work placements, volunteering college or training</p>	30 th April 2021	Jenny Lawless and Rotherham Business Growth Board's employment and skills sub-group		
3.3	<p>RMBC</p> <p>Ensure that advanced planning and coordination of care occurs for autistic young people moving into adult social care.</p> <p>A clear pathway is developed and is advertised through Rotherham's Local Offer:</p>	<p>Autistic people and their families report that transitions to adulthood were better</p>	30 th April 2021	Head of Service: Gordon Waigand		

3.4	RMBC/ RCCG	<p>Link information and advice to ensure consistency and quality of information through local offer which will ensure:</p> <p>Raising awareness of what services are available and how to access them</p> <p>Signpost parents and carers to available sources of support and advice</p> <p>Local Offer webpage is reviewed and is designed to be as accessible as possible and easier to navigate. http://www.rotherhamsendlocaloffer.org/</p> <p>Autistic young people are aware of the Rotherham Youth Cabinet: http://www.youthi.org.uk/youthi/homepage/6/rotherham_youth_cabinet</p>	Feedback from carers in relation to information is improved.	31 st July 2020	Sue Wilson - SEND Strategic Board		

Priority 4- Living Well

Autistic Adults living in Rotherham will get the right support when needed

Lead: Garry Parvin

	Lead	What will Rotherham do? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
4.1	CCG	<p>Review Of current adult diagnostic service, to include local and national indicators of volume and waiting lists.</p> <p>New adult diagnostic pathway developed that demonstrates improvement to accessing specialist assessments with an investment of £300k</p> <p>Specialist assessments are available closer to home</p> <p>Parents with autism</p>	<p>Review complete with clear recommendations</p> <p>Published pathway available</p> <p>Clinic is operational in Rotherham.</p>	<p>COMPLETED</p> <p>31st December 2020</p>	Garry Parvin Joint Head of Learning Disability, Autism and Transitions Commissioning		
4.2	RMBC	<p>E Awareness campaign for 2020 to be developed which target key organisations (all RMBC social care staff, RDaSH and TRFT).</p> <p>Wider Awareness campaign (phase 2) to extend to partners and universal community services</p>	<p>E learning in place for 2020</p> <p>Plan in place for 2020</p>	<p>30th Nov 2020</p> <p>30th Nov 2021</p>	Claire Tester - RMBC Learning and Development		
4.3	RMBC/ VAR	<p>Neighbourhood Teams and Voluntary Action Rotherham will map all the voluntary groups who work with autistic people. For example:</p> <p>Chat and Chill</p> <p>Life Act Drumming</p> <p>Men in Sheds</p> <p>Speak Up for Autism</p> <p>Drop in at Mowbray Gardens</p>	<p>Feedback from autistic people unpaid carers in relation to information is reporting improvement.</p>	<p>30th Nov 2021</p>	Martin Hughes - Neighbourhoods		

		<p>NAS Rotherham</p> <p>My Place (http://www.ymcawhiterose.org.uk/ohso_feature/myplace-facility-rotherham/)</p> <p>Rotherham's Gizmo and connect to support webpage is reviewed and is designed to be as accessible as possible and easier to navigate.</p>				
4.4	RMBC/RCCG/ RDASH/ TRFT/ SY Police	All public bodies to ensure that the needs of autistic young people and adults are considered and captured in Equality Impact Assessments (EIA).	Autistic young people report that public services are more accessible	30 th October 2021	Principle equality lead: RMBC equality lead	
4.5		<p>Carers assessments:</p> <p>Ensure that carers who support autistic people needs are better met through the carers assessment.</p>	Carers report that they are better supported	30 th November 2022	Jo Hinchcliffe	
4.6	RMBC/ SYP	<p>Hate crime awareness training sessions (dealing with hate crime, being radicalised, controlling and coercive behaviour, being groomed or abused in other ways.)</p> <p>Develop content of training and literature to suit audience</p> <p>Hold awareness session</p> <p>Evaluate plan next stage of roll out of training</p>	Training package available	<p>30th Sept 2021</p> <p>31st July 2022</p> <p>30th Sept 2022</p>	Nick Knowles (SYP) / Claire Tester RMBC Learning and Development	
4.7	RMBC	To increase awareness raising sessions in relation to autism awareness and hate crime/safeguarding.	An awareness campaign to be developed with VAR,	31 st Jan 2023	Nick Knowles (SYP) / Claire Tester, RMBC Learning and Development	

			Rotherham partnership, older persons forum, business forum			
4.8	South Yorkshire Police	<p>Autism awareness training sessions for <u>all</u> South Yorkshire Police officers</p> <ul style="list-style-type: none"> • Training for all officers on Autism Awareness • Training to Atlas Court Call Handlers • Sessions delivered to Custody Suite Staff 		30 th March 2021	Nick Knowles SYP Lead	
4.9	South Yorkshire Police	<p>The success of the Autism Alert Card across the South Yorkshire Police Force.</p> <ul style="list-style-type: none"> • To evaluate both uptake and success 		30 th September 2022	Nick Knowles SYP Lead	
4.10	South Yorkshire Police	<p>Development of easy read materials for victims and witnesses to help reduce anxiety</p> <ul style="list-style-type: none"> • Trial in custody suite for Widgets to support communication. 		31 st January 2022	Nick Knowles SYP Lead	
4.11	RMBC/CCG	<p>Promoting healthy Lifestyles and better mental health for autistic adults Ensuring we Identify health inequalities and address areas adding to future implementation plan for the autism strategy – Joint Strategic Needs Assessment (JSNA) does capture this data.</p> <p>National screening programmes take up - bowel, breast, cervical cancer screenings</p> <p>Annual health checks take up and quality of the health checks.</p> <p>Ensure that autistic adults are participating in the 5 ways to wellbeing campaign – accessible information and promotion.</p>		31 st November 2022	Ruth Fletcher-Brown – Public Health	

		<p>That Rotherham's suicide prevention program includes autistic people</p> <p>To raise awareness of the risk of suicide for autistic people through 'being the One'</p> <p>Ensure the 5 ways to wellbeing is accessible for autistic people</p>					
4.12	RMBC	<p>Scope opportunities to deliver autism awareness training for cabinet members and seek Cllr champion</p>	<p>To aim for 100% of Councillors have accessed training</p>	<p>31st July 2020</p>	<p>NAS and Claire Tester - RMBC</p>		
4.13	RMBC	<p>Housing: The Council are developing new supported living options for people with a learning disability and autism in 2019/20.</p> <p>A bid has been made to the Local Government Association to develop a strategic needs assessment of the accommodation needs of people with a learning disability, autism and mental health needs.</p> <p>Work will be done with RMBC Housing to look at developing housing related support options – shared lives, key ring to support people with autism</p>	<p>More autistic people have greater housing choice.</p>	<p>30th September 2022</p>	<p>Sarah Watts - RMBC Strategic Housing lead</p>		

Priority 5 – Aging Well

Autistic Adults living in Rotherham will be better supported as they grow old.

Lead: Garry Parvin

Lead	What will Rotherham do? Activity and Planned Output	Success Criteria	Date for completion	Project owner	Progress to date	RAG
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5.1	RMBC/ RCCG	<p>We will ensure that the needs of autistic people are included in strategies and plans to meet the needs of older people in Rotherham.</p> <ul style="list-style-type: none"> • JSNA data to be updated and reviewed • Annual health checks take up and quality of the health checks. • Mental health promotion (inc Suicide prevention) for autistic people • Projects for older people are accessible for autistic people – VAR https://www.autism.org.uk/about/adult-life/ageing.aspx • Rotherham works as part of the Sheffield City Region and South Yorkshire and Bassetlaw Integrated Care System to make better use of technology such as wearable devices and monitors to support people with long term health problems in new ways, helping them to stay well and live independently for longer. 	Autistic older people report that services / community opportunities are accessible to meeting their needs	30 th April 2022	<p>RMBC: Public Health</p> <p>Gilly Brenner</p> <p>Anne Charlesworth</p> <p>Ruth Fletcher-Brown – Public Health</p> <p>Sue Turner</p>		Page 108
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Glossary of Terms used in this Strategy:

Term	Expanded Version	Meaning (if applicable)
ADASS	Association of Directors of Adult Social Services	ADASS is the association of directors of adult social services in England. We are a charity and the association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.
ASC	Autistic Spectrum Conditions	Autism spectrum Condition (ASC) is the name for a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behaviour.
CAMHS	Child And Adolescent Mental Health Services	CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
EIA	Equality Impact Assessments	An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people – this includes autistic people.
Rotherham HWB	Rotherham Health and Wellbeing Board	Rotherham HWB is the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing. The HWB also sets the strategic direction for the Integrated Health and Social Care Partnership Place Board, which was set up to drive integration and deliver transformation across health and social care. The HWB has a comprehensive outcomes framework and receives quarterly performance reports on the place plan to assure progress. Partners provide constructive challenge and are keen to collaborate across organisational boundaries for the benefit of people in Rotherham.
Rotherham's Integrated Health and Social Care Place Plan		This plan aligns to the new Rotherham Health and Wellbeing Strategy. The Plan is intended to work as a catalyst to deliver sustainable, effective and efficient health and care support and community services

		with significant improvements underpinned by collaborative working through the development of the Rotherham Integrated Care Partnership (ICP). Partners are fully committed to working together to make decisions on a best for Rotherham basis to achieve the transformations set out in this Plan.
Life Course Approach		A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. This approach aims to increase the effectiveness of interventions throughout a person's life, focusing on a healthy start to life then targeting the needs of people at critical periods throughout their lifetime such as adolescence, moving into work, pregnancy, retirement, bereavement and end of life.
NAS	National Autistic Society	The NAS Rotherham Branch launched in October 2008 and is run on a voluntary basis by people affected by autism spectrum conditions (ASCs). See: http://rotherham.webeden.co.uk/
Neurodevelopmental Pathway		Neurodevelopmental Pathway is a specialist service responsible for the assessment of neurodevelopmental conditions such as Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).
NICE	National Institute for Health and Care Excellence	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
Pathways to Progression		Supporting 15 to 19 year-olds not in education employment or training (NEET) to engage in learning or employment.
Pathways to Success		A needs-led community-based programme which focuses on supporting adults with health issues from marginalised communities, not mandated for the Work Programme or inactive in the labour market to develop basic skills and move towards or into employment.

The Sheffield City Region Combined Authority		The Sheffield City Region Combined Authority (formally the Barnsley, Doncaster, Rotherham and Sheffield Combined Authority) is the combined authority for South Yorkshire in England, with powers over transport, economic development and regeneration.
RDASH	Rotherham Doncaster and South Humber NHS Foundation Trust	Specialises in delivering the following: Adult and Older Adults Inpatient and Community Mental Health; Children and Adolescent Mental Health; Learning Disabilities; Substance Misuse; Psychological Therapies, Forensic and Community Services.
Rotherham Business Growth Board's employment and skills sub-group		Is a sub group of the Rotherham Business Growth Board which oversees the Rotherham Employment and Skills Strategy.
Sensory Integration Support		Sensory integration is about how our brain receives and processes sensory information so that we can do the things we need to do in our everyday life. There is a theory of sensory integration and a therapeutic approach based on the theory.

Committee Name and Date of Committee Meeting

Cabinet – 15 June 2020

Report Title

Support Services for Adult Survivors of Child Sexual Exploitation: Commissioning and Procurement Approach

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

Yes

Strategic Director Approving Submission of the Report

Sally Hodges, Interim Strategic Director of Children and Young People's Services

Report Author(s)

Jo Smith, Head of Service, Commissioning, CYPS
01709 822125 or jo.smith@rotherham.gov.uk

Jenny Lingrell, Joint Assistant Director of Commissioning, Performance & Inclusion
01709 254836 or jenny.lingrell@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The current contracts to support adults who are survivors of child sexual exploitation will come to an end in December 2020. It is proposed that services are re-commissioned for at least three more years (until April 2023) to provide ongoing support to Rotherham residents who are vulnerable due to their historic experiences. To support the re-commissioning process a detailed needs analysis, including public consultation, has been prepared.

This report provides background information on current commissioning arrangements and presents the key findings from the needs analysis. Further to the needs analysis it provides details of proposed procurement arrangements including the key features of the service specification.

Recommendations

1. That the key findings from the needs analysis for support services for adult survivors of child sexual exploitation be noted.

2. That approval be given for services to be re-commissioned until 31 March 2023, with an option to extend until 31 March 2025, and that a formal tender is advertised.
3. That approval be given to the key features of the service specification, as set out in paragraphs 2.14 and 2.15 of this report and Option 3, to realign the funding split to increase the proportion of evidence-based interventions that are delivered as part of the overall service offer.

List of Appendices Included

- Appendix 1 Equality Analysis: Support Services for Adult Survivors of Child Sexual Exploitation
- Appendix 2 Needs Analysis: Support Services for Adult Survivors of Child Sexual Exploitation

Background Papers

No

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Improving Lives Select Commission – 03 March 2020

Council Approval Required

No

Exempt from the Press and Public

No

Support Services for Adult Survivors of Child Sexual Exploitation: Commissioning and Procurement Approach

1. Background

- 1.1 In summer 2016 the Council commissioned support services for young people and adults who have experienced child sexual exploitation (CSE).
- 1.2 The purpose of commissioning these services was to support victims, survivors and their families to achieve the following outcomes:
 - Start to recover from their trauma of child sexual exploitation;
 - Build resilience and develop coping strategies for everyday life;
 - Improve their self-esteem and self-confidence;
 - Improve their mental health and wellbeing;
 - Be supported in fulfilling their maximum potential; and
 - Reduce the risk of harm.
- 1.3 Following an open tender procedure in line with Public Contract Regulations 2015, contracts were awarded to three local voluntary sector organisations. The contract arrangements commenced from 1 July 2016 to 31 March 2019 with an option to extend for a further two years. The contract was extended for 1 year initially and then for a further 9 months until 31 December 2020. The successful providers are Rotherham Rise, GROW and Rotherham Abuse Counselling Service (Rothacs).
- 1.4 Service provision is split into three main categories, these are practical and emotional support and advocacy for young people up to the age of 25 and practical and emotional support and advocacy for adults; these two services are provided by Rotherham Rise and GROW. Evidence-based therapeutic interventions are provided by Rotherham Rise and Rothacs. Between July 2016 and September 2019 the services jointly supported 1,430 victims/survivors.
- 1.5 The outcomes from existing service provision have been broadly positive. A survey of current service users in July 2019 revealed that 64% felt that their health had improved a lot or a little, 70% felt that their ability to cope had improved a lot or a little, and 67% felt that their ability to make decisions and take control of their lives had improved a lot or a little. However, only 55% felt that their self esteem and confidence had improved whilst 30% said that it was the same, and 54% said that they felt more safe with 29% saying that this had stayed the same.
- 1.6 In addition to the RMBC commissioned services, there are a range of support services provided by the local voluntary, faith and community sector as well as national organisations. Swinton Lock and Apna Haq were previously funded by the Council and now have accessed funding from other sources such as the Big Lottery.

Victims / survivors also have access to Independent Sexual Violence Advocacy (ISVA) which is funded by the National Crime Agency (NCA) as part of Operation Stovewood.

ISVAs advocate on behalf of someone who has been a victim of sexual violence and help them to access support and services from a range of statutory and non-statutory services such as: health services, housing support, benefits advice and counselling. Services, such as these, that are not commissioned by RMBC will have terms and conditions and be subject to quality assurance requirements as set by their own funding/commissioning organisation.

- 1.7 The local landscape to respond to historic child sexual exploitation in the borough has also been significantly shaped by the establishment of the Trauma and Resilience Service in July 2018.
- 1.8 The NHS Stovewood Trauma and Resilience Service (TRS) provides support to the survivors of child sexual exploitation (CSE) under the remit of the NCA's Operation Stovewood. The TRS is a complementary service whose role has been to provide trauma informed education, supervision, consultation and pathway integration throughout Rotherham's landscape of CSE support provision.
- 1.9 The TRS has been successful in developing education, awareness and cohesion across the system, for example the delivery of training to General Practice and other health and social care providers, including voluntary and community sector providers. TRS now has an established role as a neutral hub available for consultation and support. The providers of support commissioned by the Council are fully aligned with the TRS and benefit from the level of cohesion and coordination it provides.
- 1.10 The service is commissioned by Rotherham Clinical Commissioning Group and provided by RDaSH. The Department and Health and Justice have agreed to fund the service for a further three years from April 2020.
- 1.11 In summary, the context for the current commissioning process is significantly different from that in 2016. The progress made through the Operation Stovewood investigation, led by the National Crime Agency, together with the Trauma and Resilience Service, has led to a better understanding of how to meet the need of victims and survivors. The Council-commissioned services will sit alongside other services, including statutory and non-statutory provision, to meet the needs of victims and survivors in the most appropriate way at the most appropriate time. This will include the offer of ISVAs, mental health practitioners and GPs as well as the voluntary and community sector. There is now a shared understanding of the impact of trauma and how to respond. The Trauma and Resilience Hub supports consistency of practice across different services, underpinned by a clinical evidence base. The goal is to create a seamless experience of support for victims and survivors, regardless of entry and exit points into services.
- 1.12 The arrangements in Rotherham and the recommendations in this report align with the findings of the All Party Parliamentary Group report on Adult Survivors of Childhood Sexual Abuse, published in May 2017, which states that:

Across the health and social care sector, there is an increasing understanding of the impact of early life trauma. Adverse Childhood Experiences (ACEs), as this approach is known, recognises that when children are exposed to adverse and stressful experiences, it can impact on their ability to think, interact with others and on their learning. There is not yet a nationwide strategy for the ACEs' approach, but its growth is of particular significance to adult survivors.

Survivors told the inquiry they want to be met with a trauma-informed response by professionals they encounter. Trauma-informed is a model of care that recognises the trauma caused by abuse and its impact across all aspects of a person's life. This method supports a person to recover from the trauma.

2. Key Issues

- 2.1 The current service provision was designed using a needs analysis undertaken by the CSE Joint Intelligence Working Group in December 2015. The needs analysis set out scenarios which assumed various patterns of help seeking behaviour to predict the number of victims and survivors that were likely to be seeking support over the 5-year period. Contracts were awarded to three separate providers to support service user choice, provide a combination of evidence-based interventions and practical and emotional support, and to provide flexibility in managing capacity and demand.
- 2.2 To inform a re-commissioning process, a needs analysis has been prepared. The needs analysis draws together a range of qualitative and quantitative information from the following sources:
- Contract monitoring information for the lifetime of the contracts
 - A service review undertaken in 2017 in response to concerns about waiting lists
 - An independently commissioned pre-consultation report, provided by ACEPPE
 - Direct work with service users who are working with GROW, Rotherham RISE and Rothacs
 - A benchmarking exercise with other local authorities who have similar service provision, led by a sub-group of the Improving Lives Select Commission
 - A web-based public survey
- 2.3 The needs analysis, which draws from contract monitoring information and a service review, undertaken in 2017, identified that whilst initial demand was higher than expected, it has reduced over time. The funding profile has reduced in line with this reduction in demand. There is also clear evidence that there is higher demand for evidence-based interventions than for practical and emotional support. The ability to flexibly manage capacity and demand has been enhanced by the hub role that is now played by the Trauma and Resilience Service, and it is recommended that this arrangement is specified for all future contracts.

- 2.4 The advantage of having more than one provider, whose work is linked to the 'neutral hub' provided by the Trauma and Resilience Service is that there is an opportunity to manage demand and capacity, and match service user need with the right service. The new service specification will make the requirement to work in this way explicit.
- 2.5 In September 2018, the Council commissioned an external organisation with professional experience in co-production with 'experts by experience' to undertake a consultation for future services for adult survivors of CSE. A Centre of Excellence in Patient and Public Engagement (ACEPPE) undertook a pre-consultation report which represented phase one of this work. Much of the pre-consultation work was focused on engaging with victims and survivors through the delivery of group work that explored the circumstances that led to abuse, and how victims experienced services at the time. This experience was extremely negative as has been well documented in the Jay Report and the Casey report.
- 2.6 The ACEPPE pre-consultation report made a clear recommendation that co-production should be embedded within service design and delivery and this finding will be reflected within the revised service specification.
- 2.7 Service user feedback was also captured through a survey. The responses indicate that this kind of provision is only able to achieve long-term and marginal gains. The length of service is longer than expected with some service users remaining engaged for more than two years. It is proposed that the new service specification structures service delivery into a core offer, no longer than 12 months followed by a step-down service. This will ensure that service users do not develop dependence on services and are supported to access less specialist support to meet their needs on an ongoing basis. The step-down service will be structured to embed and build on the sense of improvement achieved following the more intensive support phase. This structure of service delivery aligns with findings from the benchmarking exercise. It is proposed that, in Rotherham, should a service user need to step back up into a more intensive service there is a (re-)referral pathway to support this.
- 2.8 Across a range of issues, the majority of service users felt that things had improved for them either a little or a lot, however, a significant minority felt that things had stayed the same, and some (approximately three people) felt that things had got worse. Based on these findings it will be important to ensure that contract monitoring data is considered with other similar services linked to the Trauma and Resilience Service to allow benchmarking and ensure sharing of good practice is built into contract management and quality assurance processes.

- 2.9 The needs analysis is enhanced by some benchmarking with other authorities, a piece of work that was led by a sub-group of Elected Members, led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford and Wrekin, Oxfordshire and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This provides a snapshot of other Local Authority's responses to the CSE issues in their area to be captured. The council members involved have expressed an intention to carry out further work to examine practice in other authorities to ensure that the benchmarking information is robust. It is intended that this will inform ongoing scrutiny of delivery arrangements once the new contracts are operational.
- 2.10 The benchmarking exercise found that funding levels appear to be lower in the benchmarked authorities and demand for services is also lower than in Rotherham. Notably Rotherham is the only Local Authority where an independent inquiry has taken place although this is something that was being considered in other areas. Two of the authorities commissioned services from the voluntary sector, and one authority operated an in-house service.
- 2.11 There was limited evidence of joint commissioning with health services in other areas although there was an awareness of Rotherham's Trauma and Resilience Service and interest in developing a similar approach.
- 2.12 In other areas there was evidence that the service offer was time-limited with a focus on a step-down or moving-on service and this learning has been reflected in the refreshed service specification.
- 2.13 The public consultation ran for one month and attracted a low number of responses (four). However the feedback was constructive and has been reflected in the needs analysis and will inform the refreshed service specification with a focus on promoting the service. The public survey and service user feedback both indicate that awareness of what services are in place and how to access them was limited and there is a need for better marketing and communication within any service specification developed in future.
- 2.14 Based on the needs analysis, the service specification will continue to focus on a mixture of practical and emotional support and advocacy and evidenced based therapeutic interventions. In addition to this, the key features of the refreshed service specification will set out the following requirements:
- Co-production is embedded within service design and delivery
 - All referrals are moderated and assessed by the 'neutral hub' provided by Trauma and Resilience Service
 - Providers demonstrate their ability to meet the requirements of the Trauma and Resilience Service as set out in paragraph 2.15
 - Providers agree to work together to manage demand and capacity with the support of the hub
 - Service design is for a time-limited offer with clear step-down arrangements
 - Service outcomes and performance monitoring is benchmarked within the Trauma and Resilience Reference Group to support quality assurance and service improvement

- Providers work alongside the Trauma and Resilience Reference Group to design and deliver effective marketing of the offer
- The Service will evidence working in a boundaried way, protecting evidence and working with vulnerable witnesses through the criminal justice system such as those supported through the National Crime Agency's Operation Stovewood.

2.15 The Trauma and Resilience Service request that providers who work as part of the hub are:

- able to evidence awareness and an understanding of how CSE impacts upon the individual, their family and their community through a recognised training such as or equivalent to: one day whole organisation training package 'Trauma Matters', which includes life cycle development and the impact of complex sexual trauma, the relevance of Adverse Childhood Experiences to CSE, Complex Post Traumatic Stress Disorder with reflective discussion groups etc.
- able to evidence training and practice in relation to a sexual trauma specific trauma stabilisation intervention package such as the RDASH model. Evidence of a governance structure that supports this intervention such as regular supervision from a specialist in the field, regular practice reviews.

3. **Options considered and recommended proposal**

3.1 Cabinet are asked to note the key findings from the needs analysis for support services for adult survivors of child sexual exploitation. Based on the needs analysis the current options have been considered:

3.2 **Option 1:** A re-commissioning process does not take place and services cease when the current contract ends in December 2020. This is not the recommended option.

3.3 The Jay Report identified that high numbers of Rotherham residents were affected by child sexual exploitation between 1997 and 2013. The National Crime Agency continues to investigate historical child sexual exploitation as part of Operation Stovewood and the Trauma and Resilience Service will be in place for at least 3 more years. It is important that there are services to support all victims / survivors of child sexual exploitation regardless of whether they are part of active investigations. It is important that any services commissioned by the Council align with the services provided by its partners.

3.4 **Option 2:** A re-commissioning process takes place via open tender to award a contract until April 2023, with an option to extend until April 2025, and that the service specification is modified to reflect the key findings of the needs analysis and the requirement to align with the Trauma and Resilience Service. Option 2 would retain the current funding split between practical and emotional support and advocacy and evidence-based interventions. This is not the recommended option.

- 3.5 Over the last five years it has become clear that there is greater demand for evidence-based interventions that for generic practical and emotional support and advocacy; there is a need align the funding split to reflect this.
- 3.6 **Option 3:** A re-commissioning process takes place via open tender to award a contract until April 2023, with an option to extend until April 2025, and that the service specification is modified to reflect the key findings of the needs analysis and the requirement to align with the Trauma and Resilience Service. Option 3 would align the funding split with the demand for practical and emotional support and advocacy and evidence-based interventions by weighting funding towards evidence-based interventions. This is the recommended option.
- 3.7 Over the last five years it has become clear that there is greater demand for evidence-based interventions that for generic practical and emotional support and advocacy; there is a need to align the funding split to reflect this. There is still a requirement for both elements of the service, and a service model that allows the contract value to be shared across more than one provider, with coordination provided by the Trauma and Resilience Service, protecting service user choice and ensuring that there is an appropriate mix of service providers to meet demand.

4. Consultation on proposal

- 4.1 The needs analysis has been prepared following a range of consultation exercises with different audiences. The table below summarises the consultation activity and the timescales in which it was completed:

ACEPPE led direct work with 36 survivors	Jan – March 2019
Direct work with 33 existing service users	March – June 2019
Benchmarking exercise with other local authorities, led by a sub-group of the Improving Lives Select Commission	July – August 2019
Public web-based survey (4 respondents)	March – April 2020

5. Timetable and Accountability for Implementing this Decision

- 5.1 It is proposed that the tender is published July 2020 with the tender evaluation concluded by September 2020.
- 5.2 It is proposed that the decision to enter into contract with the successful provider(s) is delegated to the Strategic Director for Children and Young Peoples Services, allowing contracts to be awarded in October 2020 and service delivery to commence on 1st January 2021 following a mobilisation period should this be required.

6. Financial and Procurement Advice and Implications

6.1 The services described in the tender are classified as Social and Other Specific Services (“SOSS”) as defined in the Public Contracts Regulations 2015 (“the Regulations”) and will be conducted inline with these Regulations and the Council’s own Financial and Procurement Procedure Rules.

6.2 The four contracts that are due for tender have an aggregate contract price of £156,104 per annum, with the current individual contracts listed below:

- Rotherham Abuse Counselling Service £33,000
- GROW - Support £33,000
- GROW – Women’s Empowerment Project £24,104
- Rotherham Rise - Counselling and Support £66,000

The current CYPS budget has funding earmarked to fund the cost of these contracts. Funding levels will be kept under review to ensure that it is commensurate with levels of demand.

7. Legal Advice and Implications

7.1 The proposals in this report do not in themselves contain significant legal issues. It is assumed commissioners will work with Procurement and Legal officers in this procurement exercise.

8. Human Resources Advice and Implications

8.1 There are no HR implications.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The provision of these services is designed to meet the needs of vulnerable young people and adults. The service outcome requirements are that service users will be supported to start to recover from their trauma of CSE, build resilience and develop coping strategies, and improve their self-esteem and confidence in relation to their specific problems and needs.

10. Equalities and Human Rights Advice and Implications

10.1 The service will offer access to all communities and groups including those with protected characteristics. The specification has been developed after thorough consultation and with consideration of the profile of all socio-economic groups and communities. There is evidence of access to services from a range of cultures and ethnicities from data collected.

11. Implications for Ward Priorities

11.1 The service offers borough-wide provision with no specific implications for individual wards.

12. Implications for Partners

- 12.1 During the completion of the needs analysis, it was confirmed that the funding source for the Trauma and Resilience Service was secure for an additional three years until March 2023. The Trauma and Resilience Service provide support to victims / survivors of CSE who are involved with Operation Stovewood. The model of support and the allocation of referrals to wider CSE services is already managed via the Trauma and Resilience Service (as represented in the needs analysis). On this basis, it is recommended that the new service specification, and the contract timescales are fully aligned with the provision of services through the Trauma and Resilience pathway.
- 12.2 The contract evaluation team will have multi-agency representation and the tender evaluation report will be considered by the Trauma and Resilience Expert Reference Group which has representation from health, police and voluntary sector partners.

13. Risks and Mitigation

- 13.1. The timescales for the re-commissioning of the CSE Support services are challenging and this is amplified by the impact of the COVID 19 restrictions. The procurement process is already e-enabled between the Council and prospective tenderers and virtual meetings will be established to undertake moderation through the evaluation process.

14. Accountable Officers

Jo Smith, Head of Service Commissioning, CYPS

Jenny Lingrell, Joint Assistant Director, Commissioning, Performance & Inclusion, CYPS

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	01/06/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	27/05/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	27/05/20

*Report Author: Jo Smith, Head of Service, Commissioning, CYPS
01709 822125 or jo.smith@rotherham.gov.uk*

*Jenny Lingrell, Joint Assistant Director of Commissioning,
Performance & Inclusion
01709 254836 or jenny.lingrell@rotherham.gov.uk*

This report is published on the Council's [website](#).

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Post CSE Services	
Date of Equality Analysis (EA): 29.04.2020	
Directorate: CYPS	Service area: Commissioning
Lead Manager: Jo Smith	Contact number: 01709 807423.
Is this a: <input type="checkbox"/> Strategy / Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/>	
If other, please specify	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (eg service user, managers, service specialist)
Jenny Lingrell	RMBC	AD Commissioning, Performance & Inclusion
Jo Smith	RMBC	Head of Commissioning
Sean Hill	RMBC	Commissioning Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance
Aim/Scope (who the Policy/Service affects and intended outcomes if known)

This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Service affects those whose lives have been impacted by historical child sexual exploitation. This is not restricted to the victim but may include family members. The group is not identified by a protected characteristic or any other socio-economic factor. Barriers to any individual identified by a protected characteristic have been removed or minimised as far as possible to ensure no disadvantage to accessing the service.

What equality information is available? (Include any engagement undertaken)

Engagement and consultation have been undertaken with a wide range of stakeholders including, service users, practitioners, partner agencies, benchmarking with other authorities and public consultation. A comprehensive needs analysis brings together all the engagement and evidence gathered.

Existing arrangements are in place to monitor equality data.

Are there any gaps in the information that you are aware of?

None but further benchmarking is to be undertaken by members of the improving Lives Select Committee.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Equalities data forms part of the monitoring arrangements for all services commissioned by CYPS. This information is collected quarterly and analysis to monitor trends is undertaken.

Engagement undertaken with customers. (date and group(s) consulted and key

A pre-consultation report was undertaken in by ACEPPE, 'a listening and enabling project, commissioned by Rotherham Borough Council

<p>findings)</p>	<p><i>(RMBC). They are a body of professionals and ‘experts by experience’ skilled in listening to the views of people who are the experts of their own experience to help the council develop its future services’</i> on behalf of RMBC. The objectives of the consultation were to:</p> <ul style="list-style-type: none"> • Build trust and confidence with victims, survivors and family members affected by CSE so that they can share their views about what’s importance to them as the starting point for designing outcome-based services. • Be proactive in seeking the views of minority and vulnerable groups in Rotherham and consider the accessibility of support. • Identify protective factors that might lesson demand for services and minimise escalation of need as well as risk factors. • Draw together evidence on best practice on what works in helping victims and survivors begin to recover, build resilience and improve mental health and well-being. • Consider available data on prevalence to identify trends that can help quantify the likely demand for support over the next 5 years. • Work with Children’s Commissioning Team and other commissioning organisations. <p>The voice of current service users was gathered through a series of surveys, interviews and consultations undertaken on a 1:1 basis by services delivering support to those affected by historical CSE.</p> <p>Through this we gained valuable insight into understanding of the dynamic needs of those affected by historical CSE. And were able to further examine the impact of existing services.</p> <p>An online public survey was undertaken in March 2020 to ensure that wider participation in the consultation process was enabled. Learning from the public survey responses are referred to throughout the Needs Analysis.</p>
<p>Engagement undertaken with staff (date and group(s)consulted and key findings)</p>	<p>A needs analysis has been developed which explores the offer of support to CSE survivors in the context of the wider support offer delivered by Health, Voluntary and Community Sector (VCS), Police, National Crime Agency (NCA) and RMBC.</p>

	<p>The objectives of the analysis are that it will enable:</p> <ul style="list-style-type: none"> • A broad range of stakeholder opinions to be heard and understood • Identification of opportunities to improve pathways through support. • Identification of opportunities to work together, jointly resourcing support services. • Projection of future need <p>The analysis is not limited to the voice of services commissioned by RMBC but includes services commissioned by Health, Police, National Crime Agency (NCA) and VCS delivery agents who have accessed alternative funding.</p> <p>To complete the Needs Analysis benchmarking with other authorities was undertaken by a group of council members led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford, Oxford and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This enabled a snapshot of other Local Authority response to the CSE issues in their area to be captured. August 2019</p> <p>The Needs Analysis also refers to the findings of a service review undertaken in 2017/18 when service capacity and demand issues were first identified and to the findings of a multi-agency sub group of the LSCB who were tasked with looking at the commissioning arrangements for CSE services.</p>
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4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups?

(Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The service offers access to all communities and groups including those with protected characteristics. The specification has been developed after thorough consultation and with consideration of the profile of all socio-economic groups and communities.

Does your Policy/Service present any problems or barriers to communities or Groups?

The service specification endeavours to remove barriers or disadvantage to any individual accessing the service.

There are no identified problems or barriers – previous monitoring data substantiates this.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

The service will offer access to all communities and groups including those with protected characteristics. The specification has been developed after thorough consultation and with consideration of the profile of all socio-economic groups and communities. There is evidence of access to services from a range of cultures and ethnicities from data collected.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The service will enable individuals to be supported to lead lives which fulfil their potential, improve health and well-being and make contribution to their communities and wider society as a result.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Post CSE Services
Directorate and service area: CYPS
Lead Manager:
Summary of findings:
<p>The service will impact on people affected by historical child sexual exploitation.</p> <p>We will continue to learn from the experience of people affected by CSE and will use their experience whether positive or negative as a tool to improve our Post CSE offer. We can see from the Public Survey responses that we are still not reaching every individual who needs support, and this must be addressed through the refreshed service specification.</p> <p>Monitoring arrangements will ensure that equalities are tracked and reported on quarterly</p>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Monitor Impact on communities and groups accessing the service	N/A	Quarterly from March 2021

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*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Name	Job title	Date

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	
Report title and date	
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	

DRAFT

Needs Analysis

Support Services for Adult Survivors of Child Sexual Exploitation

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1 Introduction

The purpose of this report is to feedback the findings from the consultation undertaken regarding the needs of those affected by historical child sexual exploitation (CSE).

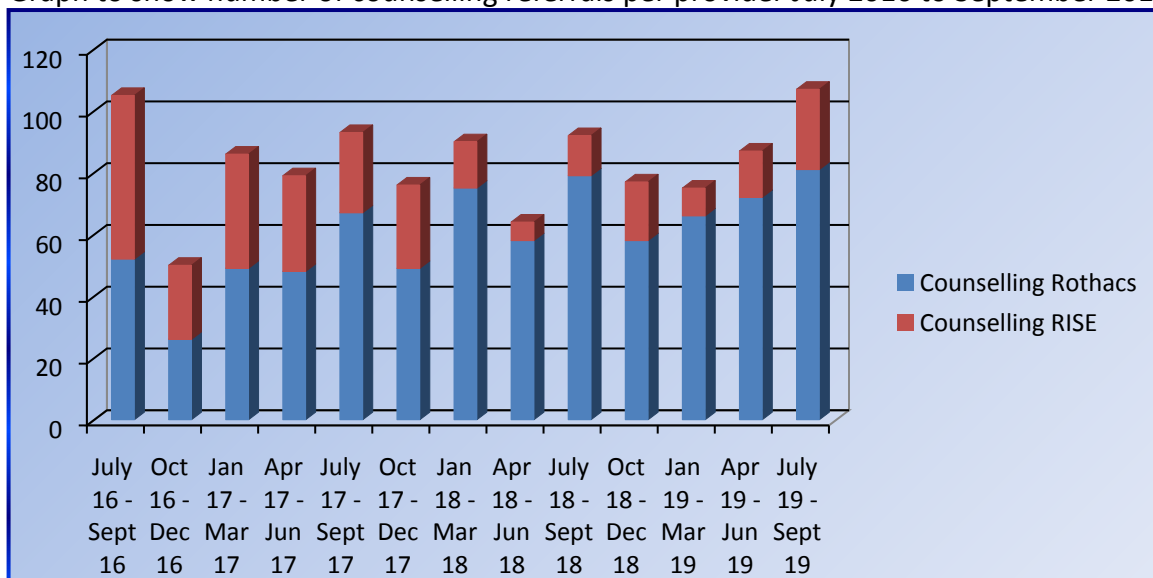
2 Background

Following the publication of the Jay Report (2014) and the Casey Report (2015) significant changes were made across a number of partners. RMBC commissioned a range of support and counselling services. In 2016 RMBC entered into contracts with three local voluntary sector organisations for support services for adults who have experienced child sexual exploitation (CSE). The contracts ran from 1 July 2016 to 31 March 2019 with an option to extend for a further two years – it was extended for 1 year. The funding was profiled to reduce year on year in line with a pattern of help seeking stated in the 2015 Needs Analysis. Funding for the 2019/20 contract extension was maintained at the same level as the 2018/19 contract values.

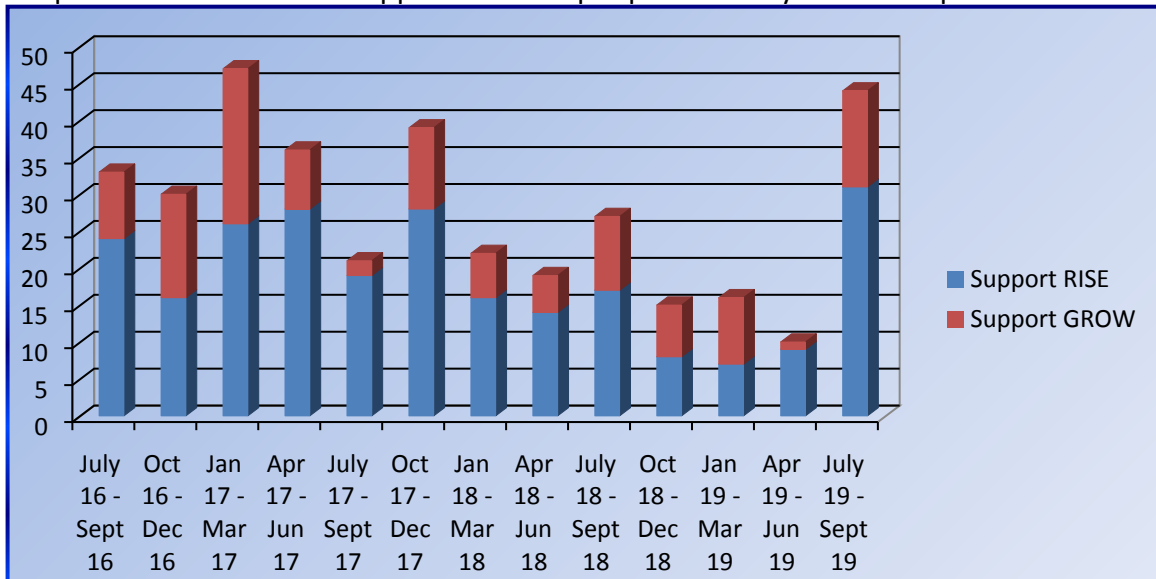
The table below shows the service area, the commissioned providers and funding levels from July 2016 to March 2020.

Post CSE Support Service Area	Provider	July 2016-March 2017	2017/18	2018/19	2019/20
Practical, emotional support and advocacy for young people (up to the age of 25)	Rotherham Rise	£28,237	£21,300	£19,050	£19,050
	GROW	£28,237	£21,300	£19,050	£19,050
Practical, emotional support and advocacy for adults	Rotherham Rise	£28,237	£19,200	£13,950	£13,950
	GROW	£28,237	£19,200	£13,950	£13,950
Evidence based therapeutic interventions	Rotherham Rise	£49,500	£45,000	£33,000	£33,000
	Rothacs	£49,500	£45,000	£33,000	£33,000
Totals		£211,948	£171,000	£132,000	£132,000

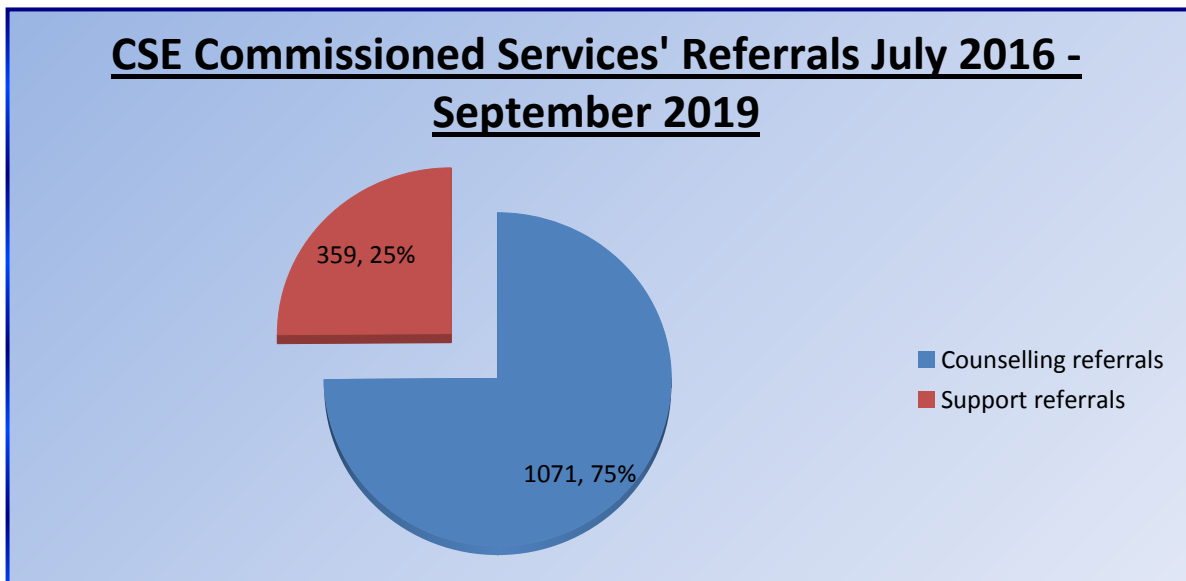
Graph to show number of counselling referrals per provider July 2016 to September 2019



Graph to show number of support referrals per provider July 2016 to September 2019



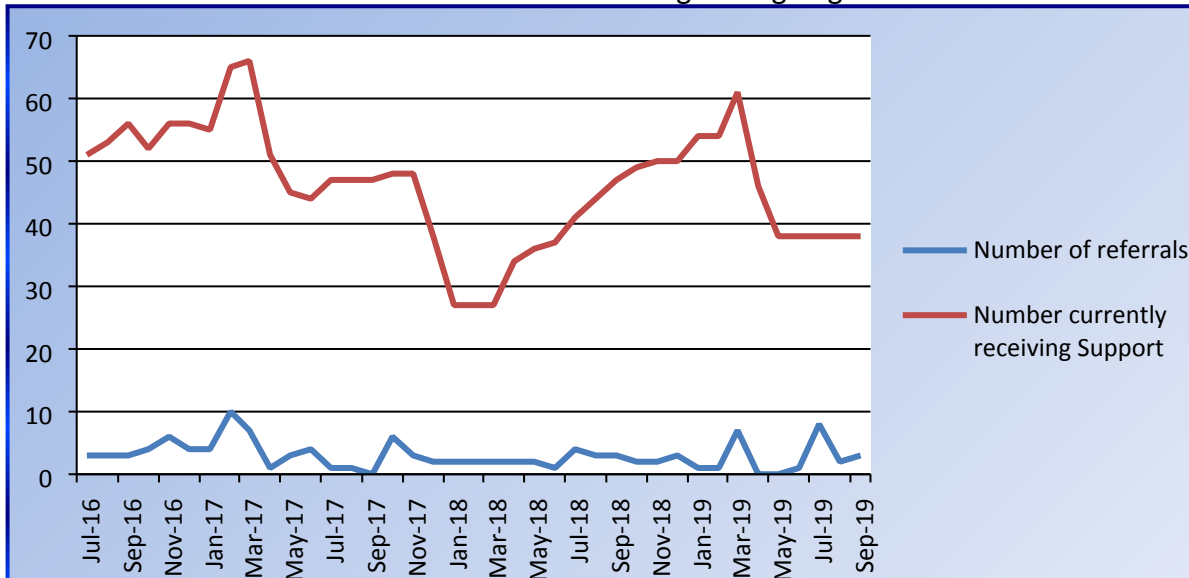
The graphs and pie chart above reflect that referrals for emotional and practical support are broadly in line with the anticipated need set out in the 2015 Needs Analysis, however the demand for therapeutic interventions / counselling have been significantly more than was estimated. A total of 1071 referrals for counselling have been made since July 2016 which equates to 75% of the total demand for support from the three commissioned voluntary sector providers.



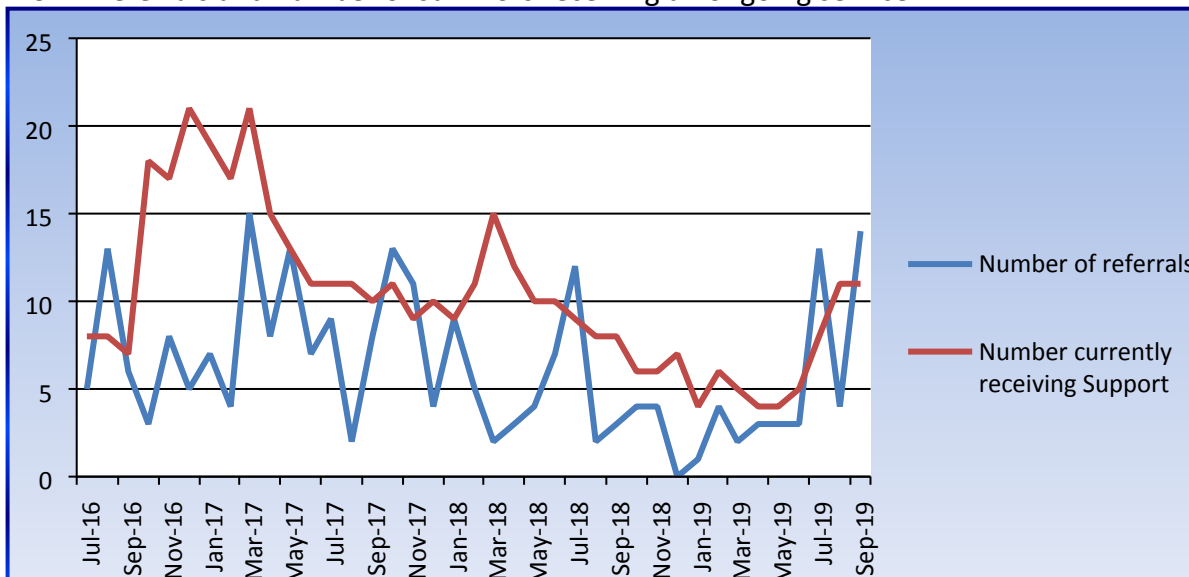
3 Referrals

Referrals for post abuse support are received from individual victims and survivors, the National Crime Agency, GPs, ISVAs, Social Care, Community Mental Health and other statutory and voluntary organisations. The graphs below illustrate the number of referrals received and the number of survivors receiving an ongoing service between July 2016 and September 2019.

GROW – Referrals and number of survivors receiving an ongoing service



RISE – Referrals and number of survivors receiving an ongoing service



Analysis of referral sources for victims and survivors accessing Rotherham Rise support services between April and June 2019 demonstrates that 23.81% were self-referrals, 29% were referred from Domestic Abuse support services, 14.29% were referred by the ISVA service and the remainder were evenly distributed between multi-agency partners such as Adult Mental Health Services and Early

Help. More recent analysis of referrals between July and September 2019 shows that 25.71% were referred via the Trauma and Resilience Pathway.

4 Waiting List

Learning from the commissioned contracts suggests that a structured pathway where survivors' individual needs are assessed and appropriate resources are allocated will result in survivors receiving an appropriate service in a timelier manner. It is also worth noting that without an assessment prior to referring to a service it is difficult to determine if cases meet the eligibility for a service.

Initially a waiting list developed for survivors who required emotional and practical support, demand peaked in late 2017 / early 2018 however currently only a small waiting list exists. The length of service for survivors accessing support with GROW is much greater than the time limited offer of RISE and therefore GROW tend to maintain a high number of service users on service with little scope to accept new referrals. Rotherham RISE demonstrate a greater through put of service delivery.

The demand for counselling, specifically at Rothacs appeared to exceed capacity which gave rise to concern regarding the ability of the service to offer a timely intervention. However, a subsequent demand and capacity exercise carried out by the Trauma and Resilience Service in conjunction with Rothacs has scrutinised their waiting list and has determined that there currently is no waiting list for CSE counselling.

5 Methodology

This analysis explores the offer of support to CSE survivors in the context of the wider support offer delivered by Health, Voluntary and Community Sector (VCS), Police, National Crime Agency (NCA) and RMBC.

The objectives of this analysis are that it will enable:

- A broad range of stakeholder opinions to be heard and understood
- Examination of the impact of existing services.
- Identification of opportunities to improve pathways through support.
- Identification of opportunities to work together, jointly resourcing support services.
- Projection of future need
- Understanding of the dynamic needs of those affected by historical CSE.

Realisation of these objectives has been enabled through a series of surveys, interviews and consultations undertaken on a 1:1 basis by services delivering support to those affected by historical CSE.

This analysis is not limited to the voice of services commissioned by RMBC but includes services commissioned by Health, Police, National Crime Agency (NCA) and VCS delivery agents who have accessed alternative funding.

A pre-consultation report was undertaken by ACEPPE, *'a listening and enabling project, commissioned by Rotherham Borough Council (RMBC). They are a body of professionals and 'experts by experience' skilled in*

listening to the views of people who are the experts of their own experience to help the council develop its future services' on behalf of RMBC. The objectives of the consultation were to:

- Build trust and confidence with victims, survivors and family members affected by CSE so that they can share their views about what's importance to them as the starting point for designing outcome-based services.
- Be proactive in seeking the views of minority and vulnerable groups in Rotherham and consider the accessibility of support.
- Identify protective factors that might lesson demand for services and minimise escalation of need as well as risk factors.
- Draw together evidence on best practice on what works in helping victims and survivors begin to recover, build resilience and improve mental health and well-being.
- Consider available data on prevalence to identify trends that can help quantify the likely demand for support over the next 5 years.
- Work with Children's Commissioning Team and other commissioning organisations.

The independent consultation attempted to engage with RMBC's commissioned providers as well as Swinton Lock and Apna Haq who also continue to work with survivors. Apna Haq and Swinton Lock had significant engagement whilst engagement with the commissioned providers was limited and therefore , to ensure that a wide range of voices were captured, existing commissioned providers were asked to complete questionnaires and focus groups with service users.

This pre-consultation report provided by ACEPPE has corroborated some of the understanding taken from the feedback from RMBC Commissioned services. However much of the pre- consultation report is concerned with the period prior to any services being in place and does not account for the impact of any work undertaken between 2015-2019 which places limitations on its value to the overall analysis.

The Year 1 Evaluation of the NHS Rotherham CCG commissioned Stovewood Trauma and Resilience Service (TRS) in Rotherham (Sheffield Hallam University, 2019) describes the support offered to the survivors of CSE under the remit of the NCA's Operation Stovewood. This service is concerned particularly but not exclusively with those contemplating or participating in the emotionally demanding investigative and court process. The evaluation has a focus on providing evidence to illustrate the ways in which the TRS has worked across multiple sectors in Rotherham to improve the offer of service provision to benefit those affected by CSE. The service also supports upskilling professionals in trauma informed practice. The research underpinning this year 1 evaluation has foundations in the experiences and understandings of professionals in statutory and voluntary services, those who are tasked with supporting those affected by CSE in achieving identified health and wellbeing targets throughout the court process and beyond.

Examination of the previous Needs Analysis (2015) And the Needs Analysis Report Following Sexual Exploitation of Children in Rotherham (University of Salford, 2015) has enabled the tracking of how need has been met, limitations of existing services, lessons learned and understanding that in 2015 RMBC did not have any benchmark to work against.

To complete this 2019 Needs Analysis benchmarking with other authorities was undertaken by a group of council members led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford, Oxford, Bradford and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This enabled a snapshot of other Local Authority response to the CSE issues in their area to be captured.

An online public survey was undertaken to ensure that wider participation in the consultation process was enabled. Learning from the public survey responses are referred to throughout this Needs Analysis.

The Needs Analysis also refers to the findings of a service review undertaken in 2017/18 when service capacity and demand issues were first identified and to the findings of a multi-agency sub group of the LSCB who were tasked with looking at the commissioning arrangements for CSE services.

6 Changing Landscape

When the initial Rotherham Child Sexual Exploitation Needs Analysis (2015) was published a lot of the projection was based on Public Health data comparators between national averages and Rotherham specific and whilst some of the profiles made correct assumptions regarding attendant issues there are anomalies and inaccuracies which may have led to the response not wholly meeting the needs of those affected specifically by CSE. Arguably there are so many concomitant health and social care issues related to CSE that we may never capture an accurate picture of exactly which services those affected by CSE are accessing, not least because not all victims/survivors identify themselves as such. Services commissioned in 2015 were based on recommendations from the Jay Report and Casey report , however at this time understanding of the extent of NCA operations across the Borough was limited, the impact they would have or the type of support needs which would be generated by the investigation/court process activity.

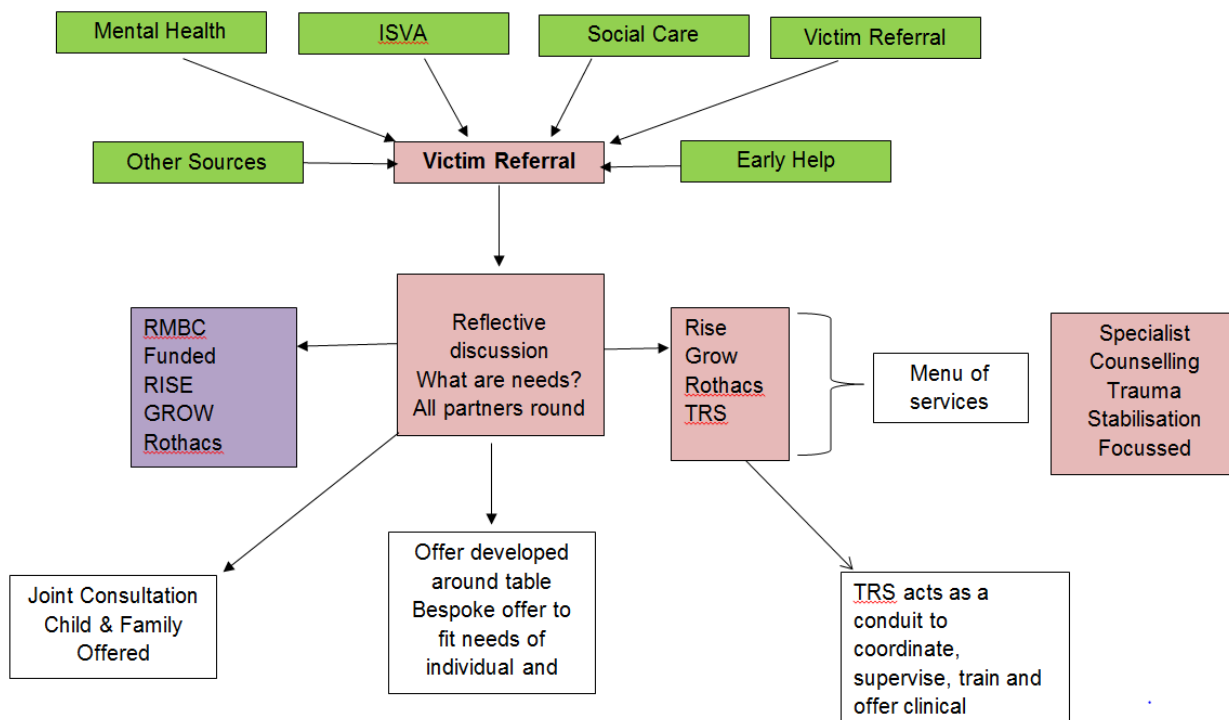
The National Crime Agency's Operation Stovewood has identified over 1500 potential survivors. This is the largest national investigation of its kind. Operation Stovewood seeks to legally (where prosecution is the chosen route of those accessing services), practically and emotionally support survivors.

In 2015 the collective understanding of a trauma informed approach was limited. Pathways through services were unclear with some individuals coming to depend heavily on services with the result of overburdened services and long waiting lists particularly for therapeutic interventions. However since then understanding has developed significantly as explained in the Evaluation of the Trauma and Resilience Service:-

"We've had an exercise through the partnership of revising our proposed infrastructure for commissioned services and the TRS have been party to quite a number of conversations there....the principle behind it is in short that effectively people were able to go to different providers and it could be a situation where they are receiving confidential services from different service providers and that's neither efficient not necessarily effective. So we're trying to move from a position where you're accessing services through different means to effectively a gateway through which we give effectively a single point of access to services, which is much more efficient, more effective, allows us to get more bang for our buck in terms of what we have in terms of capacity"

Year 1 Evaluation of the Trauma and Resilience Service in Rotherham by Sheffield Hallam University: Overview Report: Rebecca Hamer, Professor David Best, Lauren Hall (2019) **Appendix 1**

The diagram below illustrates the relationship / interaction between the Trauma and Resilience Service, RMBC's commissioned providers and other statutory and non-statutory agencies in Rotherham.



This partnership approach aims to:

- Reduce the potential for gaps and fragmentation between local services in Rotherham
- Offer choice around locally available resources and interventions without delay
- Reduce Waiting times, enhance integration, and improve the experience of survivors

There is now a better understanding of the impact of CSE on universal services and specialist services such as mental health services, substance misuse and alcohol services, domestic abuse services also both adult and children’s social care. This understanding is corroborated by the Independent Inquiry into Child Sexual Abuse (IICSA) and their rapid evident assessment of the impacts of child sexual abuse. The research looked at outcomes and impact of child sexual abuse for victims and survivors across seven areas of their lives. These are illustrated in the table below.

Physical health	Emotional wellbeing, mental health and internalising behaviours	Externalising behaviours	Interpersonal relationships	Socio-economic	Religious and spiritual belief	Vulnerability to revictimisation
<ul style="list-style-type: none"> • Physical injuries • High BMI • Problems related to childbirth • Unexplained medical problems 	<ul style="list-style-type: none"> • Emotional distress • Trauma/ PTSD • Anxiety • Depression 	<ul style="list-style-type: none"> • Substance misuse • ‘Risky’ and inappropriate sexual behaviours • Offending 	<ul style="list-style-type: none"> • Reduced relationship satisfaction and stability • Issues with intimacy and parent-child relationships 	<ul style="list-style-type: none"> • Lower educational attainment • Higher unemployment • Financial instability • Homelessness 	<ul style="list-style-type: none"> • Disillusionment with religion • Faith as a coping mechanism 	<ul style="list-style-type: none"> • Sexual revictimisation in childhood and adulthood • Other types of victimisation

The report goes on to state that the outcomes in these interact with, cause, and compound or in some case help to mitigate outcomes in other areas. Outcomes can occur, or recur at any time within the survivor’s lifetime. The report also concludes that the harm also impacts on family members and wider society in both financial and less tangible ways. Resilience and recovery are possible and protective factors such as effective support services and a positive and sensitive response from family, friends and professionals can increase the likelihood of more positive outcomes.

There is better understanding of the need for a partnership approach to meeting the support needs of those affected and the necessity of a pathway through services which is flexible and able to respond to crisis escalation and step down as necessary.

Understanding of the generic and dynamic needs of those who are at different stages in their life and in coming to terms with their trauma and abuse is better.

In May 2019, the All-Party Parliamentary Group (APPG) published their report into the Impact of Childhood Sexual Abuse. The APPG carried out a six-month inquiry, gathering the views of nearly 400 survivors from across the country.

Their findings were that:

Across the health and social care sector, there is an increasing understanding of the impact of early life trauma. Adverse Childhood Experiences (ACEs), as this approach is known, recognises that when children are exposed to adverse and stressful experiences, it can impact on their ability to think, interact with others and on their learning. There is not yet a nationwide strategy for the ACEs' approach, but its growth is of particular significance to adult survivors.

Survivors told the inquiry they want to be met with a trauma-informed response by professionals they encounter. Trauma-informed is a model of care that recognises the trauma caused by abuse and its impact across all aspects of a person's life. This method supports a person to recover from the trauma.

Survivors said that they wanted to be empowered to make decisions for themselves, but to do this they needed readily available information. Too often professionals did not understand abuse, or how to respond to disclosure, and survivors described experiences of needing to request specific referrals from professionals.

7 Benchmarking

To complete this 2019 Needs Analysis benchmarking with other authorities was undertaken by a group of council members led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford and Wrekin, Oxfordshire, and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This enabled a snapshot of other Local Authority response to the CSE issues in their area to be captured. The council members involved have expressed an intention to carry out further work to examine practice in other authorities as they felt that a satisfactory conclusion of how RMBC benchmarks against other Authorities would benefit from wider consultation.

The following questions were asked of each of the authorities:

- How is the service designed and how has this model been arrived at?
- Where does it 'sit' – Adults/CYPS/Public Health/ elsewhere?
- How views of service users are sought/consultation undertaken?
- Pathways into support (referral/ self-referral)
- Who provides the services?
- How much does the service cost and how is this funded?

- Partner Contribution
- Numbers using the service – and if the offer was time limited?
- How are outcomes measured?

In summary the main learning/questions raised were as follows:

The funding levels appear to be lower in the benchmarked authorities and demand for services is also lower than in Rotherham. Notably Rotherham is the only Local Authority where an independent inquiry has taken place which has informed Rotherham's approach however Telford and Wrekin have commissioned an independent review which will inevitably impact on / influence their response to CSE.

Rochdale operates an in-house service and acknowledged that they were only reaching survivors who are going through the court process. Both Telford and Wrekin and Oxfordshire have commissioned the voluntary sector to deliver services.

Joint Commissioning – there was limited evidence of joint commissioning with health services in the other authorities although Telford and Wrekin and Oxfordshire both cited links with trauma and resilience (T&R) support and the benefits of this approach. The trauma and resilience service is now well established in Rotherham, raising the question of merit in exploring if there are economies of scale in pooling budgets and entering into joint commissioning arrangements with CCG. The responsibility for commissioning services or direct service provision for non-recent victims / survivors lies mainly with Adults Services within the other local authorities with some emerging links with Health. This raised the question of whether the current arrangements in Rotherham made the best use of pathways/referrals into other adult services which warrants further exploration?

Time limited support -There was no clear conclusion on 'open ended services' however Telford and Wrekin appeared to have adopted a more time limited 'support to move on' approach.

Three authorities had **single agency provision** – however, some recognised that this model was potentially problematic as single agency couldn't reflect range of services/support or didn't offer a choice if service user didn't want to access the agency. Members were assured that the commissioning approach in Rotherham is not based on single agency provision.

Service-user involvement - each local authority adopted a different approach in its service user engagement. It is therefore difficult to reach a conclusion about the effective of approaches and how this compares to Rotherham.

Measuring Outcomes – no clear consensus emerged from the benchmarking as to how to measure outcomes against a service framework.

Rotherham compared favourably in provision, resources and range of 'offer'.

8 Consultation with commissioned services

CYPS Commissioning undertook a review of commissioned services between October and December 2017 in response to increased demand for CSE services that resulted in growing waiting lists. The review included consultation with service providers and survivors and identified a number of gaps and wider issues that were raised. These were:

- Lack of family support for families with young children who may experience attachment issues whilst dealing their past.
- Lack of appropriate parenting course for parents who have had children removed.
- Acknowledgement of the support to wider family member and the impact of trauma on these relationships.
- Precarious nature of funding climate for third sector organisations and impact on service continuity and stability.
- Length of time needed to build trusting relationships.
- For some people support will be required for a very long period of time – trauma can be a lifelong issue.
- The wider support services that they might have referred onto in the past, to help re-establish people within the community, are reducing or no longer available.

Below are some quotes from conversations with service users that illustrate the impact of the commissioned services:

“Tell you the truth – it kept me alive”

“The way they came across, it didn’t take me that long to trust them”

“At the time I was very depressed and suicidal and I kept telling myself over and over just go one more week”

“One of the best services I have ever used”

*“It’s good to have the opportunity to put my feelings and wishes across”
“I trust them 101%”*

“They are literally life-savers”

“You feel like you’re the only one and this feeling of isolation is immense. It is so amazing to know others understand you and relate to you”

“I was a complete gibbering wreck but they helped build me up and I was able to share with others.”

“You can’t fix 30 years of abuse in one year”

“I love it here – it’s like my second home – even if I feel rubbish I still come.”

“This experience of counselling has changed my life in a positive way and helped me learn some valuable coping mechanisms for when things go wrong”

“I have had an excellent counsellor, I have come to trust her and value her thank you so very much”

“it’s been really positive; it’s made me look at things in a different light. I feel that I now have a future with my children and for myself”

The key findings of the review were that:

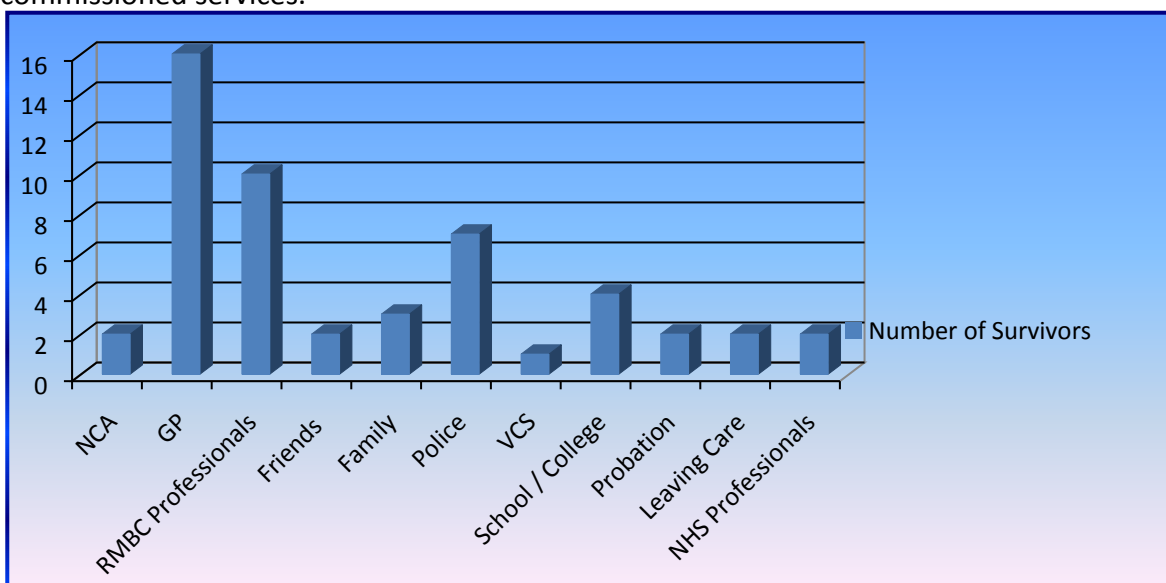
- Referrals for emotional and practical support were broadly in line the original anticipated need. However there were significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract. There were 413 referrals for counselling between July 2016 and September 2017. The 2015 needs analysis only anticipated a total of 240 referrals between July 2016 and March 2019.
- There is currently little flexibility to adjust funding between contracts to meet demand pressures. Any future service design will need to be able to adapt more flexibility to changing need.
- Service Users have expressed positive views on the support they had received. The impact of the services is also demonstrated through case studies and outcome monitoring data.
- There was a decrease in the number of live cases from April 2017 onwards as providers scale back capacity in line with the funding profile. Further work needs to be done to understand the significant difference in volume between providers.
- Waiting lists developed in both service areas but not for all providers. For practical and emotional support there were more people waiting for a service from Rotherham Rise than from GROW. For therapeutic intervention there are significantly more people waiting for a service from RACS than from Rotherham Rise.
- The length of time that victims and survivors are waiting for support or therapeutic intervention varies considerably between providers. Long waiting times mean that people are not getting the 'right care' at the 'right time' and may lead to negative consequences.
- The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.
- As investigations progress and engagement activity with victims and survivors increases, it is very likely that demand for and pressures on commissioned and non-commissioned services will increase.
- Given that the timescales for police investigations and prosecution can last up to 2 years the expectation of 12 months support (as set out in the service specification) might not be appropriate. On the other hand it is recognised that trauma can be a lifelong issue. Future service design will need to consider an appropriate timescale for interventions.
- Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists.
- To date the commissioned services have been accessed predominantly by adults. The funding for post-CSE commissioned services has been provided by RMBC Children and Young People's Service although other statutory organisations have aligned roles and remits to offer support to victims and survivors. '*...commissioning for services for adult*

survivors of CSE remains within Children’s Commissioning Directorate and not with Adult Services. The implication of this is that the skills and experience of Children’s Commissioning will be based within Children’s Services, informed by Children’s Policy and be insufficiently interconnected and integrated within Adult services’ ACEPPE, Pre-Consultation report 2018

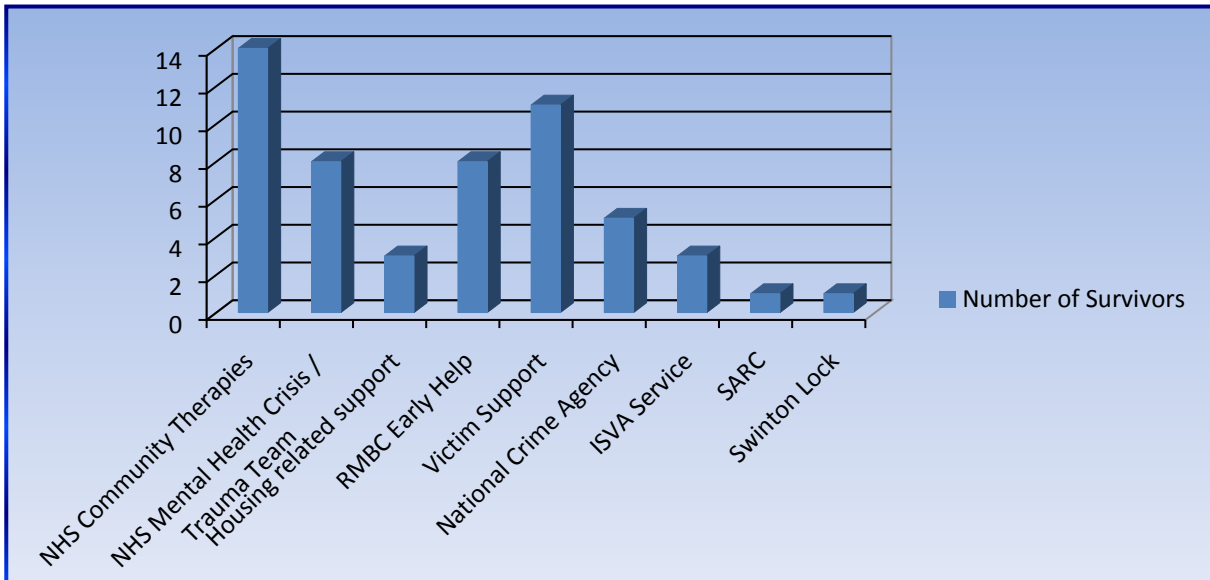
- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information available at the time) underestimated the need and the pattern of support required. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis.

As part of the development of this updated Needs Analysis a further consultation with service users of the commissioned services was undertaken to understand better what helps people begin to recover and what survivor’s experience of services has been like when trying to get help and support. The commissioned services facilitated the completion of a survey, there were a total of 33 completed surveys and the key findings are set out below.

The graph below sets out the responses given when asked how survivors found out about the commissioned services.

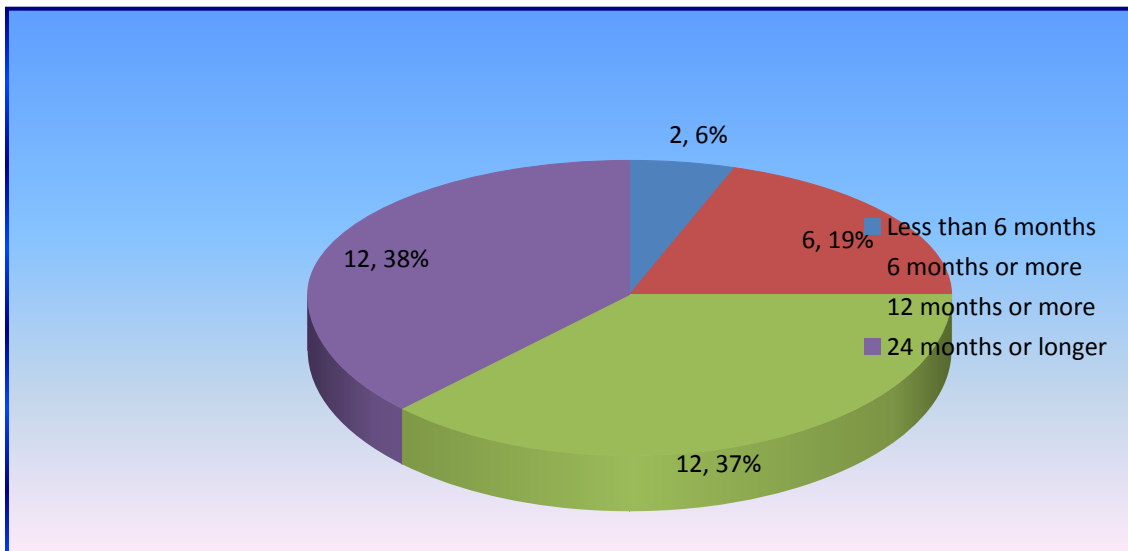


The graph below sets out the responses given by survivors when asked if they have sought help from other organisations.



When asked to scale how easy it was to find help where 0 was impossible to find help and support and 10 was very easy the average response was 7. Varying examples were provided and are available on request. Learning from the Public Survey was that awareness of what services are in place and how to access them was limited which would indicate a need for better marketing and communication within any service specification developed in future.

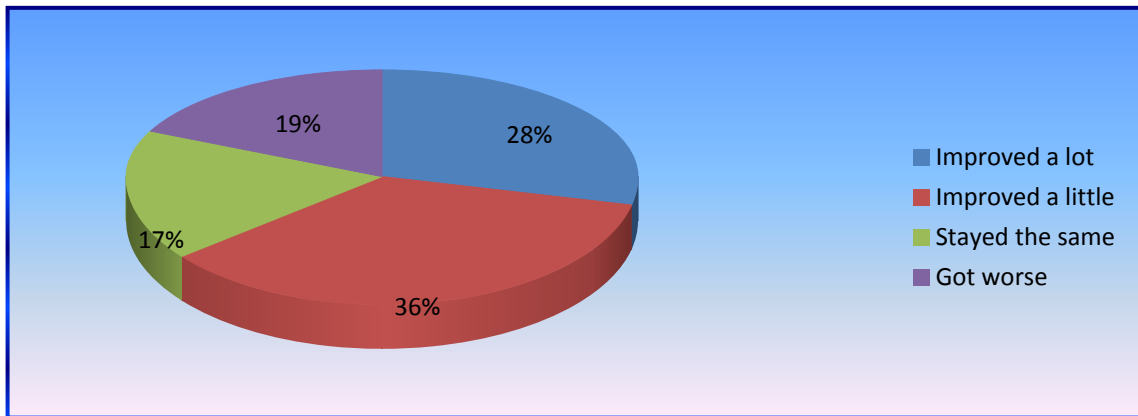
The pie chart below shows the responses given when asked how long you received help for. 37% received a service for 12 months or longer, 38% 24 months or longer and only 6% received a service for less than 6 months. This length of service delivery was not anticipated as part of 2015 needs analysis.



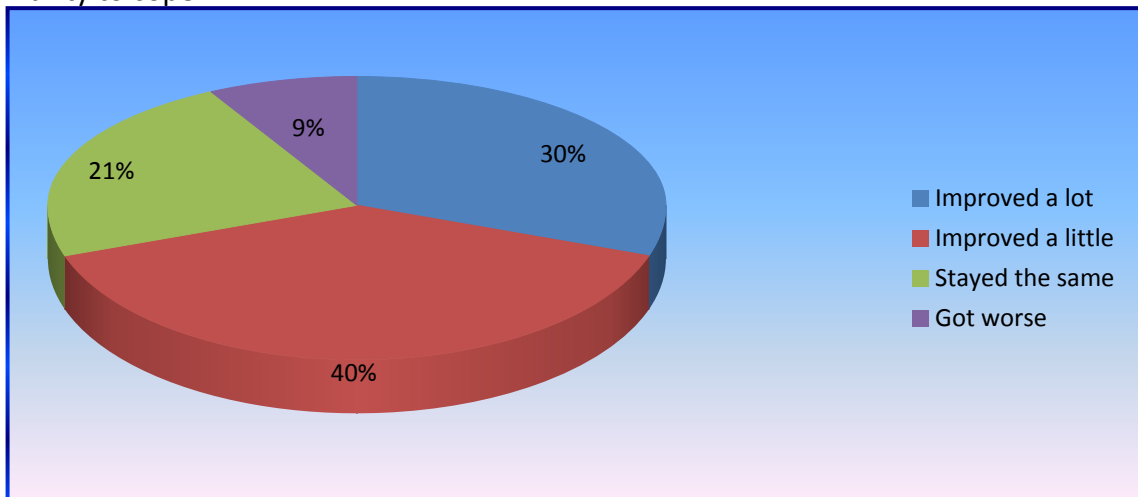
10 Health and Wellbeing

Survivors were also asked after getting support did anything change for them in relation to their health, their ability to cope, their self-esteem and self-confidence, their ability to make decisions and being

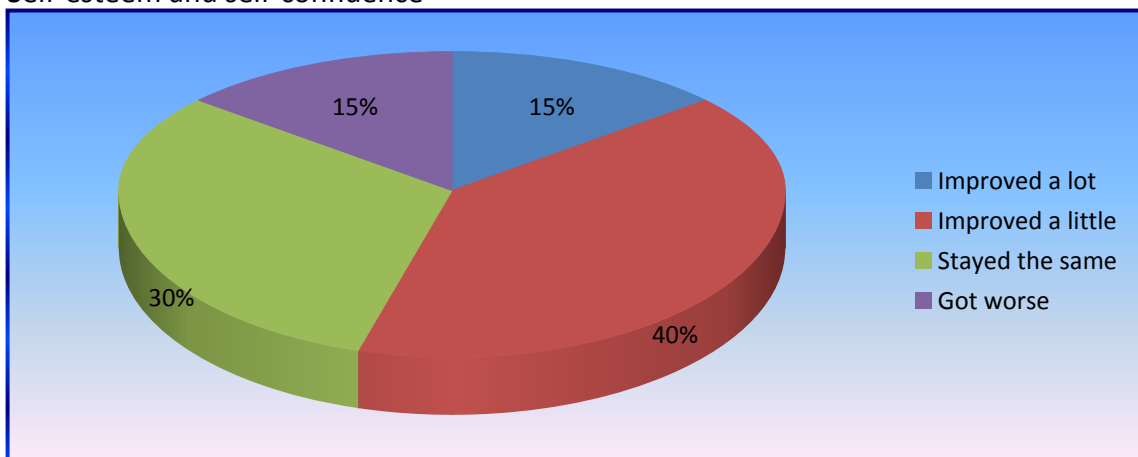
able to control their own life and feeling safe. The pie charts below show the results. The responses mirror those from the Public Survey.



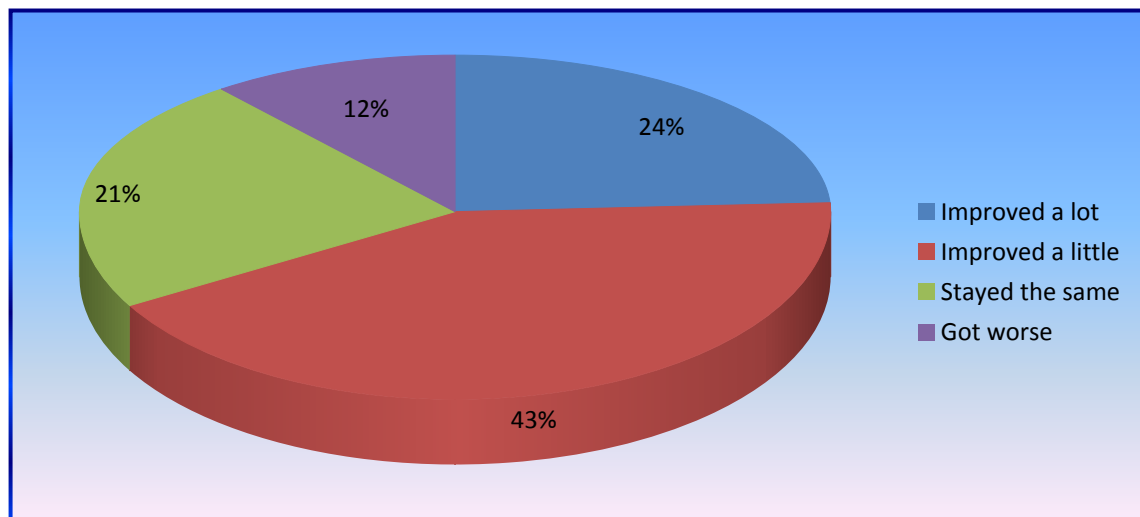
Ability to cope



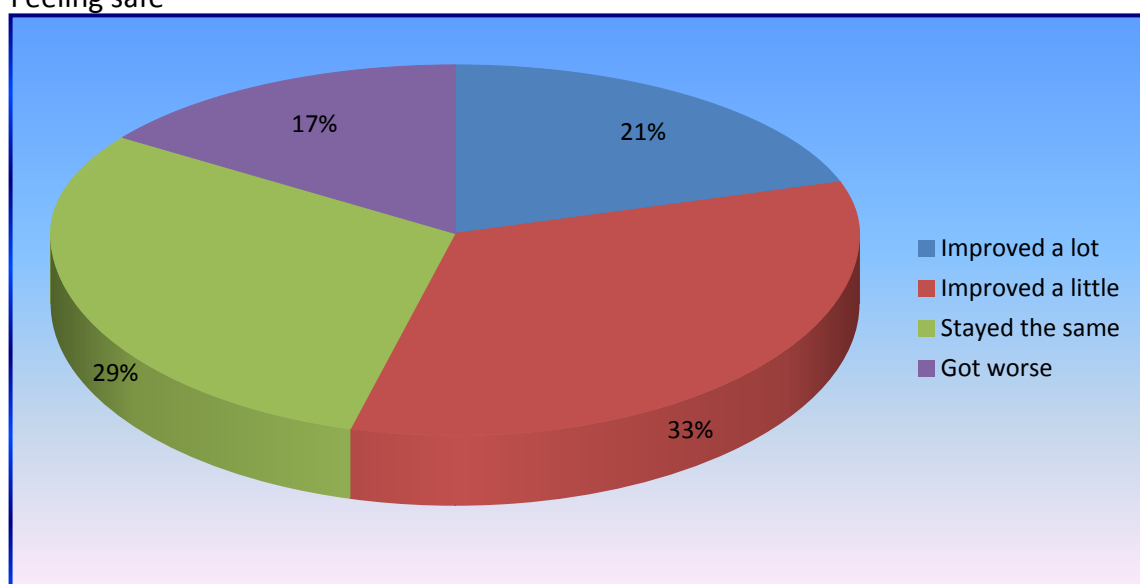
Self-esteem and self-confidence



Being able to make decisions and take control of your life



Feeling safe



Survivors were also asked if they had decided to report / seek justice, 55% of responders answered yes, 30% answered no and the remaining 15% did not answer the question.

9 Conclusion

Learning from the time of the initial Needs Analysis (2015) to present has been a critical part of the analysis.

We will continue to learn from the experience of people affected by CSE and will use their experience whether positive or negative as a tool to improve our Post CSE offer. We can see from the Public Survey responses that we are still not reaching every individual who needs support, and this must be addressed through the refreshed service specification.

Understanding what is being commissioned in other authorities and where the services are best placed to meet need, to ensure a trauma informed approach and a cohesive but flexible pathway has been difficult to ascertain. In most other authorities the commissioner is within adult services. The Trauma Resilience Service (TRS) is currently shaping the modified and improved offer to those affected by

historical abuse and the recent review of their service which has formed part of this analysis indicates high levels of success in terms of outcomes and satisfaction from beneficiaries and other professionals.

The TRS' first year of development and implementation has been focussed on uniting agencies in their knowledge and working practices in order to ensure survivors are not let down but are now given the best quality and most appropriate support and this has built upon the work already done by the CCG and RMBC in the years following the Jay report. Analysis of a combination of qualitative and quantitative evidence gathered for the Year 1 Evaluation of the TRS is indicative of an encouraging shift in opinion of how improved this approach is when compared to what has gone before. It gives a feeling that Rotherham has finally listened to and understood lessons learned from the past.

Committee Name and Date of Committee Meeting

Cabinet – 15 June 2020

Report Title

Finance Update and Budget Monitoring Report

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

Yes

Strategic Director Approving Submission of the Report

Judith Badger, Strategic Director of Finance and Customer Services

Report Author(s)

Graham Saxton, Assistant Director – Financial Services
graham.saxton@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

The report provides an update to Cabinet on a number of financial matters, including those related to Covid-19. The report is provided as an interim update for Cabinet, following on from the approval of the Budget and Council Tax 2020/21 report in February 2020 and in advance of the Financial Outturn 2019/20 and Financial Monitoring 2020/21 reports to be submitted to Cabinet in July 2020.

Recommendations

1. That the substantial costs associated with responding to the Covid-19 pandemic be noted.
2. That the funding received from Government to be used to mitigate the costs of responding to the Covid-19 pandemic be noted.
3. That approval is given to the expenditure incurred and anticipated on the Covid-19 response, in accordance with the expectations and guidance from Government and the Financial and Procurement Procedure Rules contained within the Council's Constitution.

4. That approval be given to the utilisation of the Covid-19 emergency grant funding in accordance with expectations and guidance from Government and the Financial and Procurement Procedure Rules contained within the Council's Constitution.
5. That the approach taken to the distribution of 75% of the Infection Control Fund as per national guidance is noted.
6. That approval is given to the recommended approach for the allocation of the 25% discretionary element of the Infection Control Fund

List of Appendices Included

Appendix 1 Council's Covid-19 Financial Management Information return to MHCLG
15 May 2020.

Appendix 2 Initial Equality Screening

Background Papers

Budget and Council Tax 2020/21 – Cabinet 17 February 2020, Council 26 February 2020

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Finance Update and Budget Monitoring Report

1. Background

- 1.1 This report is provided to update Cabinet on a number of financial and budget matters arising since the approval of the Budget and Council Tax 2020/21 report at Cabinet and Council in February 2020, including those related to Covid-19.
- 1.2 The report is an interim update to Cabinet in advance of the Financial Outturn 2019/20 and Financial Monitoring 2020/21 reports to be submitted to Cabinet on 13th July 2020.

2. Key Issues

2.1 Revenue Budget Financial Outturn 2019/20

- 2.1.2 Detailed reports on the revenue and capital financial outturns for 2019/20 will be submitted to Cabinet on 13 July 2020, alongside a Treasury Management and Prudential Indicators 2019/20 outturn report. A summary of the revenue budget financial outturn for 2019/20 and the impact on the Council's reserves is set out below.
- 2.1.3 The revenue budget financial outturn for 2019/20 shows an overspend against Directorate and Central Budgets of £1.2m (£1.174m), before application of funding from the Budget Contingency Reserve. This is summarised below by Directorate ;

Table 1 – Summary Revenue Budget Financial Outturn 2019/20

Directorate	Budget £m	Actual £m	Variance over/(under) £m
Adult Care, Housing and Public Health	77.0	77.7	0.7
Children & Young People's Services	65.9	70.3	4.4
Regeneration & Environment	42.2	44.7	2.5
Assistant Chief Executive	6.6	6.4	(0.2)
Finance & Customer Services	18.2	17.6	(0.6)
Central Services	11.2	5.6	(5.6)
Total	221.1	222.3	1.2

- 2.1.4 The Budget Contingency Reserve in 2019/20 has a balance of £3.183m remaining in the reserve brought forward from 2018/19. After applying £1.174m to balance the financial outturn for 2019/20, a net balance of £2.009m remains in the reserve to carry forward to 2020/21 for the support of future years' budgets.
- 2.1.5 This is an improvement of £2m on the forecast reserves position for 2020/21 which was included within the Budget and Council Tax 2020/21 report, which anticipated that all of the reserve would have to be used to balance the 2019/20 financial outturn.
- 2.1.6 Details of individual Directorate budget variances for 2019/20 will be provided within the Financial Outturn 2019/20 report. The main changes which result in a more favourable outturn position than anticipated within the Budget Report are the Council's success in obtaining £1.3m Government Grant funding towards the additional costs incurred as a result of Operation Stovewood and the continuation of budget actions put into place to achieve further reductions on spend.
- 2.2 Covid-19
- 2.2.1 In common with local authorities across the country, the Council is facing significant operational impacts on service delivery along with the financial impact of the Covid-19 pandemic on our residents and local businesses resulting from the associated restrictions and the substantial support being provided to residents, care organisations and other organisations and businesses.
- 2.2.2 The Ministry for Housing, Communities & Local Government (MHCLG) is collecting monthly financial management information from councils in order to understand the impact of the Covid-19 pandemic on local authority finances, to inform MHCLG planning purposes and to help identify where the greatest pressures are likely to be and to support an ongoing assessment of likely future costs.
- 2.2.3 For the latest returns, due to MHCLG by 15 May, the Government set out guidelines as to the basis on how they wanted estimated costs to be provided, as follows "*Where full financial year estimates are requested, please estimate these assuming current restrictions remain in place until the end of July 2020, and thereafter the situation reverts entirely back to a position you anticipated prior to Covid-19. Note that this assumption is intended for accounting purposes only and solely to improve consistency in the returns provided and should in no way be interpreted as Government policy.*"
- 2.2.4 The Council's return for 15 May (attached as appendix 1) was calculated on this basis but also including an estimate of the risk of the level of agreed budget savings which might not now be deliverable during 2020/21 due to Covid impacts.
- 2.2.5 The total estimated cost of Covid impact to the Council, as submitted to MHCLG was £40.1m, from a combination of:

- Additional costs
- Loss of sales, fees and charges and income
- Non-delivery of budget savings
- Increased rent arrears and other costs for the Housing Revenue Account
- Loss of business rates and council tax income

2.2.6 The majority of the cost impact is on Adult Social Care and includes dealing with additional demand, supporting the market and providing personal protective equipment (PPE). The anticipated cost of PPE, as envisaged at the time and included within the MHCLG return of 15 May, was £2.8m.

2.2.7 Most of the impact on loss of sales, fees and charges and income is within the Regeneration & Environment Directorate, with the main areas of impact being Cultural and Related Services and Planning and Development.

2.2.8 Directorates have £16.3m of savings and cost reductions to deliver within the 2020/21 budget. The majority of these savings are within social care services which currently are at significant risk of being unable to be delivered due to the impact of Covid-19.

2.2.9 The other cost impacts identified don't fall on the current year revenue budget. Housing rent arrears impact the Housing Revenue Account and may be recoverable over time or may lead to an increase in write-offs in future years. Similarly, loss of business rates and council tax income will initially feed into the Collection Fund accounts and the income may again be recoverable in future years or lead to write-offs and impact on future years' budgets.

2.2.10 The Council has received two tranches of Covid-19 emergency funding from the Government totalling £16.239m to date. The funding is not ring-fenced. £8.922m was provided in tranche 1 and £7.317m in tranche 2, which was based on a different methodology of allocation using population. Based on the current estimates of financial impact submitted to MHCLG, this falls significantly short of the impact estimated by the Council. A further return will be requested by MHCLG for June and councils await announcements by the Government for any further tranches of emergency funding.

2.2.11 The initial allocation of emergency funding was supported by Government guidance on what the funding was expected to be used for. This was set out as:

- Meet the increased demand for adult social care and enable councils to provide additional support to social care providers.
- Meet the cost of extra demand and higher business-as-usual costs of providing children's social care.
- Provide additional support for the homeless and rough sleepers.
- Support those at higher risk of severe illness from Covid-19.

- Meet pressures across other services as a result of reduced income, rising costs or increasing demand.

2.2.12 On 28th May the Director of Local Government Finance at MHCLG issued a letter summarising the financial support provided to date to local authorities in regard to the financial impact of Covid-19. The Annex to the letter provided an expanded list of expected uses of the emergency grant funding :

- Adult Social Care
- Children's Services
- Public Health
- Waste Management Services
- Shielding the clinically extremely vulnerable people
- Homelessness and rough sleeping
- Domestic abuse
- Managing excess deaths

2.2.13 The Covid-19 emergency grant funding will be held corporately initially. The Council's normal oversight and procedures to manage and monitor expenditure and income remain the means of budgetary control. Once there is more evidence-based knowledge of Covid related cost increases, then consideration can be given as to whether or not grant should be allocated to individual budgets.

2.2.14 In response to the pandemic, Cabinet Office released guidance in March through Procurement Policy Note 02/20 (PPN02/20) in relation to measures to be adopted to provide supplier relief with the aim of avoiding supply chain collapse or significant financial implications for suppliers.

2.2.15 The Council has adopted the principles of PPN 02/20 which are set out within a delegated decision of the Strategic Director – Finance & Customers Services, in consultation with the Cabinet Member for Corporate Services & Finance and the Leader of the Council:

- All services to review their contracts to identify “at risk” suppliers and feed this information to Procurement and Finance [who then work with Services to obtain the necessary approvals for contract/payment variation].
- Making immediate payment to all suppliers on receipts of goods.
- Granting permission for Procurement to enter receipts against orders on behalf of Services where required, to ensure payments are processed promptly.
- Service Areas working with Procurement to ensure that disputed invoices are resolved as a matter of urgency.
- Encouraging Service Areas to discuss with their supplier an increased frequency of invoicing.

- Encouraging Service Areas to consider their contracts and identify any that may benefit from variation and then to seek advice from Legal and Procurement.
- Communicate any agreed actions on the Council's website, financial support for businesses section, so that it's clear what steps the Council is taking.

2.2.16 Regular updates on Covid-19 financial impact will be provided within the 2020/21 Financial Monitoring reports to Cabinet. In advance of the 2020/21 Financial Monitoring Report (as at May) which will be submitted to Cabinet on 13th July, a headline summary of Covid impact is provided below for each Directorate.

2.2.17 Adults, Public Health & Housing - Adult Social Care

The impact of Covid-19 on Adult Care will not be fully realised until later in the year. To date the Council has focused on the risk to the independent sector and the potential for a surge in demand which would impact both the Council's internal services and the independent sector providers. The response has included speeding up payments and additional funding for independent sector providers across the full range of service areas. Additional support has included the provision of emergency PPE, advice and guidance, one to one support, and support with recruitment and training of care staff. Service transformation has been delayed as a result of the crisis (with staff being diverted to work on the response). The NHS has been arranging for the care of people discharged from hospital. A number of these will transfer to the Council but the timing and cost is not yet known.

2.2.18 Adults, Public Health & Housing – Public Health

There have been additional staffing costs due to the Covid-19 impact within Public Health. Staff are at the centre of the response in terms of coordinating appropriate Covid safe activity, interpreting the frequently updated official guidance and providing statistical returns. There will be an ongoing impact due to other issues that emerge as a result of the crisis, e.g. Mental Health services, increased health inequalities; statutory requirements (e.g. Health checks); and public health commissioned services.

2.2.19 Adults, Public Health & Housing – Housing

Services to HRA properties have been restricted to emergency repairs and emergency Aids and Adaptations during the crisis. There are likely to be savings against both revenue and capital budgets. The HRA has lost income due to the closure of community centres and additional properties allocated to homelessness services. There has been little impact on rent collection to date, however there is significant risk associated with the withdrawal of the governments furlough scheme and the impact on the wider economy.

2.2.20 For Housing General Fund, the key pressure is on Homelessness budgets. There are significant costs for hotels in order to discharge the Council's homelessness duties. A raft of measures have been set in place and the additional cost is approximately £135k per quarter. A reduction to the Aids and Adaptations service will see a reduction in the income from fees to GF. There is also a risk that there will be slower take-up of the Furnished Homes offer which would impact on the income that General Fund receives.

2.2.21 Children & Young People's Services

The impact of Covid-19 in Children's Services whilst difficult to quantify at this stage is predominantly related to placements and the difficulties in finding appropriate placements whilst in lockdown, combined with the difficulties in stepping children down linked to pathway plans and the restrictions in progressing with LAC Sufficiency plans in the current climate e.g. growth of in-house foster carers. The Early Help & Social Care Pathway workstreams and CYPS Management Structure has also been delayed linked to the current situation. Whilst annual contracts with schools and academies continues, ad-hoc and bespoke courses and training provision is impacting on income.

2.2.22 Regeneration & Environment

The onset of Covid-19 had an almost immediate impact on the Directorate of Regeneration and Environment although the full scale of the financial pressure won't be known until later in the year. Under 'lockdown' the sudden cessation of many of the Directorate's income earning activities saw a rapid and sustained drop in receipts. Income from Theatres, Green Spaces, Markets and Parking amongst others, ceased almost immediately.

2.2.23 In contrast 'lockdown' meant some Council expenditure would no longer be incurred and therefore savings will result. The savings are not however comparable in scale to the income losses and expenditure pressures.

2.2.24 The Directorate's responsibility to ensure the local market for specialist suppliers be retained, for example in home to school transport and the Council's leisure services contractor has resulted in ongoing expenditure being incurred that might otherwise have been expected to be a saving. The level of supplier support recognises however their lower overheads in lockdown so some savings will result.

2.2.25 In as much as the lockdown has required the Directorate to work very differently by ceasing, changing or reducing services (Libraries, Business Centres, Licensing, Registrars and Museums) it has also worked to keep frontline services operating as normally as possible. Measures to ensure social distancing has resulted in additional expenditure (for example, extra vehicles for waste collection and garden waste).

2.2.26 Finance & Customer Services and Assistant Chief Executive Directorates

In response to the impact of COVID-19 the focus of the two directorates has predominantly been to redesign how the Councils core support functions

operate (HR/IT/Legal/Finance/Procurement and Comm), to ensure the Councils key services can still be provided. Whilst this has placed a significant strain on FCS and ACX directorates, with large numbers of staff re-deployed to managing the impact and response to Covid, the financial impacts are minimal, with the majority of COVID-19 work being completed within existing budget allocations. There will be financial implications due to the use of overtime, procurement of new IT hardware/software and the key role played supporting the local communities but comparatively, with the Councils other directorates, these impacts are minimal. The biggest impact is positive telephone response times, due to closure of face to face services and getting more services online.

2.2.27 The establishment of the Community Hub will see a significant additional cost charged to ACX budgets so that the costs in relation to this key service are recognised within the area that the work relates to. However, as this will see costs transferring from other Council Directorates to ACX it is not necessarily additional costs to the Council with increased costs within ACX matched by savings within the wider directorates budgets. Further support to residents has also been provided by the introduction of a Shopping Voucher Scheme within the Community Hub.

2.3 Council support to residents and businesses in the Borough

2.3.1 The Council has introduced a range of measures to provide support to residents and businesses of the Borough who have been impacted by Covid-19, including implementing support measures provided by the Government.

2.3.2 Council Tax Support - Hardship Fund

The Government announced in the Chancellor's Budget on 11 March 2020 that local authorities in England would be provided with £500m of new grant funding to support economically vulnerable people and households in their local area. The expectation from Government is that the majority of the Hardship Fund is used to provide council tax relief alongside existing local council tax support schemes. The Council's share of the fund is £2.864m.

2.3.3 The details of the Council's application of the Hardship Fund to provide additional council tax relief were agreed by the Strategic Director – Finance & Customer Services in consultation with the Cabinet Member for Corporate Services & Finance and the Leader of the Council.

2.3.3 The Fund provides for an additional award of £200 council tax support to those working age claimants in receipt of local council tax support. Where a claimant has a bill of less than £200 their bill is reduced to zero.

2.3.4 To date, around 14,000 working age council tax payers in receipt of local council tax support have had additional support of up to £200, using £1.48m of the Hardship Fund to date. Around 12,000 of these council tax payers now have no 2020/21 council tax to pay. The remainder of the funding will be used over the remainder of 2020/21 to fund the cost of additional council tax payers becoming eligible for council tax support including the additional relief of up to £200 applied to their bills.

2.3.5 Business Rates Grants

In response to the Covid-19 pandemic, the Government announced two schemes of business rates grants – the Small Business Grant Fund and the Retail, Hospitality and Leisure Grant Fund. Under these schemes, eligible businesses with rateable values of up to and including £15,000 are entitled to a grant of £10,000. Eligible businesses with rateable values of over £15,000 but less than £51,000 are entitled to a grant of £25,000. The grants are funded by the Government but administered and distributed by local authorities.

2.3.6 Councils will be funded for the actual costs of the grants scheme and have been provided with an initial grant allocation based on Government estimate. The Council's initial allocation is £51.660m. To date the Council has issued grants totalling £40.3m to over 3,400 local businesses. The Council believes that a further 860 businesses who have not yet provided their details to the Council may also be entitled to a grant award and efforts are ongoing to contact these businesses to establish whether or not they are entitled to a grant.

2.3.7 Additional Discretionary Business Support Grant Scheme

The Government further announced on 1 May the introduction of a Discretionary Grants Fund aimed at providing business grant support funding to small and micro businesses who were not eligible for either the Small Business Grant Fund or the Retail, Leisure and Hospitality Fund. The Council's Fixed Minimum Allocation for the Discretionary Fund is £2.479m. This is based on a 5% uplift on the businesses in scope as identified at 3 May 2020 and is the maximum amount of support that will be covered by the Government grant.

2.3.8 The Government's expectation is that local authorities will be in a position to commence providing assistance from this Fund from early June having determined their local scheme in accordance with the guidance issued by the Government.

2.3.9 Business Rates Reliefs

The Government has also introduced a range of extended or new business rates reliefs for 2020/21:

- Increasing the business rates retail discount to 100%
- Expanding the discount to cover the leisure and hospitality sectors
- Removing the £51,000 rateable value threshold for the expanded discount
- Non-local authority providers of childcare to pay no business rates in 2020/21

2.3.10 The Council administers business rates reliefs on behalf of the Government. The additional reliefs for retail and childcare have provided an extra £32.4m of relief for local businesses in 2020/21. When added to existing reliefs for

small businesses and other mandatory and discretionary reliefs already in place, this means that 5,314 of the Borough's 7,890 businesses now have no 2020/21 business rates to pay.

2.3.11 Council Tax Deferral

Due to the impact of Covid-19 on businesses and their employees, the Council experienced, in late March/early April, a significant increase in the number of people contacting the Revenues and Benefits service who say that they are experiencing difficulties in paying their council tax and who are seeking the Council's support.

2.3.12 Historically Revenues & Benefits staff allow a short suspension of recovery action where there has been a recent change to the council tax payer's financial situation, such as the loss of a job, in order to allow them time to apply for state benefits and Council Tax Support.

2.3.13 Given the scale of financial impact caused by the outbreak, rather than continue with an ad hoc approach to support, it was determined appropriate for the Council to agree a range of support options along with associated criteria. This was implemented supported by an easy on-line application process which provided clear guidance as to the circumstances in which the Council would consider a deferral arrangement and a means of quick and easy access to support for those people who met the criteria.

2.3.14 The Council's online form went live on 20th April 2020, with 674 requests for variation to council tax payment received to date. 654 of the requests sought a deferral in payment of council tax for period of time up to 31 July. 20 requests were for change of payment date. Around 85% of the deferral requests have been agreed.

2.3.15 Business Rates Deferral

The Council currently has 7,890 business rates paying properties across the Borough. Following the Government expansion of business rates reliefs for 2020/21, the remaining number of properties with some business rates to pay in 2020/21 is reduced to 2,576.

2.3.16 Standard guidance on paying business rates, included on the Council's website, advises:

- You can opt to pay your bill over twelve instalments rather than ten. To arrange this please contact us as soon as you have received your annual bill.
- If you think you will have difficulty in paying your instalments, please contact us to discuss your account.

2.3.17 The 2,576 business rates payers fall predominantly into the following categories:

- Manufacturing companies
- Retailers not selling directly to the public
- Warehousing or Distribution centres
- Small businesses who receive only partial Small Business Rates Relief as their RV is between £12k and £15k and are not considered to be Retail
- Small businesses who have more than one property and are therefore not eligible to Small Business Rates Relief and are not considered to be Retail
- Companies providing services to the public but specifically excluded from expanded Retail Relief
 - Financial Services (banks, building societies, cash points, bureaux de change, short-term loan providers)
 - Medical Services (vets, dentists, doctors, osteopaths, chiropractors)
 - Professional services (solicitors, accountants, insurance agents/ financial advisers)
 - Post office sorting offices
- Charities receiving 80% mandatory without top up and not considered Retail
- Empty properties

2.3.18 In the main, contact from businesses about deferral has been around a 3-month deferral of payments and rescheduling across the remainder of the financial year.

2.3.19 Under normal circumstances, the business rates team deal with requests to vary business rates payments on a case by case basis, after considering the individual circumstances put forward by the business and taking into account previous payment history, risk of default etc.

2.3.20 This approach has been maintained and to date 44 requests for deferral have been agreed.

2.4 IPC Infection Control Fund for Adult Social Care

On 14th May the Minister for Care, Helen Whately, wrote to local authorities to announce an additional £600m of Government Funding to support providers through a new 'Infection Control Fund'.

2.4.1 The fund is designed to support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. The fund was allocated to local authorities in addition to the funding already provided to support adult social care sector during the Covid-19 pandemic.

2.4.2 The allocation for Rotherham was £3,008,676 based on the total number of Care Quality Commission (CQC) registered care home beds in the borough as of May 2020 with an area cost adjustment applied by Government. Rotherham has 2,344 registered care home beds from a national total of 457,400.

2.4.3 The fund is to be administered by local authorities in the form of a grant with specific national conditions:

“It is expected that each care home should receive an amount per CQC registered bed...The amounts per bed represent 75% of the funding...the remaining 25% must be used for infection control measures, however local authorities are able to allocate based on need. This may involve support for domiciliary care workforce measures.”

- The grant monies should be passed in two equal amounts in June and July.
- The second payment will be contingent on the first being used for infection control and daily completion of the NHS Capacity Tracker.
- All recipients will be required to demonstrate how they have utilised the payment to support infection control measures

2.4.4 The Council has ensured that as per national guidance, 75% of allocated funding (£2,256,507) will be given to the 84 Care Quality Commission (CQC) registered care home establishments within the borough. This is regardless of whether the Council has a formal contract with the care home or not.

2.4.5 The grant was apportioned according to each care home's total registered bed capacity and equates to £962.67 per bed (£481.34 to be paid in June and £481.33 to be paid in July). Allocation and payment of the grant has been facilitated through an Officer Delegated Decision Record.

2.4.6 The Council has mandated that the care homes provide daily updates through the Council's Testing Proforma as part of the grant condition alongside the national conditions.

2.4.7 Details of the specific grant allocation for each care home were published on the Council's website on the 29 May as per Government requirements [insert link]. It is proposed that providers will submit a proforma document (a copy was also published on the website) to evidence how they have used the first element of the grant in line with the conditions of allocation.

<https://www.rotherham.gov.uk/adult-social-care/adult-social-care-providers-personal-assistants/9?documentId=662&categoryId=20068>

2.4.8 It is proposed that the remaining 25% of the allocated funding (£752,169) will be shared with all domiciliary care organisations registered with CQC and currently operating within the borough as per the option provided within the national guidance.

2.4.9 The grant conditions are proposed as follows:

- grant monies should be passed in two equal amounts in June and July.
- the second payment will be contingent on the first being used for infection control
- all recipients will be required to demonstrate how they have utilised the payment to support infection control measures

2.4.10 It is proposed that the allocation will be split between 30 organisations providing home care and support and 11 supported living providers.

2.4.11 It is proposed that the grant allocation amounts are predicated on the estimated number of weekly care hours delivered in May 2020 to any Rotherham resident, whether Council funded or self-funding from the 41 eligible organisations. This is recommended to be based on a banding system:

0-500 hours = £9,183

500-1500 = £17,549

1500-3500 = £34,282

To be paid in two instalments as described above. Note the payments are estimated based on the overall number of hours provided and are subject to change.

2.4.12 It is proposed that providers awarded a grant will submit a proforma document to evidence how they have used the first element of the grant in line with the conditions of allocation.

2.5 Other Government Grant Funding

There have been two other recent announcements of Government Grant Funding.

2.5.1 The Council has been awarded £235,727 of the Reopening High Streets Safely Fund. The money will allow local authorities in England to put in place additional measures to establish a safe trading environment for businesses and customers, particularly in high streets, through measures that extend to the end of March 2021.

2.5.2 A Government announcement has also been made of a £300m fund for local authorities for a new test and trace service. Individual council allocations have not been released as yet.

2.5.3 The Financial Monitoring Report to July Cabinet will include further details of this funding and the Council's proposed use of it.

3. **Options considered and recommended proposal**

3.1 These are set out within the main body of the report

4. **Consultation on proposal**

4.1 Consultation with residents, business and partners was undertaken as part of the development of the 2020/21 budget.

5. **Timetable and Accountability for Implementing this Decision**

5.1 The report is mainly an update on a range of financial matters. The recommendations which require a decision are for immediate implementation by the relevant Strategic Directors

6. Financial and Procurement Advice and Implications

6.1 The financial implications are contained within the main body of the report.

6.2 The Council has adopted the principles of Council Office's Procurement Policy Note 02/20 (PPN 02/20) as detailed within the main body of the report.

7. Legal Advice and Implications

7.1 All of the schemes and grants referred to in the report had been established and administered in compliance with relevant Government Guidance, and in accordance with the Council's Financial and Procurement Procedure Rules. As this report is an update on a number of financial matters there are no further legal implications.

8. Human Resources Advice and Implications

8.1 No direct implications

9. Implications for Children and Young People and Vulnerable Adults

9.1 Included in Sections 2.2 and 2.4 of the report

10. Equalities and Human Rights Advice and Implications

10.1 This report includes a recommendation that approval is given to the approach for allocation of the 25% discretionary element of the Infection Control Fund to care homes. Most, if not all, care home residents have protected characteristics (including, but not limited to age and disability) and the rapid distribution of this grant in the manner set out in this paper will support our duties towards those with such characteristics.

11. Implications for Ward Priorities

11.1 There is a general impact on all Wards arising from the Covid-19 service impact as outlined in the report.

12. Implications for Partners

12.1 The Council is maintaining close liaison and joint working with Partners on Covid matters, with particular regard to Health and Social Care.

13. Risks and Mitigation

13.1. Budget management and spending controls remain as set out within the Council's Financial and Procurement Procedure Rules. Financial Monitoring reports to Cabinet will include information on Covid related spend and financial risk and also outline how this spend and risk is being managed and mitigated.

14. Accountable Officers

Graham Saxton, Assistant Director – Financial Services

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	01/06/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	01/06/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	01/06/20

*Report Author: Graham Saxton, Assistant Director – Financial Services
Graham.saxton@rotherham.gov.uk*

This report is published on the Council's [website](#).

COVID-19 local authority financial management information

COVID-19 local authority financial management information

You are reporting on behalf of:**Billing or precepting authority:**

This is Round 2 of a data collection designed to help departments across central government understand the impact of the COVID-19 pandemic on local authority finances. This collection is for planning purposes; to help us identify where the greatest pressures are likely to be going forward and to inform our ongoing assessment of likely future costs. The information you provide will not be used for monitoring or auditing purposes. We will also share a summary of the findings with you in due course.

As outlined in Round 1, we recognise that the situation your authority faces is continually changing and we will continue to repeat and refine this collection on a rolling monthly basis. For Round 2, you are asked to restate your April 2020 estimates based on actual/outturn data where available, alongside projected estimates for May 2020 and the full 2020-21 financial year.

Where full financial year estimates are requested, please estimate these assuming current restrictions remain in place until the end of July 2020, and thereafter the situation reverts entirely back to a position you anticipated prior to COVID-19. Note that this assumption is intended for accounting purposes only and solely to improve consistency in the returns provided and should in no way be interpreted as government policy.

We appreciate that you might not have precise figures, but your estimates are extremely useful in the absence of robust data. However please ensure to exercise accurate, professional judgement when submitting your estimates. All submissions should be agreed by your authority's S151 Officer but do not require official certification.

Whilst the majority of this form is broadly similar in structure to Round 1, there are some additional sections and questions, and more detailed data required in places. As such, you may need to liaise with relevant colleagues in your authority in order to complete the form.

Please submit your response though DELTA by 11pm on Friday 15 May 2020. We cannot accept returns after the closing deadline. You must hit submit on completing the form otherwise your return will not be counted.

For enquiries, please use the contact details below:

For DELTA registration and collection access enquiries: DELTAadmin@communities.gov.uk

For general enquiries relating to the collection: lgfcoviddata@communities.gov.uk

Section A: Allocation of £3.2bn grant funding by service area

On 19 March 2020, £1.6bn emergency funding was announced to help local authorities respond to the COVID-19 pandemic. On 18 April 2020, a further £1.6bn funding for local authorities was announced. This section relates specifically to your combined allocation from this £3.2bn funding and not any other additional funding which your authority might be receiving to respond to COVID-19.

Of this £3.2bn funding, your authority has received:

Question A1: What proportion of your grant funding have you allocated to the following service areas?

We recognise that some COVID-19-related activities may be cross-cutting, and that you may not have formally allocated the additional funding separately across service areas. However, please estimate as best you can. This should be done using notional allocations to reflect your priority areas of spending pressure if you do not yet have more reliable data/ formal allocation plans available. We do not expect most authorities to use the 'Not yet allocated' category; you should only populate this field if you are certain that your authority does not have plans to use this funding.

Please ensure the following areas of funding are recorded under 'Other' instead of specific service lines: Forgone savings and delayed or stopped projects, all Personal Protective Equipment (PPE) excluding that which falls under Adult Social Care (ASC), and Shielding.

Please provide percentage figures for each service area ensuring that they sum to 100%. If your authority does not provide a service or has not allocated any of this grant funding to a particular service area, you must enter 0%

You may wish to refer to your Round 1 April submission on the use of your initial £1.6bn funding allocation. If completed on DELTA, your Round 1 submission can be found in the DELTA data store. However, please note that the categories used below are more detailed than those used in Round 1 and are therefore not entirely comparable.

For additional information, where available, please click the information (i) button.

The summary RAG rating asks for your overall assessment of the confidence you have in the accuracy of the figures provided. This uses a standard RAG rating system where red reflects estimates based on limited evidence/weak assumptions, and green reflects strong evidence and clearer assumptions.

Service Area	Estimated proportion of grant funding likely to be deployed in this area, (%)
1 - Adult Social Care – additional demand	33 %
2 - Adult Social Care - supporting the market	8 %
3 - Adult Social Care - workforce pressures	21 %
4 - Adult Social Care - PPE	29 %
5 - Adult Social Care - other	0 %
Adult Social Care - sub total	91%
6 - Children's Social Care – workforce pressures	0 %
7 - Children's Social Care – residential care	5 %
8 - Children's Social Care – care leavers	1 %
9 - Children Social Care - other	2 %
Children's Social Care - sub total	8%
10 - Education - SEND	0 %
11 - Education - home to school transport	0 %
12 - Education - other	0 %
	0%

Education - sub total

13 - Highways and Transport

0 %

14 - Public Health

0 %

15 - Housing - homelessness services

1 %

16 - Housing - rough sleeping

0 %

17 - Housing - other

0 %

Housing - sub total

1%

18 - Cultural & related - Sports, leisure and community facilities

0 %

19 - Cultural & related - other

0 %

Cultural & related - sub total

0%

20 - Environment & regulatory - cremation, cemetery and mortuary services

0 %

21 - Environment & regulatory - waste management

0 %

22 - Environment & regulatory - other

0 %

Environment & regulatory - sub total

0%

23 - Planning & development

0 %

24 - Police, fire and rescue services

0 %

25 - Finance & corporate - ICT & remote working

0 %

26 - Finance & corporate - revenue & benefits

0 %

27 - Finance & corporate - other

Finance & corporate - sub total

28 - Other - shielding

29 - Other - PPE (non-Adult Social Care)

30 - Other - unachieved savings/delayed projects

31 - Other - excluding service areas listed above

Other - sub total

32 - Not yet allocated

Total Percentage Check

Confidence in accuracy of allocation estimates (RAG rating)

Question A2: If you have allocated any funding to ‘Other services’, excluding the subcategories listed (i.e. shielding, PPE, forgone savings/delayed projects), please specify.

Section B: Additional spending pressures due to COVID-19

Question B1: Compared to what you had budgeted prior to the COVID-19 pandemic, please estimate how much additional money you have spent, and plan to spend, on the following service areas due to pressures caused by COVID-19.

We are looking for gross additional spending so please do not deduct any grant funding for Covid costs or other payments you have received when providing estimates.

As in Section A, we recognise that COVID-19 activities may be cross-cutting across service areas, and it may not be possible to apportion additional spend due to COVID-19 with complete accuracy. However, please estimate as best you can.

Please ensure the following areas of expenditure are recorded under 'Other' instead of specific service lines: Forgone savings and delayed or stopped projects, all Personal Protective Equipment (PPE) related spend excluding spend that falls under Adult Social Care (ASC), and Shielding.

You should report your additional spend estimates in millions, though you can provide figures to the nearest thousand pounds (up to 3 decimal places) if you are able to do so. If your authority does not provide a service or you have not spent any more as a result of COVID-19, you must enter 0 (zero).

If submitted, you may wish to view your Round 1 April form which can be found in the DELTA data store. However, please note that the categories used below ask for more detailed data than in Round 1 and are therefore not entirely consistent. For Round 2, please use actual expenditure/turn-based estimates where possible for April.

Where full financial year estimates are requested, please estimate these **assuming current restrictions remain in place until the end of July 2020, and thereafter reverts entirely back to a situation you anticipated prior to COVID-19. Note that this assumption is intended for accounting purposes only and solely to improve consistency in the returns provided and should in no way be interpreted as government policy.**

For additional information, where available, please click the information (i) button.

Estimated additional spending pressure due to Covid-19			
Service Area	April 2020 (£m)	May 2020 (£m)	Full financial year 2020-21 (£m)
1 - Adult Social Care – additional demand	April 2020 £ 1.132 m	May 2020 £ 1.132 m	Full year 2020-21 £ 4.529 m
2 - Adult Social Care - supporting the market	April 2020 £ 0.186 m	May 2020 £ 0.186 m	Full year 2020-21 £ 0.743 m
3 - Adult Social Care - workforce pressures	April 2020 £ 0.510 m	May 2020 £ 0.510 m	Full year 2020-21 £ 2.041 m
4 - Adult Social Care - PPE	April 2020 £ 0.700 m	May 2020 £ 0.700 m	Full year 2020-21 £ 2.800 m
5 - Adult Social Care - other	April 2020 £ 1.437 m	May 2020 £ 1.437 m	Full year 2020-21 £ 5.746 m
ASC sub total	April 2020 £ 3.965 m	May 2020 £ 3.965 m	Full year 2020-21 £ 15.859 m
6 - Children's Social Care – workforce pressures	April 2020 £ 0.155 m	May 2020 £ 0.155 m	Full year 2020-21 £ 0.620 m
7 - Children's Social Care – residential care	April 2020 £ 0.123 m	May 2020 £ 0.123 m	Full year 2020-21 £ 0.490 m
8 - Children's Social Care – care leavers	April 2020 £ 0.007 m	May 2020 £ 0.007 m	Full year 2020-21 £ 0.029 m
9 - Children Social Care - other	April 2020 £ 1.436 m	May 2020 £ 1.436 m	Full year 2020-21 £ 5.744 m
CSC sub total	April 2020 £ 1.721 m	May 2020 £ 1.721 m	Full year 2020-21 £ 6.883 m
10 - Education - SEND	April 2020 £ 0.000 m	May 2020 £ 0.000 m	Full year 2020-21 £ 0.000 m

11 - Education - Home to school transport	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
12 - Education - other	April 2020	May 2020	Full year 2020-21
	£ 0.009 m	£ 0.009 m	£ 0.035 m
Education sub total	April 2020	May 2020	Full year 2020-21
	£ 0.009 m	£ 0.009 m	£ 0.035 m
13 - Highways and Transport	April 2020	May 2020	Full year 2020-21
	£ 0.259 m	£ 0.259 m	£ 1.034 m
14 - Public Health	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
15 - Housing - homelessness services	April 2020	May 2020	Full year 2020-21
	£ 0.025 m	£ 0.025 m	£ 0.100 m
16 - Housing - rough sleeping	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
17 - Housing - other (excluding HRA)	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
Housing sub total (excluding HRA)	April 2020	May 2020	Full year 2020-21
	£ 0.025 m	£ 0.025 m	£ 0.100 m
18 - Cultural & related - Sports, leisure and community facilities	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
19 - Cultural & related - other	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
Cultural & related sub total	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
20 - Environment & regulatory - cremation, cemetery and mortuary services	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
21 - Environment & regulatory - waste management	April 2020	May 2020	Full year 2020-21
	£ 0.052 m	£ 0.052 m	£ 0.208 m
22 - Environment & regulatory - other	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
Environment & regulatory sub total	April 2020	May 2020	Full year 2020-21
	£ 0.052 m	£ 0.052 m	£ 0.208 m
	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m

23 - Planning & development

24 - Police, fire and rescue services

April 2020	May 2020	Full year 2020-21
£ 0.000 m	£ 0.000 m	£ 0.000 m

25 - Finance & corporate - ICT & remote working

April 2020	May 2020	Full year 2020-21
£ 0.011 m	£ 0.011 m	£ 0.045 m

26 - Finance & corporate - revenue & benefits

April 2020	May 2020	Full year 2020-21
£ 0.002 m	£ 0.002 m	£ 0.009 m

27 - Finance & corporate - other

April 2020	May 2020	Full year 2020-21
£ 0.034 m	£ 0.034 m	£ 0.135 m

Finance & corporate sub total

April 2020	May 2020	Full year 2020-21
£ 0.047 m	£ 0.047 m	£ 0.189 m

28 - Other - shielding

April 2020	May 2020	Full year 2020-21
£ 0.000 m	£ 0.000 m	£ 0.000 m

29 - Other - PPE (non-Adult Social Care)

April 2020	May 2020	Full year 2020-21
£ 0.003 m	£ 0.003 m	£ 0.013 m

30 - Other - unachieved savings/delayed projects

April 2020	May 2020	Full year 2020-21
£ 0.000 m	£ 0.000 m	£ 0.000 m

31 - Other - excluding service areas listed above

April 2020	May 2020	Full year 2020-21
£ 0.413 m	£ 0.413 m	£ 1.650 m

Other sub total

April 2020	May 2020	Full year 2020-21
£ 0.416 m	£ 0.416 m	£ 1.663 m

TOTAL ESTIMATED SPENDING PRESSURE (General Fund)

April 2020	May 2020	Full year 2020-21
£ 6.494 m	£ 6.494 m	£ 25.971 m

Additional Housing Revenue Account (HRA) Pressures:

32 - HRA - workforce pressures

April 2020	May 2020	Full year 2020-21
£ 0.015 m	£ 0.015 m	£ 0.060 m

33 - HRA - supplies and materials including PPE

April 2020	May 2020	Full year 2020-21
£ 0.000 m	£ 0.000 m	£ 0.000 m

34 - HRA - other

April 2020	May 2020	Full year 2020-21
£ 0.019 m	£ 0.019 m	£ 0.075 m

HRA total	April 2020	May 2020	Full year 2020-21
	£ 0.034 m	£ 0.034 m	£ 0.135 m

Question B2: For the selected service lines and total service pressures below, you are asked to express your additional spending as a percentage of your original budgeted expenditure for April, May and 2020-21 prior to the COVID-19 pandemic.

You should calculate the additional spending pressure due to COVID-19, as reported in Question B1, divided by budgeted spend in this area prior to COVID-19. For example: (additional April ASC spending pressure/original April ASC budget pre-COVID-19)*100.

You may be able to use your 2020-21 revenue account (RA) submission to inform your original budget baselines if it does not take account of COVID-19 funding and pressures. For April and May, if you do not have a monthly budget profile, you should use 1/12 of your original annual budget for any given spending line. Please enter 0% if you have no additional pressures or do not provide a particular service.

Estimated additional spending pressure due to Covid-19 as a proportion of budgeted expenditure

Service Area	April 2020 (%)	May 2020 (%)	Full financial year 2020-21 (%)
1 - Adult Social Care - total	April 2020 2 %	May 2020 2 %	Full Year 2020-21 19 %
2 - Children's Social Care - total	April 2020 1 %	May 2020 1 %	Full Year 2020-21 10 %
3 - Education	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
4 - Highways and Transport	April 2020 1 %	May 2020 1 %	Full Year 2020-21 14 %
5 - Public Health	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
6 - Housing (excluding HRA) - total	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
7 - Cultural & related - total	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
8 - Environment & regulatory - total	April 2020 0 %	May 2020 0 %	Full Year 2020-21 1 %
9 - Planning & development	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
10 - Police, fire and rescue services	April 2020 0 %	May 2020 0 %	Full Year 2020-21 0 %
11 - Finance & corporate - total	April 2020 0 %	May 2020 0 %	Full Year 2020-21 2 %

12 - Other - total (includes shielding)	April 2020	May 2020	Full Year 2020-21
	0 %	0 %	0 %
TOTAL ESTIMATED SPENDING PRESSURE	April 2020	May 2020	Full Year 2020-21
	1 %	1 %	7 %

Additional Housing Revenue Account (HRA) Pressure:

13 - HRA - total	April 2020	May 2020	Full Year 2020-21
	0 %	0 %	1 %

Question B3: If you have allocated spending pressures to ‘Other services’, excluding the subcategories listed (i.e. shielding, PPE, forgone savings/delayed projects), please specify. Please do not use more than 100 characters.

Inc planned savings from a customer services/efficiency programme, Domestic abuse & Community Support

Question B4: Using the RAG rating below, please assess the confidence you have in the accuracy of the additional expenditure figures provided. This uses a standard RAG rating system where red reflects estimates based on limited evidence/weak assumptions, and green reflects strong evidence and clearer assumptions.

Confidence in accuracy of spend pressure estimates (RAG rating)

RED

Section C: Income reductions due to COVID-19

Question C1: Compared to what you budgeted prior to the Covid-19 pandemic, how much have the following sources of income been reduced due to pressures caused by COVID-19?

As with Spending Pressures, please provide income loss estimates as best you can. You should report your losses in millions, though you can provide figures to the nearest thousand pounds (up to 3 decimal places) if you are able to do so. Please report your loss estimates using positive figures. In all cases, losses should be reported as the difference between the actual/projected amount to be collected post COVID-19 (including the impact of the business rate measures announced at and since Budget 2020) compared to what was originally expected to be collected prior to COVID-19 and prior to Budget 2020.

If your income has not been affected by COVID-19, you must enter 0 (zero). Additionally, if you are a precepting authority (county council in a two-tier area), you must enter 0 (zero) in the Business Rates and Council Tax lines. Billing authorities should show council tax and business rates losses, including those that will be attributable to preceptors.

If submitted, you may wish to view your Round 1 April form which can be found in the DELTA data store. However, please note that the format for this section has changed. For Round 2, please use actual outturn-based income losses where possible for April 2020.

Where full financial year estimates are requested, please estimate these **assuming current restrictions remain in place until the end of July 2020, and thereafter reverts entirely back to a situation you anticipated prior to COVID-19. Note that this assumption is intended for accounting purposes only and solely to improve consistency in the returns provided and should in no way be interpreted as government policy.**

For additional information, where available, please click the information (i) button.

Estimated income losses £m pressure due to Covid-19			
Income source	April 2020 (£m)	May 2020 (£m)	Full financial year 2020-21 (£m)
1 - Business Rates cash receipt losses	April 2020 £ 0.311 m	May 2020 £ 0.311 m	Full year 2020-21 £ 1.606 m
2 - Council Tax receipt losses - LCTS	April 2020 £ 0.131 m	May 2020 £ 0.131 m	Full year 2020-21 £ 1.567 m
3 - Council Tax receipt losses - payment failure	April 2020 £ 0.194 m	May 2020 £ 0.194 m	Full year 2020-21 £ 0.777 m
4 - Council Tax receipt losses - other	April 2020 £ 0.000 m	May 2020 £ 0.000 m	Full year 2020-21 £ 0.000 m
Council Tax receipt losses total	April 2020 £ 0.325 m	May 2020 £ 0.325 m	Full year 2020-21 £ 2.344 m
Collection Fund Losses - Total	April 2020 £ 0.636 m	May 2020 £ 0.636 m	Full year 2020-21 £ 3.950 m
5 - Highways and Transport Sales Fees & Charges (SFC) losses	April 2020 £ 0.103 m	May 2020 £ 0.103 m	Full year 2020-21 £ 0.417 m
6 - Cultural & Related SFC losses	April 2020 £ 0.367 m	May 2020 £ 0.367 m	Full year 2020-21 £ 2.134 m
7 - Planning & Development SFC losses	April 2020 £ 0.379 m	May 2020 £ 0.379 m	Full year 2020-21 £ 1.127 m
8 - Other SFC income losses	April 2020 £ 0.343 m	May 2020 £ 0.343 m	Full year 2020-21 £ 1.333 m
Sales, Fees & Charges income losses total	April 2020 £ 1.192 m	May 2020 £ 1.192 m	Full year 2020-21 £ 5.011 m
9 - Commercial income losses	April 2020 £ 0.000 m	May 2020 £ 0.000 m	Full year 2020-21 £ 0.000 m
10 - Other income losses	April 2020 £ 0.047 m	May 2020 £ 0.047 m	Full year 2020-21 £ 0.103 m
Non-collection Fund Losses Total	April 2020 £ 1.239 m	May 2020 £ 1.239 m	Full year 2020-21 £ 5.114 m
TOTAL ESTIMATED INCOME LOSS	April 2020 £ 1.875 m	May 2020 £ 1.875 m	Full year 2020-21 £ 9.064 m

Additional Housing Revenue Account (HRA) losses:

11 - HRA - residential rent arrears	April 2020	May 2020	Full year 2020-21
	£ 0.375 m	£ 0.375 m	£ 4.500 m
12 - HRA - commercial rent arrears	April 2020	May 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
13 - HRA - losses from voids	April 2020	April 2020	Full year 2020-21
	£ 0.000 m	£ 0.000 m	£ 0.000 m
14 - HRA - other	April 2020	May 2020	Full year 2020-21
	£ 0.097 m	£ 0.097 m	£ 0.387 m
HRA total	April 2020	May 2020	Full year 2020-21
	£ 0.472 m	£ 0.472 m	£ 4.887 m

Question C2: For the below lines, please express your estimated monthly and full year losses as a proportion of what you had budgeted for that income source in the given period.

Income losses, as reported in Question C1, should be displayed as a percentage of your budgeted income for each period prior to plans being changed due to the COVID-19 pandemic.

You may be able to use income estimates from your 2020-21 revenue account (RA) submission to inform your income baselines if it does not already take account of COVID-19 funding and pressures. For April and May, if you do not have a monthly budgeted income profile, you should use 1/12 of your original annual projected income for any given line. Please enter 0% if you have no additional pressures or do not provide a particular service.

Please express these figures as positive percentages and enter 0% if you are not reporting any losses.

For additional information, where available, please click the information (i) button.

Estimated income loss expressed as percentage of budgeted income prior to COVID-19

Income source	April 2020 (%)	May 2020 (%)	Full financial year 2020-21 (%)
1 - Business Rates cash receipt losses	April 2020	May 2020	Full Year 2020-21
	1 %	1 %	1 %
2 - Council Tax receipt losses - total	April 2020	May 2020	Full Year 2020-21
	2 %	2 %	2 %
3 - Collection fund losses - total	April 2020	May 2020	Full Year 2020-21
	3 %	3 %	3 %
4 - Highways and Transport Sales Fees & Charges (SFC) losses	April 2020	May 2020	Full Year 2020-21
	0 %	0 %	0 %
5 - Cultural & Related SFC losses	April 2020	May 2020	Full Year 2020-21
	0 %	0 %	0 %
6 - Planning & Development SFC losses	April 2020	May 2020	Full Year 2020-21
	0 %	0 %	0 %
7 - Other SFC income losses			

	April 2020	May 2020	Full Year 2020-21
8 - Sales, Fees & Charges income losses total	0 %	0 %	0 %
9 - Commercial income losses	0 %	0 %	0 %
10 - Other income losses	0 %	0 %	0 %
11 - Non collection fund losses - total	0 %	0 %	0 %
TOTAL ESTIMATED INCOME LOSS	3 %	3 %	7 %
Additional Housing Revenue Account (HRA) losses:			
HRA total	1 %	1 %	6 %

Question C3: If you have recorded any income reduction under 'Other' please specify the reason.

We were unable to assess the income percentages at all levels in the required period.

Question C4: Using the RAG rating below, please assess the overall confidence you have in the accuracy of the income reduction figures provided. This uses a standard RAG rating system where red reflects estimates based on limited evidence/weak assumptions, and green reflects strong evidence and clearer assumptions.

Confidence in accuracy of income reduction estimates (RAG rating)

RED

Question C5: How much of the Business rate loss you have reported in C1 is attributable to the following?

Please express in £ millions (up to 3 decimal places) and assess the confidence you have in the accuracy of figures.

Reason for Business Rate Loss	April 2020 (£m)	May 2020 (£m)	Full financial year 2020-21 (£m)
COVID-19 reliefs	April 2020 <input type="text" value="£ 0.636 m"/>	May 2020 <input type="text" value="£ 0.636 m"/>	Full year 2020-21 <input type="text" value="£ 3.950 m"/>
Deferrals	April 2020 <input type="text" value="£ 0.000 m"/>	May 2020 <input type="text" value="£ 0.000 m"/>	Full year 2020-21 <input type="text" value="£ 0.000 m"/>
Other	April 2020 <input type="text" value="£ 0.000 m"/>	May 2020 <input type="text" value="£ 0.000 m"/>	Full year 2020-21 <input type="text" value="£ 0.000 m"/>

Confidence in accuracy of business rate loss estimates (RAG rating)

The government recognises that there might be a limited number of cases in which it is appropriate for local authorities to furlough workers and claim funding through the Coronavirus Job Retention Scheme (CJRS). This would be in exceptional cases: where staff salaries are largely funded by sales, fees and charges, where there is a significant reduction in these revenue streams which are not already offset by additional grant funding from central government, where these staff cannot be redeployed, and where the alternative would be redundancy.

Question C6: If you are considering, or have already furloughed staff and made a claim through the CJRS, please include an estimate of the extent to which a reduction in sales, fees and charges are expected to be offset by the CJRS funding you will receive.

You should report your figure in millions, though you can provide figures to the nearest thousand pounds (up to 3 decimal places)

Question C7: We are interested in understanding income losses which are irrecoverable and you know will impact on your financial position.

Of your non-collection fund income losses (that is, excluding losses from Business Rates and Council Tax), what proportion is already deemed to be irrecoverable in that it will permanently impact on your financial position?

Please express your estimate as a percentage of your total non-collection fund losses.

April 2020 (% of non collection fund loss)	May 2020 (% of non collection fund loss)	Full year 2020-21 (% of non collection fund loss)
<input type="text" value="100 %"/>	<input type="text" value="100 %"/>	<input type="text" value="100 %"/>

Confidence in accuracy of irrecoverable loss estimates (RAG rating)

Section D: Council Tax payment plans and Local Council Tax Support (LCTS)

Please estimate your responses in this section as best you can. However, if for any question in the section you are unable to provide a rough working estimate then leave the box blank and continue to the next question.

Question D1: How many households – if any – has your authority agreed alternative council tax payment plans with in 2020-21? Please estimate your responses in this section as best you can. However, if for any question in the section you are unable to provide a rough working estimate then leave the box blank and continue to the next question.

590

Question D2: If you have agreed alternative arrangements, please also provide further detail on what the alternative payments plans look like. This could include, for example, arrangements to defer payments or to vary the amounts of payments to be taken over different months.

The Council already offers residents multiple payment plans from 10 to 12 month repayments. In addition, as a reaction to Covid-19 offered a Ctax deferral scheme for households whose income has reduced by 20% or more, allowing applicants to change their payment dates or re-schedule their payments. For Q4 below, we had 49 Ctax payers with 100% relief before the hardship scheme, the answer to Q4 is post hardship.

The following questions relate to your Local Council Tax Support (LCTS).

Question D3: Please estimate the total number of working age LCTS caseload and compare this against the authority's expectations for 2020-21, as set out in pre-COVID -19 budget calculations.

	April 2020	May 2020	Full financial year 2020-21
Total number of working age LCTS caseload	13,498	13,881	13,998
Total <i>expectation</i> of working age LCTS caseload	12,998	12,998	12,998

Confidence in accuracy of LCTS caseload estimates (RAG rating)

AMBER

Question D4: How many of your current caseload qualifies for 100% council tax support?

1,109

Section E: Allocation of £500m Covid-19 Council Tax hardship fund

The Government has made Covid-19 Hardship Fund payments totalling £500m to local authorities.

As stated in the hardship fund guidance, published on 24 March 2020, it is expected that billing authorities will use the fund to provide all recipients of working age local council tax support ('LCTS') during the financial year 2020-21 with a further reduction of £150 in their annual council tax bill.

Where a taxpayer's liability for 2020-21 is, following the application of council tax support, less than £150, then their liability would be reduced to nil. Where a taxpayer's liability for 2020-21 is nil, no reduction to the council tax bill will be available.

Having allocated grant to reduce the council tax bill of working age LCTS recipients by a further £150, billing authorities should establish their own local approach to using any remaining grant to assist those in need.

As before, please estimate your responses as best you can. However, if for any question in this section you are unable to provide a rough working estimate then leave the box blank and continue to the next question.

Question E1: To date, how many hardship discounts have been applied to council tax liabilities of Working Age LCTS claimants?

13,881

Question E2: What proportion of your working age Local Council Tax Support caseload does your answer to E1 represent?

Please express as a percentage.

99 %

Question E3: To date, how much of your council's allocated hardship fund has been earmarked to current recipients of LCTS?

Please express in £m, up to 3 decimal places.

£ 1.464 m

Question E4: What proportion of your allocated hardship fund grant funding does your answer to E3 represent?

Please express as a percentage.

51 %

Question E5: What proportion of your grant funding have you allocated towards other council tax reductions or support outside of the council tax system?

Please express as percentage.

0 %

Question E6: How many households have received support as set out in E5 in this way to date?

0

Question E7: If you would like to provide some additional commentary on your authority's use of the Hardship Fund, please do so here.

The Council decided to award up to £200, towards reducing the bills of LCTS claimants. The level of new applicants coming forward so far is less than we initially anticipated, however, we expect another spike in applications over the next few months due to continued impact of covid. The remaining balance will be used to provide wider support packages but only after we have a clearer picture on the volume of LCTS claimants.

Section F: Availability of reserves and cashflow difficulties due to Covid-19

Reserves

In order to help us understand the impact of Covid-19 on financial sustainability, and on the basis of the funding provided to date, we would like you to provide us with some information on how you anticipate the shock will affect your authority's reserve levels and wider financial strategy.

Please provide information that is consistent with your input on income and expenditure

Question F1: How much of your current 'other earmarked reserves' and 'unallocated financial reserves' balances could you deploy to meet COVID-19 pressures throughout 2020-21?

You should report your estimates in millions, though you can provide figures to the nearest thousand pounds (up to 3 decimal places) if you are able to do so, with a RAG rating for confidence in estimates.

Deployable reserves to meet COVID-19 pressures in 2020-21 (£m)

Unallocated financial reserves

£ 16.800 m

Other earmarked reserves

£ 17.300 m

Confidence in accuracy of deployable reserves estimates (RAG rating)

AMBER

Question F2: If, in the event, you are required to deploy reserves to meet Covid-19 pressures in 2020-21, what impact would using *unallocated reserves* have on your wider financial strategy?

Please select all that apply

- It would require you to add to reserves in 2021-22
- It would delay planned savings/improvement plans
- Other

Question F3: If you have selected Other, please specify.

Question F4: If, in the event, you are required deploy reserves to meet Covid-19 pressures in 2020-21, what impact would using *other earmarked reserves* have on your wider financial strategy?

Please select all that apply

- It would require you to add to reserves in 2021-22
- It would delay planned savings/improvement plans
- Other

Question F5: If you have selected Other, please specify.

Cashflow

Question F6. Do you anticipate any difficulties in meeting cash flow requirements over the next three months as a result of pressures caused by Covid-19?

We are interested in any difficulties in meeting ongoing costs from your existing resources or through normal treasury management activity such as short-term borrowing. Please use the drop-down list provided.

No

Section G: Additional commentary

Question G1. If you would like to provide some additional commentary on how the COVID-19 pandemic is impacting your authority's finances and how you are responding, please do so here.

At this point, it is too early for the Council to provide financial implications on anything other than an estimate basis. As the situation progresses the Council will be able to provide greater clarity on the cost pressures, and how it intends to manage them. The financial implications above do not include any capital implications. The Council expects to incur significant additional costs on schemes underway prior to the impact of covid19 lockdown.

These figures do not include the £6m per year of additional costs that the Council is incurring as a result of Operation Stovewood

The Council's 2020/21 budget also includes £16m of new savings to be delivered in the current year. Progress in delivering these cost reductions within the year is significantly impacted by Covid 19, particularly service transformation savings within Children's and Adults services, with that impact expected to continue for some time even if there is a relatively quick return to normal circumstances

Many thanks for completing this form, please remember to click submit when you have finished each section and have S151 officer agreement.

Initial Equality Screening Assessment (Part A)

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an equality analysis.

Directorate: Finance and Customer Services	Service area: Finance
Lead person: Graham Saxton	Contact number: 01709 822034

1. Title:

Is this a:

Strategy / Policy

 Service / Function

 Other

If other, please specify

2. Please provide a brief description of what you are screening

The report provides an update to Cabinet on a number of finance matters primarily relating to the financial impact on the Council of the Covid-19 pandemic.

On 14th May the Minister for Care, Helen Whately, wrote to local authorities to announce an additional £600m of Government Funding to support providers through a new 'Infection Control Fund'. The fund is designed to support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. The fund was allocated to local authorities in addition to the funding already provided to support adult social care sector during the Covid-19 pandemic.

The allocation for Rotherham was £3,008,676 based on the total number of Care Quality Commission (CQC) registered care home beds in the borough as of May 2020 with an area cost adjustment applied by Government. Rotherham has 2,344

registered care home beds.

The Council has ensured that as per national guidance, 75% of allocated funding (£2,256,507) will be given to the 84 Care Quality Commission (CQC) registered care home establishments within the borough. This is regardless of whether the Council has a formal contract with the care home or not.

It is proposed that the remaining 25% of the allocated funding (£752,169) will be shared with all domiciliary care organisations registered with CQC and currently operating within the borough as per the option provided within the national guidance.

It is proposed that the allocation will be split between 30 organisations providing home care and support and 11 supported living providers.

The Council is in effect passporting 75% of the Government grant to care homes and allocating the remaining 25% for infection control measures to domiciliary care providers based on need. Given the urgency of the situation, the Council has decided to use a simple method for allocation of the grant which is most likely to meet the needs of those in receipt of adult social care support.

The aim of this Initial Equality Screening Assessment is to ensure that the adult social care home market receives the financial support, in accordance with the terms of the Government grant conditions. This is to proactively support infection control in response to Covid-19, regardless of protected characteristics of residents. This will ensure that the care home market will help prevent the spread of the virus, whilst continuing to be sustainable, financially viable and able to deliver vital services to the most vulnerable residents, with the greatest and most complex needs.

The Council will ensure that the grant is administered in accordance with the national guidance and that the providers awarded the grant can evidence that their expenditure relates to infection control measures and is in accordance with the grant conditions.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	x	

Could the proposal affect service users?	x	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	x	
Have there been or likely to be any public concerns regarding the proposal?		x
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		x
Could the proposal affect the Council's workforce or employment practices?		x

If you have answered no to all the questions above, please explain the reason

Financial assistance to the care home and domiciliary care markets will provide a positive impact on accessibility of services to the community and supports residents, regardless of protected characteristics. The use of the monies for infection control proposes to mitigate the impact of Covid-19 is a positive intervention.

There is likely to be no public concern around this proposal as financial assistance will provide a positive impact to residents living in care homes and in receipt of domiciliary care.

The Council's workforce is not affected by this proposal as this affects the independent sector care home and domiciliary care markets.

If you have answered **no** to all the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals prior to carrying out an **Equality Analysis**.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below and use the prompts for guidance.

- **How have you considered equality and diversity?**

The purpose of the Equality Analysis is to ensure that everyone's protected characteristics are considered. Given that all of the services in scope are for people in receipt of adult social support, all recipients will have a disability.

The application of the Care Homes Infection Fund grant has implications for up to 2,344 residents of care home in the borough, supporting a range of people with adult social care needs including older people, people with physical disabilities, mental ill-health, learning disabilities and autism. Of this group, 1,657 beds are for older people aged over 65

years old, though currently c25% of these beds remain vacant.

The remaining 687 beds are predominately for people aged under 65 with a learning disability and/or autism or experiencing mental-ill health, though there will be a small number of people with a learning disability and/or autism aged over 65 years old and residing in these premises. Given that the grant covers all registered care homes in the borough and not just those contracted with the Council, it is not possible to provide specific details as to who is residing in all the beds, by protected characteristics.

The CQC registration for domiciliary care covers home care and support services, supported living and extra care provision.

The Council contracted home care and support services deliver support to 1,061 people aged over 65. 146 people with a physical disability are also supported by home care and support services. The Council supports 168 people with a learning disability and/or autism who reside in a supported living setting. However, as the grant covers all registered domiciliary care services in the borough and not just those contracted with the Council, it is not possible to provide specific details as to who is receiving support from all services, by protected characteristics.

- **Key findings**

Rapid distribution of this grant funding will support those with protected characteristics who are supported by the 30 organisations providing home care and support and 11 supported living providers.

The application of the Infection Control Fund in grant form to the care home and domiciliary care markets is a positive approach to support the care providers to invest in steps to reduce the levels of Covid-19 infections in the people they support

- **Actions**

The rapid distribution of this grant in the manner set out in this paper will support our duties towards those with such characteristics.

Given both the directions from Government as to how this fund should be used and the urgency of the need to distribute this grant funding and the potential impact of a failure to do so on those with protected characteristics, it is not proposed to complete a full equality analysis for this decision.

Date to scope and plan your Equality Analysis:	n/a
Date to complete your Equality Analysis:	n/a
Lead person for your Equality Analysis (Include name and job title):	n/a

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Graham Saxton	Assistant Director – Financial Services	29 May 2020

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	29 May 2020
If relates to a Key Delegated Decision, Executive Board, Council or a Significant Operational Decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	

Committee Name and Date of Committee Meeting

Cabinet – 15 June 2020

Report Title

Covid-19 Discretionary Business Grants Scheme

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

Yes

Strategic Director Approving Submission of the Report

Judith Badger, Strategic Director of Finance and Customer Services

Report Author(s)

Rob Mahon, Head of Corporate Finance
Rob.mahon@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

On 1st May 2020 the government announced a new discretionary grant fund scheme that would aim to provide grant support to those businesses affected by Covid-19 who did not receive any support under the first tranche of business grants. The proposed scheme gives local authorities a degree of discretion to design their own scheme, however, it does indicate the business types that government intend the funding to be used to support. This report sets out proposals for how the Discretionary Grant Fund will be utilised by the Council, the businesses the Council aims to support, eligibility and exclusions and the application process.

Recommendations

1. That Cabinet approve the operation of the Discretionary Grant Fund as set out within the report.
2. That Cabinet note the application process and timeframe for applications to be made.
3. That Cabinet delegate to the Strategic Director Finance and Customer Services the application of any surplus grant to top up the grant values paid to eligible small businesses.

List of Appendices Included

Appendix 1 Indicative view of grant applicant numbers and payments

Appendix 2 Initial Equalities Screening

Background Papers

Discretionary Grant Fund – Government Guidance.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Covid-19 Discretionary Business Grants Scheme

1. Background

1.1 On 1st May 2020 the government announced a new discretionary grant fund scheme that would aim to provide grant support to those businesses affected by Covid-19 who did not receive any support under the first tranche of business grants. The proposed scheme gives local authorities a degree of discretion to design their own scheme, however, it does indicate the business types that government intend the funding to be used to support. Predominantly the grant is aimed at businesses who do not pay business rates but have high fixed property related costs and have suffered significant financial losses due to Covid-19.

1.2 These grants are primarily and predominantly aimed at:

- Small and micro businesses, as defined in Section 33 Part 2 of the Small Business, Enterprise and Employment Act 2015 and the Companies Act 2006;
- Businesses with relatively high ongoing fixed property-related costs;
- Businesses which can demonstrate that they have suffered a significant fall in income due to the Covid-19 crisis;
- Businesses which occupy property, or part of a property, with a rateable value or annual rent or annual mortgage payments below £51,000.

1.3 In the guidance government take this further asking that the following businesses are given priority:

- Small businesses in shared offices or other flexible workspaces. Examples could include units in industrial parks, science parks and incubators which do not have their own business rates assessment;
- Regular market traders with fixed building costs, such as rent, who do not have their own business rates assessment;
- Bed & Breakfasts which pay Council Tax instead of business rates; and
- Charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief.

1.4 Local authorities should set out the scope of their discretionary grant scheme on their website, providing clear guidance on which types of business are being prioritised, as well as the rationale for the level of grant to be provided (either £25,000, £10,000 or amounts less than £10,000).

2. Key Issues

2.1 Through their guidance and discussions with key BEIS (Department for Business, Energy & Industrial Strategy) contacts, government have indicated that given the need for Councils to both set up a discretionary

scheme and also to gain the necessary internal approvals, payments are not expected to commence before early June. However, it would be beneficial to have the scheme and application process developed as soon as possible.

2.2 The major challenges for the Council are in defining a scheme that provides the necessary support to the businesses in need, whilst managing the risk of over committing the resources given the Council will have a specific fund for this grant provision. The Council does not have a ready-made list of businesses that need to be supported in Rotherham and therefore the scheme has been developed using a degree of estimation and by modelling the number of different categories of businesses expected to come forward.

2.3 The grant available for the discretionary fund is based on 5% of the total grant available to the Council for the original business support grant scheme, based on the Council's eligible businesses as at 4th May. The value for Rotherham was confirmed on 20th May at the amount of £2.479m as per below calculation.

Scheme	Eligible Units	Grant	Total Grant Payable
SBBR GRANT	3678	10,000.00	36,780,000.00
RETAIL: Rateable Value up to and including £15k	305	10,000.00	3,050,000.00
RETAIL: Rateable Value greater than 15k and less than £51k	390	25,000.00	9,750,000.00
			49,580,000.00
Discretionary Fund		5%	2,479,000.00

The Council's grant allocation is a fixed amount and will not be increased if the Council's scheme is oversubscribed. Therefore, should the estimates of eligible businesses applying be too low, there will be a shortfall in the grant and the Council will need to fund that shortfall itself. It is therefore proposed to introduce a cut-off date for applications that is one calendar month from the date of publication of this report alongside the launch of the application process.

2.4 In order to minimise the financial risk, the scheme has been developed on the basis of paying an initial grant amount which may leave a remaining grant balance. Any balance can then be considered once all applications have been processed, with the balance used to make the payment of a top up grant at a later date. It is proposed that the application of any top up is delegated to the Strategic Director Finance and Customer Services which will enable payments to be made quickly following closure of the scheme.

2.5 Scheme Payments & Criteria

2.6 Following internal discussions across key Council teams and through assessing the schemes being developed across neighbouring and other local authorities, the following scheme is proposed:

- All businesses in shared accommodation will be paid a minimum grant ranging from £1,000 to £3,000 depending on their level of fixed costs and financial losses.
- All eligible B&B's will be paid a grant of £1,000 to support their fixed costs and financial losses.
- All Charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief, to receive a grant of £10,000.
- Private Childcare Nurseries with a rateable value up to and including £15,000, will be paid £10,000.
- Private Childcare Nurseries with a rateable value of greater than £15,000 and less than £51,000, will be paid £25,000.
- Regular Market Traders to receive a grant of up to £1,300 for those with significant fixed rental costs.

The aim of this discretionary scheme is to provide financial support to a large number of small local businesses that are suffering an adverse financial impact from the Covid-19 pandemic and that are not eligible for the previous government grant schemes.

Appendix 1 provides an indication of how the grant of £2.47m may be applied based on the volume of businesses expected to apply and more detail on how the criteria will be applied.

2.7 All businesses will need to provide proof of their fixed costs (rental agreements/bills) and evidence of loss of earnings that have resulted from Covid-19.

2.8 A number of Councils have now launched their schemes and at a local level most local authorities are taking a similar approach in terms of the type of businesses they are looking to support, values and timeframes for their application process. There are differences but these predominantly reflect the differing economies for each area.

2.9 Application Process and Communications

2.10 The Council has built an online application process to allow businesses to submit their applications to demonstrate how they meet the scheme criteria. The Council has built on the existing business support grant application process which has worked well in order to speed up the creation of the form. Questions around fixed costs, financial losses and category of business have been added in order to make the form as efficient as possible. The Council has also included the helpful state aid declaration form that the government have provided within the guidance.

2.11 Application Window

The application form was loaded onto the Council's website on the date of publication of this report (5th June) and applications will close at midnight on 5th July. The website explains the scheme and who it targets in order to manage the expectations of businesses coming forward who are not eligible. A note has been added to explain that this is subject to a decision of Cabinet on 15th June but will be removed if the scheme is approved.

2.12 The clear start and end date has multiple benefits; it allows the Council to quickly get to a point where the total number of applicants is known and with that the total value of potential payments. It can then assess if there are surplus funds to top up grant payments to eligible small businesses.

This option has the added benefit of ensuring that claims do not drag on for many months, which becomes very draining on Council services. The Council still has new applicants coming forward for the business support grant scheme almost two months after it launched and resources had to be diverted from other service areas in order to manage the various grants and reliefs process introduced as a result of Covid-19. Including an end date is an approach that a number of councils are taking.

2.13 It is vital that the Council ensure communications about the presence of the scheme and how to apply is far reaching. Social media and press releases helped with the business support scheme but it did not catch all businesses.

2.14 Exclusions

This grant funding is for businesses that are not eligible for other support schemes. Businesses which have received cash grants from any central government Covid-19 related scheme are ineligible for funding from the Discretionary Grants Fund. Such grant schemes include but are not limited to:

- Small Business Grant Fund
- Retail, Hospitality and Leisure Grant
- The Fisheries Response Fund
- Domestic Seafood Supply Scheme (DSSS)
- The Zoos Support Fund
- The Dairy Hardship Fund

The discretionary grant fund is targeted to those businesses with significant fixed costs due to holding a business premise, therefore, the Council scheme will also exclude businesses run from an applicant's home.

Storage facilities will not be supported by this grant scheme. Only businesses which were trading on 11 March 2020 are eligible for this scheme. Companies that are in administration, are insolvent or where a striking-off notice has been made are not eligible for funding under this scheme. Businesses who have applied for the Coronavirus Job Retention Scheme are eligible to apply for this scheme.

2.15 Appeals process

Consideration has been given to whether there should be an appeals process. Whilst it may seem administratively beneficial not to have one and to specify that the Council's initial decision is final, it is not felt to be appropriate given the discretionary nature of this scheme which may lead to more judgement having to be applied in terms of accepting evidence of eligibility.

2.16 It is therefore proposed that a review process be introduced allowing a business to request an internal review of the initial decision. This is the process conducted under FOI procedures and works very well and would enable an application to be reviewed by a different and more senior officer to the original decision maker.

3. **Options considered and recommended proposal**

3.1 This report recommends:

1. That Cabinet approve the operation of the Discretionary Grant Fund as set out within the report.
2. That Cabinet note the application process and timeframe for applications to be made.
3. That Cabinet delegate to the Strategic Director Finance and Customer Services the application of any surplus grant to top up the grant values paid to eligible small businesses.

3.2 There are other options that the Council can consider in that it can effectively tailor the scheme. However, it is felt that the proposed approach that has been outlined has the best fit to maximise support for a large number of local businesses whilst mitigating against the risk of overcommitting the Council.

4. **Consultation on proposal**

4.1 Officers have consulted key internal teams that hold information on the impact businesses have seen as a result of Covid-19, to ensure that the proposals Cabinet are asked to approve are robust and appropriate for the needs of Rotherham businesses.

5. **Timetable and Accountability for Implementing this Decision**

5.1 The scheme will go live on the 5th June with regular progress updates provided to the Strategic Director of Finance and Customer Services, Cabinet Member for Finance and Corporate Services, Cabinet Member for Jobs and the Local Economy, the Leader of the Council and the Chief Executive. Detailed progress reporting will also be presented to government via its system DELTA. A formal update will be provided to Cabinet in July.

6. Financial and Procurement Advice and Implications

- 6.1 The Council has been allocated £2.47m to use for its discretionary grant fund scheme. The scheme has been scoped out with a view to mitigating the risk that the Council could over commit to grant payments, should more businesses come forward for the grant than the Council anticipates. The main route to mitigating this impact is by the Council paying businesses in shared spaces a smaller initial allocation that will be topped up should applicant numbers end up being lower than anticipated leaving a surplus of grant. This surplus will then be used to top up grant payments to those businesses or to expand the scheme.
- 6.2 The Council will not be provided with additional grant should the number of applicants coming forward exceed the Council's projections. Therefore, if that happens and the Council pays out the grant as initially indicated it will have to cover any costs over and above its grant allocation.
- 6.3 There are no direct procurement implications arising from the recommendations detailed in this report.

7. Legal Advice and Implications

- 7.1 Officers may consider whether grant conditions are necessary in relation to this scheme. Such conditions ought to be fairly light touch, given the small amounts of the grants. Legal services can prepare necessary grant conditions should this be required.
- 7.2 Regarding state aid, under the European Commission's COVID-19 Framework, each business may receive up to €800,000 in grants or other aid without being in breach of state aid rules.
- 7.3 It seems from this report that the grants from the Council itself to each recipient will be comfortably below this limit. However, for each grant recipient, the Council's grant must be aggregated to any other public sector support (e.g. other grants) which the grant recipient is receiving from all other public bodies (e.g. from central government, other local authorities if operating there).
- 7.4 As the report notes earlier, the businesses eligible for this grant are too small to have significant grants from other public bodies. However, the Council should comply with the requirements indicated in the BEIS guidance regarding state aid declarations.

8. Human Resources Advice and Implications

- 8.1 No direct implications.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The proposed scheme aims to support private nurseries who will have suffered financially due to the COVID-19 lockdown.

10. Equalities and Human Rights Advice and Implications

- 10.1 The discretionary scheme will support some businesses that are run by people with protected characteristics, that were inadvertently prohibited from applying for the government's original business support grant scheme.

11. Implications for Ward Priorities

- 11.1 No direct implications.

12. Implications for Partners

- 12.1 No direct implications.

13. Risks and Mitigation

- 13.1. There are three significant risks that the Council will face with the implementation of the discretionary grant fund;
1. Applicants exceeding the grant available
 2. Fraudulent applications
 3. Complaints from businesses that are rejected

The Council can mitigate against these risks in the following ways;

1. Set a scheme that allows lower grant to be paid out initially with top ups should applicant numbers allow.
2. Ensure that banking details are independently verified ahead of payments being made.
3. The Council is clear at the outset the businesses that it intends to support along with the information it will require as evidence of Covid-19 impact.

14. Accountable Officers

Rob Mahon, Head of Corporate Finance

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	05/06/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	05/06/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	05/06/20

Report Author: **Error! Reference source not found.**

This report is published on the Council's [website](#).

Business	Estimated Number of Applicants	Grant Payment (£)	Total Estimated Payment Value (£)	Comments
Small businesses in shared offices or other flexible workspaces	Up to* 250	Minimum* 3,000.00	750,000.00	<p>Small business (employees less than 50) with annual fixed costs greater than £3k for their business premise Fixed costs example: rental, lease or mortgage costs, and any standing utility costs.</p> <p>*Payments will be made of the minimum amount stated. Should the number of businesses eligible be less than the estimated number, the grant payment will be increased or a top up grant paid at a later stage.</p>
	Up to* 200	Minimum* 1,000.00	200,000.00	<p>Micro business and sole traders (employees less than 11 with annual fixed costs greater than £1k for their business premise</p> <p>Or</p> <p>Small business (employees less than 50) with annual fixed costs greater than 1k but less than £3k for their business premise</p> <p>Fixed costs example: rental, lease or mortgage costs, and any standing utility costs.</p>

Business	Estimated Number of Applicants	Grant Payment (£)	Total Estimated Payment Value (£)	Comments
				*Payments will be made of the minimum amount stated. Should the number of businesses eligible be less than the estimated number, the grant payment will be increased or a top up grant paid at a later stage.
Bed and Breakfasts	10	1,000.00	10,000.00	Traditional bed and breakfast property where the premise is clearly used as a business premise. The grant will be used to support the fixed cost of the premise. These businesses must also be registered as a food business.
Charities	76	10,000.00	760,000.00	All Charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief.
Private Childcare Nurseries	13	10,000.00	130,000.00	Grant payments will be aligned to the original business support grant with payments based on the RV value. RV up to and including £15k, receiving £10k grant, RV greater than £15k and less than £51k, receiving £25k grant.
	20	25,000.00	500,000.00	

Business	Estimated Number of Applicants	Grant Payment (£)	Total Estimated Payment Value (£)	Comments
Regular Market Traders – with lease agreements in place	91	Average* 1,300.00	118,300.00	*The actual grant value will be based on the cost of each rental agreement for a 3-month period (mid-March to mid-June) whilst markets have been closed. Recipients of this grant will be given options as to how they wish to receive the grant - either having it paid directly to them or fast tracking the application process by requesting that the grant is paid directly against their rent account.
Estimated potential surplus fund for under estimation or topping up-grants			10,700.00	Any surplus will be utilised to support the value of the small business grants within this scheme.
Total	Up to 660		2,479,000.00	

Initial Equality Screening Assessment (Part A)

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an equality analysis.

Directorate: Finance and Customer Services	Service area: Finance
Lead person: Rob Mahon	Contact number: 01709 254518

1. Title:

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Please provide a brief description of what you are screening

On 1st May 2020 the government announced a new discretionary grant fund scheme that would aim to provide grant support to those businesses affected by Covid-19 who did not receive any support under the first tranche of business grants. The proposed scheme gives local authorities a degree of discretion to design their own scheme, however, it does indicate the business types that government intend the funding to be used to support. Predominantly the grant is aimed at businesses who don't pay business rates but have high fixed costs and have suffered significant financial losses due to Covid-19.

These grants are primarily and predominantly aimed at:

- Small and micro businesses, as defined in Section 33 Part 2 of the Small Business, Enterprise and Employment Act 2015 and the Companies Act 2006;

- Businesses with relatively high ongoing fixed property-related costs;
- Businesses which can demonstrate that they have suffered a significant fall in income due to the Covid-19 crisis;
- Businesses which occupy property, or part of a property, with a rateable value or annual rent or annual mortgage payments below £51,000.

In the guidance government take this further asking that the following businesses are given priority:

- Small businesses in shared offices or other flexible workspaces. Examples could include units in industrial parks, science parks and incubators which do not have their own business rates assessment;
- Regular market traders with fixed building costs, such as rent, who do not have their own business rates assessment;
- Bed & Breakfasts which pay Council Tax instead of business rates; and
- Charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief.

Local authorities should set out the scope of their discretionary grant scheme on their website, providing clear guidance on which types of business are being prioritised, as well as the rationale for the level of grant to be provided (either £25,000, £10,000 or amounts less than £10,000).

Following internal discussions across key Council teams and through assessing the schemes being developed across neighbouring and other local authorities, the following scheme is proposed:

- All businesses in shared accommodation will be paid a minimum grant ranging from £1,000 to £3,000 depending on their level of fixed costs and financial losses.
- All eligible B&B's will be paid a grant of £1,000 to support their fixed costs and financial losses.
- All Charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief, to receive a grant of £10,000.
- Private Childcare Nurseries with a rateable value up to and including £15,000, will be paid £10,000.
- Private Childcare Nurseries with a rateable value of greater than £15,000 and less than £51,000, will be paid £25,000.
- Regular Market Traders to receive a grant averaging £1,300 for those with significant fixed rental costs.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?		X
Could the proposal affect service users?		X
Has there been or is there likely to be an impact on an individual or group with protected characteristics?		X
Have there been or likely to be any public concerns regarding the proposal?		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect the Council's workforce or employment practices?		X

If you have answered **no** to all the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals prior to carrying out an **Equality Analysis**.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below and use the prompts for guidance.

<ul style="list-style-type: none"> • How have you considered equality and diversity? n/a 	
<ul style="list-style-type: none"> • Key findings n/a 	
<ul style="list-style-type: none"> • Actions n/a 	
Date to scope and plan your Equality Analysis:	n/a
Date to complete your Equality Analysis:	n/a
Lead person for your Equality Analysis (Include name and job title):	n/a

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Judith Badger	Strategic Director – Finance and Customer Services	4 th June 2020

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	4 th June 2020
If relates to a Key Delegated Decision, Executive Board, Council or a Significant Operational Decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	

<h1>BRIEFING</h1>	TO:	Overview and Scrutiny Management Board
	DATE:	10 June 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Children's Commissioner's Takeover Challenge – Hate Crime
1. Background		
1.1	The Children's Commissioner's Takeover Challenge (CCTOC) is a national initiative where children and young people take over an organisation or meeting and assume management/leadership roles. As part of RMBC's commitment to the CCTOC, each year the Overview and Scrutiny Management Board (OSMB) supports Rotherham Youth Cabinet (RYC) in undertaking a focused piece of work on a topic chosen by the young people.	
1.2	RYC chose hate crime as the theme for this year's takeover challenge, as it was one of the key priorities in their manifesto for 2020 after emerging in the top three issues following the annual "Make Your Mark" consultation with young people.	
2. Key Issues		
2.1	Appendix 1 comprises a report which outlines the findings and recommendations following the spotlight review undertaken by Rotherham Youth Cabinet in March 2020.	
2.2	It was evident that good work is taking place in Rotherham to raise awareness about hate crime and to challenge attitudes and behaviour, which needs to continue and develop further.	
2.3	Similarly, with initiatives to encourage people to come forward and report incidents. It also helps to strengthen community confidence when people see clear, meaningful action has resulted following them reporting an incident. Under-reporting is still perceived to be an issue, in particular for disability-related incidents.	
2.4	Media coverage of events and issues was a clear concern shared by participants in the scrutiny session, as it often created divisions and tensions in the community. It was recognised that this was difficult to control, certainly at national level, although there might be scope for more liaison at local level.	
2.5	Licensing recognised legitimate concerns raised in respect of hate incidents experienced by taxi drivers and their families, which had fed into the revised policy and consideration of other potential measures that could be introduced to protect drivers.	

2.6	<p>In light of their findings, RYC developed the recommendations contained in pages 10 and 11 of the review report. In summary these focus on:</p> <ul style="list-style-type: none"> ▪ partners continuing to engage with young people and to consider having a dedicated young person's seat on the Independent Hate Scrutiny Panel ▪ liaison between primary and secondary schools to support preventative work on hate crime ▪ encouraging all schools inviting the Hate Crime Co-ordinator to work with students, with a focus on work in smaller groups ▪ involving young people in a peer educator initiative for hate crime awareness raising ▪ partners working with RYC on a campaign to raise awareness with young people about how and where to report hate incidents. ▪ sharing the concerns raised by RYC with regard to press coverage of issues that may impact more widely on communities with the local media.
3. Key Actions and Timelines	
3.1	<p>It is anticipated that following discussion at OSMB the report will be submitted to Cabinet with a date for a formal response to the recommendations to be confirmed for autumn 2020.</p>
4. Recommendations	
4.1	<p>That the Overview and Scrutiny Management Board:</p> <ol style="list-style-type: none"> 1 Receive the report and note the conclusions and recommendations outlined in Appendix 1. 2 Agree for the report to be forwarded to Cabinet and partners for their consideration and to Council for information. 3 Request a detailed response to the recommendations to be presented to the Overview and Scrutiny Management Board and Rotherham Youth Cabinet in October 2020.

Children's Commissioner's Takeover Challenge Scrutiny Review: Hate Crime



March 2020

Rotherham Youth Cabinet Review Group:

Amaan Saqlain (Chair)
Anisah Abbass
Ashaz Abbass
Jibreel Akram
Bilal Ali
Emily Allen
Adiba Bi
Amariya Bi
Josie Brown
Iqra Chowdhary

Abi Evans
Wiktor Gimlewicz
Abdul-Raheem Hussain
Sam Jones
Omar Kasim
Molly Kayne
Martyna Lewicka
Tom Quarta
Sundas Raza
Curtis Yip

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1. Why Rotherham Youth Cabinet wanted to undertake this review

Rotherham Youth Cabinet (RYC) included hate crime as one of the four key aims in their 2020 manifesto after it emerged in the top three issues following the annual “Make Your Mark” consultation with young people. Their stated aim is as follows:

“We want to ensure people understand what Hate Crime is, know how to report it and encourage reporting of Hate Crime incidents. We also want people to understand the impact Hate Crime has on victims and the potential consequences.”

They also then selected hate crime as the theme for the Children’s Commissioner’s Takeover Challenge¹ (CCTOC) which is an annual event that the Council has supported in its various guises since 2007 when it was known as the 11 Million Takeover Day. The idea is that:

“It puts children and young people in decision-making positions and encourages organisations and businesses to hear their views. Children gain an insight into the adult world and organisations benefit from a fresh perspective about their work.”

(Children’s Commissioner for England, 2015)

2. Method

A spotlight scrutiny review was undertaken by a group of young people from RYC on 12 March 2020 when they took over an Overview and Scrutiny Management Board (OSMB) meeting. Josie Brown and Sam Jones gave a short presentation to set the context then a detailed question and answer session ensued, chaired by Amaan Saqlain. RYC explored key issues with regard to responding effectively to hate incidents and provided constructive challenge to officers, schools and partners.

As part of their evidence gathering beforehand, RYC participated in a short interactive session with the Community Safety Team. This provided them with an overview of hate crime in Rotherham, including mechanisms for reporting incidents and local initiatives to address hate crime. Discussion had also included the harms resulting from hate crime for individual victims and on the wider community. A planning meeting followed to develop the young people’s key lines of enquiry and broad questions and to determine who they wished to invite as witnesses. The Early Help and Family Engagement Team facilitated this CCTOC work with support from Cllr Steele, Chair of OSMB and the Governance Unit.

RYC and Elected Members would like to thank everyone who attended for their participation in this review and for their contributions to the debate. It was pleasing to have representation from partners and schools as well as the Council to support the Takeover Challenge and engage with young people on this important issue.

3. Context

The Safer Rotherham Partnership (SRP) is a multi-agency community safety partnership with statutory responsibilities, established under the Crime and Disorder Act 1998 to “make Rotherham safe, keep Rotherham safe and to ensure communities of Rotherham feel safe.” It has a number of core priorities; one of which is *Building Confident and Cohesive Communities*. Within this overarching priority a specific objective area is *Preventing Hate Crime*.

3.1 Definition of a hate incident or hate crime

The SRP has adopted the following definition to classify hate incidents.

“Any incident which is perceived by the victim or any other person to be motivated by hostility or prejudice based on:

- Disability
- Race or ethnicity
- Religion or beliefs
- Sexual orientation
- Transgender identity”

Any hate incident that the police can record as a crime is categorised as a hate crime. Hate-motivated crimes will result in uplifted sentences, such as longer prison terms, as they are classed as aggravated offences which have a higher maximum sentence than for the basic form of offence.

3.2 Hate crime statistics

Numbers of hate crimes and incidents are recorded disaggregated into the five equality strands outlined in the definition above. Data presented at the time of the CCTOC showed a similar overall trajectory in numbers to the previous two years. 622 crimes/incidents (2017-18) and 653 (2018-19) had been recorded and the total for the six months to September was 337. Although no real patterns may be discerned from the data, over two thirds of hate crimes/incidents over the period were racially motivated. In addition, it is noteworthy that 44 disability-related hate crimes had been recorded in the first six months of 2019-20 compared to 50 and 56 respectively in total for each of the two previous years.

Nevertheless, as under-reporting is acknowledged as an issue, the actual number of hate crimes occurring is not known, although between 40 and 60 are reported each month, plus hate incidents. Reasons for not reporting include people not feeling it was important to do so, lacking confidence to report or in the system, fear of repeats or repercussions, thinking they will not be believed, or not wanting anything to happen in relation to the incident.

3.3 Reporting mechanisms

Rotherham has a clear hate reporting pathway in place encompassing direct reports to South Yorkshire Police (SYP) and reports coming indirectly via the Council, Community Reporting Centres or Crimestoppers. Joint work between the Council and the Police takes place at neighbourhood level in the case of any repeat or vulnerable victims. Appendix A contains a flowchart summarising the pathway.

Ten partner agencies act as third party reporting centres for community signposting and reporting and link to the police through the Operation Solar email address (see Appendix B). These organisations help to encourage reporting as people may be more confident to report to a community organisation with which they are familiar rather than going directly to the police.

3.4 Police Hate Crime Co-ordinator

SYP has a dedicated officer in post whose remit includes working with schools and colleges to educate young people about the resulting harm and consequences of hate and prejudice. Another facet of the role is working to improve standards through training for

police officers and staff and provision of specialist advice, as well as gathering local intelligence and monitoring tensions.

3.5 Local initiatives

Community based action to tackle hate incidents/crimes focuses on three broad elements:

- ❖ Prevention by challenging the attitudes and beliefs that can develop into hostility and prejudice
- ❖ Increasing trust and confidence to report
- ❖ Improving support for victims

Joint work between the Police Hate Crime Co-ordinator (HCC) and community groups takes place to raise awareness about hate crime and help build community confidence to report incidents/crimes. Other specific initiatives include:

- Restorative Justice
- Independent Hate Crime Scrutiny Panel – provides challenge to the Council and SYP
- REMA Hate Crime Project – engaging the wider community
- Work in schools – Harms of Hate work/Curriculum
- Communication and events like RYC's Cultural Awareness Extravaganza in October 2019
- Rotherham United Community Sports Trust – KICKS project and educational, sport and team building sessions with young people

4. Findings

4.1 Speed of response and communication following an incident report

Reassurance was given that as a partnership issue hate crime was viewed as serious and a high level priority. SYP hoped to respond very quickly when an incident had been reported and the protocol called for a response within 24 hours, although that was not always possible. An incident log would be created, the incident allocated to an officer and a plan agreed with the victim in terms of the frequency for contacting them about what was happening (more detail on the process is in Appendix A). The desire to be kept informed on progress did vary greatly from person to person. The actual investigation may take a while if it was hard to obtain evidence, therefore at times it may be a few weeks before there was an outcome.

4.2 Training for police officers and Council staff

This was an area the RYC were keen to explore as they felt it was important that officers understood all the issues involved in order to be effective in recording and handling cases. The HCC delivered some officer training directly and confirmed that all new police officers undergo in-depth training in the early stages of their career. They received specific input on hate crime awareness, making them realise there was much more to it than people tended to think and that it went beyond racism. The intention was that officers apply their learning on a daily basis and this should manifest itself in their crime reports and the way in which officers dealt with issues.

Refreshers were also in place for long standing officers and could be via online training packages which they could complete between jobs. This was deemed quite effective as it did not take them away from the work for too long as it could be done in stages. Fairly

regular refreshers covered all aspects of policing, such as the law and legislative changes, to ensure officers remained up to date, which was important.

Within RMBC it was a similar approach with a corporate process in place for staff to report incidents, either experienced themselves or if victims reported an incident to them. The young people probed as to whether the training would draw out the distinction between hate crime and banter/a joke. The HCC was aware that people making hateful comments towards others tried to pass them off as banter and a joke when they were really not and it could be a fine line where banter overstepped the mark. Nevertheless, if someone was receiving so called banter because of their race, religion, disability or sexuality that was unacceptable and needed to be challenged as it was very different for example, to making mean comments about being either a Sheffield United or a Sheffield Wednesday fan. On this issue, the Rotherham United Community Sports Trust website featured video clips covering each of the five protected characteristics of hate crime, from the angle of banter once it became no longer funny, which was a good resource.

4.3 Representativeness and diversity within SYP

Although SYP viewed itself as a diverse organisation, it was accepted that the force needed greater representation from certain ethnic groups. The workforce included Black, Asian and Minority Ethnic (BAME) officers, lesbian, gay, bisexual and trans (LGB&T) officers and disabled officers. The key was to remain diverse and inclusive and to improve.

A follow up question asked whether measures and procedures were in place to tackle any discrimination that may already exist within the force. It was reiterated that as SYP was an all-inclusive organisation the hope was that no discrimination occurred and any that did would be challenged very quickly. No particular examples were given but it was stated that more BAME officers and female officers were on the promotion ladder and more disabled people working within the organisation than ever before.

4.4 Education and awareness raising

Recognising the importance of this both in schools and within the wider community, for example to counter any fears that people had about others who were not the same as them, the young people were keen to learn more about this area of work.

It was reported that schools could be quite difficult to get into and in part this was due to fears around Ofsted inspection outcomes if things did not look so good. However, SYP had been into approximately 40-45% of schools within the area, predominantly secondaries and colleges, rather than primaries. They offered a bespoke interactive training and awareness package specifically aimed at young people but as a Crown Prosecution Service training pack had also been distributed to schools some may elect to do that first.

The HCC was happy to go into any school, on multiple occasions if required, to work with the students but also with young people who ended up being offenders or perpetrators of hate crimes. Rather than starting to prosecute people of a young age, they could be offered one to one education sessions as part of their community resolution/restorative justice. It was important that people understood what words really meant as they did not always appreciate the effect on other people. Nevertheless, from his experience, young people tended to have greater understanding of these issues and were more accepting than people from other age groups. The key was getting people to think more deeply about what things meant.

Coordination and links were also in place between this work and that in schools around harms of hate. Work had been undertaken with young people expressing more extreme views, who were at risk of being manipulated and taken down the wrong route, before it had become a major issue, with a written remedy process.

The Chair of Rotherham Schools Forum said no incidents had been reported at her school, which was a primary, but they had a mechanism in place. In primaries issues would be covered in the Personal, Social and Health Education (PHSE) curriculum and there was also anti-bullying week, so opportunities existed to feed in about impact. Work could take place with secondary colleagues to make the links to support preventative work.

The Community Safety Officer confirmed the importance of enforcement but qualified this by saying how it needed to be appropriate and proportionate, with education and awareness raising also needed.

The young people linked education and awareness raising back to the issue of freedom of speech versus hate speech, commenting that if people's views were suppressed this could lead to them becoming shut off and that although people's opinions could not be controlled they could still be challenged.

The Assistant Director for Early Help and Family Engagement commented that policy under the legislation allowed a zero tolerance approach to discrimination but there was still a need to work with and educate people in order to create an inclusive, cohesive society. People may have displayed unacceptable behaviours but by working with them you could change people and it was how to strike the balance which was a challenge. Various skills and approaches could be utilised and everyone would have their own individual values but this would be an area he would be interested in exploring further. Good work by the voluntary and community sector was highlighted and the need to involve them in any future work. Within Children and Young People's Services, a number of specific "interest in identity groups" including LGB&T+, disability, BAME groups were established. Several of these groups created a safe space for some people in the short term, until they felt confident to challenge. It was vital to work with those groups as well because there would be significant learning from their experiences.

4.5 Specific work on disability-related hate crime

Although the figures for the year to date showed a likely increase for the year, disability was probably one of the more under-reported strands, as in many cases people did not understand that what was happening to them was hate crime. The HCC worked with many disability groups in Rotherham and delivered awareness raising with staff and service users and assured people they would be listened to if they reported. Not all disability was visible, for example autism or learning disability, hence the importance of working with the local support groups.

A new South Yorkshire wide Autism Alert card had recently been introduced for people on the autistic spectrum or awaiting diagnosis. The card included details about the person, their particular traits of autism and how best to communicate with them. People could register their card with the police who would then be aware of what would cause the person distress. For people with learning disabilities, police officers were aware of how to speak with people and would use easy read documents or diagrams to explain things and provide reassurance.

In schools, it came down to prevention and to accepting differences and diversity in education. Most primary schools had a very clear taught curriculum that addressed those issues, in addition to informal opportunities for children to debate and consider things experienced in their own lives. This would equip them with the tools and understanding of the wider world and issues that other people may experience.

An example was given by one of the young people from a talk at Winterhill School on hate crime that had included disability. This was of a blind person shopping with their carer where the staff completely ignored the customer and spoke only with the carer, even about the nature of the person's disability. Officers were asked what was in place to support people with sensory disabilities. It was agreed that overlooking somebody in the manner described was very depersonalising and even embarrassing in many cases. SYP would hope officers were suitably trained to understand that a person could have a condition that would prevent them from carrying out functions most people took for granted. Although it would be difficult to educate everybody, and more so in the private sector than the public sector, it was evident that education and awareness raising work needed to continue.

4.6 Procedures for dealing with on-line hate incidents

As many young people spent a lot of time on-line, another concern raised was with regard to the increase in very offensive "jokes" regarding race, disability and sexual orientation.

Cyber or on-line hate crime and online bullying were becoming more prevalent as people could hide behind their keyboard. Reassurance was given that on-line hate crime was treated exactly the same as other forms of hate crime and was just as serious as face to face. One difficulty was people committing these offences could be in different countries and although people believed they could not be traced IP addresses from computers and phone numbers could be traced and with social media on phones people could screen capture evidence. Where physically possible the police would follow up and deal with such incidents. Specialist departments dealt with the technological side if necessary, to interrogate systems.

4.7 Anonymity when reporting hate incidents

The young people asked what could be put in place to give them anonymity when reporting incidents, which potentially might encourage more reports. Officers confirmed that anonymity made it difficult to deal with reported incidents or crimes, for either a prosecution or an educational programme. If a crime had been committed and the person who reported did so anonymously it would never be approved by the Crown Prosecution Service to take to a prosecution without a person there making a complaint.

However, as it was appreciated that for some people anonymity was important, in Rotherham this had led to the creation of the Operation Solar email address referred to above, enabling people to email about a hate crime or incident totally anonymously. Such messages to this email address would be used as local intelligence by SYP including analysis for patterns or trends.

The Community Safety Officer issued a very simple message: "report, report, report" to help build the local picture. He referred to incidents at a public house reported anonymously which led to interventions that solved the problem without anyone being named.

4.8 Media reporting

RYC raised their concerns regarding how this varied depending on the respective personal characteristics of the victim and the perpetrator and wondered how this difference in reporting could be prevented.

The general view was that the media had a job to do to create headlines but the way they presented some of those headlines created negativity in many cases and had a knock on effect. One example cited that was used in the awareness raising sessions was how the media portrayed issues regarding ISIS in a manner that caused division and hatred. Media coverage made it harder to tackle issues but was difficult to control, although those headlines needed to be challenged. It was vital for people to think about the way in which things were written and to recognise things were not necessarily true as presented. Different media also reported issues in very differing ways, for example immigration and migration. Challenging perceptions and ensuring usage of the correct terms to describe issues was crucial.

The young people inquired if regular meetings took place with the local press, or if there had been any challenge, particularly as quite often negative stories appeared and good news tended to be less prominent. In response, it was confirmed that SYP Command Team had met with the press and challenged them as they needed to take responsibility for what they wrote but SYP also needed to build that relationship with the press.

In terms of far right and terrorist reports, there would be headlines in the news in relation to events elsewhere. If the police identified something as terrorist-related it should be reported as such and if not, it should not be, as it could have a negative, far reaching impact within local communities. Identification of issues quickly was key and making sure the right messages were sent out to communities.

4.9 Distinguishing between an act of terrorism and a hate crime

This question was prompted by the recent stabbing of a muezzin in a London Mosque which had not been classed as a terrorist act. Officers stated that the distinction came down to the mindset of the perpetrator and their intentions when they set out to do something, as a terrorist act could also be a hate crime whereas a hate crime was not necessarily a terrorist act. An act of terrorism would be recorded as a hate crime if it had targeted somebody for their specific beliefs or other characteristics.

In terms of press coverage, information needed to go out to the public, but needed to be the correct information. The incident referred to had quickly been ruled out as a terrorist attack and this conclusion would have been based on the wider information behind it. With regard to procedures for dealing with terrorist incidents compared with hate incidents, in a terrorist incident ground level police would have very little involvement, other than at the start, as it would be dealt with by specialist departments.

4.10 Concerns regarding using public transport

Although the young people raised the question of people being fearful of using public transport, SYP were not receiving many reports in this respect, although they were aware of some incidents. They worked closely with all the transport companies within South Yorkshire, who all had a training package on recognising and identifying incidents and how to deal with them and the British Transport Police had dedicated transport officers. Reference was made to an issue that had been happening on buses which had been dealt with successfully. Although the number of incident reports was low, probable under-reporting was acknowledged and young people were encouraged to report any incidents.

4.11 Hate incidents directed at taxi drivers

RYC were concerned that a number of taxi drivers had experienced hate incidents in wake of the cases of child sexual exploitation in Rotherham and inquired about available support from RMBC and the Police.

The Council had recently reviewed its private hire licensing policy and people's views on this issue had fed into the consultation around the development of that policy. Taxi drivers were very clear in relation to experiencing incidents at significant levels and in some cases their families were feeling in danger and experiencing hate crimes and victimisation as a result of their association with taxi drivers. In 2015 the policy had been changed and at that time had probably centred on protecting the public but now it would be more focused on protecting individual drivers as well as the public, after listening to feedback from the trade, family groups and another representative groups.

Other plans included potential enhancement of the camera systems within licensed vehicles and placing a duty on taxi companies that they would have to act in a manner that did not encourage any discrimination. For example, if somebody were to ring a taxi firm and ask for a driver who was White British, the expectation would be for such a request to be refused by the company. Signage within vehicles was also being looked at and possibly a warning inside the car might be appropriate to make it clear that people were being video recorded and that any behaviour in the vehicle which could be perceived as a hate crime or any other kind of crime would be referred to the police by the Council. Licensing worked closely with the police and there had been instances where camera footage had been requested and provided speedily, which allowed the apprehension of the perpetrator. Such information had been used in prosecutions and ensured convictions for offences against taxi drivers.

Taxi drivers were encouraged to report hate crime. One of the requirements of being a taxi driver was to attend safeguarding training, which included hate crime - recognising the signs of hate crime and how to report it but also how to act if you were a victim of hate crime whilst driving the taxi. Other suggestions were welcomed from the RYC but the service was confident that progress had been made.

RYC commented that in parts of the community there was a perception that taxi licensing in the Council was racist and the young people queried how this was being addressed in order to combat those perceptions. Assurance was given that action would be taken if any staff acted in this way but there was no evidence to show people had acted in a racist manner and public records existed of decisions and the reasons why they had been taken. A system of checks and balances was in place to ensure correct decision making and any decision to revoke a licence was made by a group of five Elected Members not by individual officers. Following a revocation decision there was the opportunity to go through an appeal process, with the decision reviewed by the Magistrates Court in the first instance and overturned if there was any suggestion it had been wrong.

Further assurance was provided by the Cabinet portfolio holder for equality that zero tolerance existed regarding any form of discrimination within the Council and any examples would result in strict action. Clearly there was a need to engage with the community to address these perceptions and it was important to work with the taxi trade to ensure balance, transparency and accountability. If there were any examples these should be brought forward for investigation.

4.12 Building relationships between communities and with the police

Issues within some communities and inter-group issues were acknowledged. Besides officers going into schools as described above, local community policing teams went to speak with many different community groups in Rotherham. Some people did fear and mistrust the police; therefore, the onus was on the police to ensure they were breaking down those barriers and also building bridges between Rotherham's many communities.

Proactive work had taken place at one particular school and the students had been out doing six week mini projects and workshops with Rotherham United Community Sports Trust, looking at differences, but more importantly, similarities between different community groups. In addition to sports and beat boxes, work was done around team and trust building with everybody together.

5. What young people could do to help improve the situation in Rotherham

5.1 Reporting, challenging and engagement

It was vitally important for young people who had witnessed or experienced something to come forward and report it and if not confident enough to do so directly, through one of the third party reporting centres. Another important message was "don't be a bystander – challenge" if something was not right.

As RYC had clearly identified hate crime as a priority, the young people were encouraged to tell the Licensing Service if they thought the service had got things wrong or had suggestions for how things could be done better, either directly or through the Youth Cabinet. Feedback was welcomed on issues from the community regarding licensing decisions and to build that confidence.

Cllr Alam appreciated that the focus of the young people was on social justice and equality and suggested that the RYC could potentially forge links with the Independent Hate Crime Panel and for young people's views to be captured through engagement with the police and Council.

The HCC reiterated his earlier point about young people having a good understanding of the issues and as future decision makers those attitudes and ideas would be shared with the next generation. This would be a positive longer term impact.

RYC themselves suggested that young people should speak up about it a great deal in a way that shocked people and also brought about action from organisations.

5.2 Involving young people in awareness raising and communications

RYC raised the potential merits of young people of around the same age as the target age groups going in to work with them to help get the messages across, which might have greater impact than someone who was older.

The challenges involved in having young people of a similar age who were suitably versed and knowledgeable in this complex subject to do that were debated. Overall there was a view that potentially young people could work alongside some of the adults as peer educators, having that combined experience and knowledge and adding value to the work. Support would be necessary for the young people to be able to do that, both in collaboration or until the point where they had the trust and confidence to be able to do that work themselves.

The Chair of Rotherham Schools Forum was interested in the idea of peer mentoring education in primary school, perhaps with slightly older children talking to the older primary children, with the power of hearing something from another child or a young person. If anybody who was a victim of hate crime was brave enough with support to share that information with children in her school that would deliver a far more powerful message about the impact of that behaviour than from their class teacher speaking about it.

6. Conclusions

It was evident that good work is taking place in Rotherham to raise awareness about hate crime and to challenge attitudes and behaviour and this needs to continue and develop further. Similarly, with initiatives to encourage people to come forward and report incidents. Clear pathways are in place and once an incident has been reported it is important to provide effective responses and support, in line with the wishes of the victim. It also helps to strengthen community confidence when people see clear, meaningful action has resulted following them reporting an incident. The balance to be struck between punitive action and educational intervention emerged during the scrutiny session, especially when working with young people.

Although the performance data indicates that the number of hate incident reports tends to increase following a drive to encourage reporting, the statistics show a fairly consistent numbers of hate crimes over the thirty month period. Under-reporting is still perceived to be an issue, in particular for disability-related incidents.

Media coverage of events and issues was a clear concern shared by participants in the scrutiny session, as it often created divisions and tensions in the community. It was recognised that this was difficult to control, certainly at national level, although there might be scope for more liaison at local level.

Licensing recognised the legitimate concerns raised in respect of hate incidents experienced by taxi drivers and their families, which have fed into the revised policy and other potential measures that could be introduced to protect drivers.

As RYC and partners listened to and reflected on the responses to questions as the meeting progressed, this triggered several positive ideas that could be taken forward by partners, together with potential actions for RYC to consider undertaking themselves.

7. Recommendations

1. That the Safer Rotherham Partnership continues to engage with young people in 2020-21 around improving Rotherham's response to hate crimes and ways to encourage incident reporting.
2. That the Licensing Service continues to engage with young people in 2020-21 to capture their suggestions and feedback from the community around licensing policy on taxis.
3. That liaison takes place between colleagues in primary and secondary schools to make the links to support preventative work on hate crime.

4. That the Headteachers Forum encourages all primary and secondary schools to invite the Hate Crime Co-ordinator to work with students on hate crime awareness, with a focus on work in smaller groups rather than talks at whole school assemblies.
5. That consideration is given to establishing a dedicated young person's seat on the Independent Hate Scrutiny Panel so that young people have an opportunity to input their views.
6. That consideration is given by the Safer Rotherham Partnership, Children and Young People's Services and schools to involving young people in a peer educator initiative for hate crime awareness raising.
7. That liaison takes place between South Yorkshire Passenger Transport Executive and Rotherham Youth Cabinet to discuss ways to encourage more people to report incidents on public transport.
8. That partner agencies consider working with Rotherham Youth Cabinet on a campaign to raise awareness with young people about how and where to report hate incidents.
9. That partner agencies consider working with the "interest in identity groups" established by Children and Young People's Services to incorporate the learning from their experiences in future work on hate crime.
10. That the concerns raised by Rotherham Youth Cabinet with regard to press coverage of issues that may impact more widely on communities be shared with the local media.

8. Thanks

Councillor Alam

Deborah Ball – Rotherham Schools Forum

Chris Nicholson – South Yorkshire Police Hate Crime Co-ordinator

RMBC – Sam Barstow, Sarah Bellamy, Matt Ellis, James McLaughlin, David McWilliams, Steve Parry and Alan Pogorzelec

Thanks also to other members of RYC who were involved in the preparation for the spotlight review.

9. Background papers and references

- Minutes from OSMB Children's Commissioner's Takeover Challenge 12/03/2020
- Rotherham Youth Cabinet Manifesto 2020

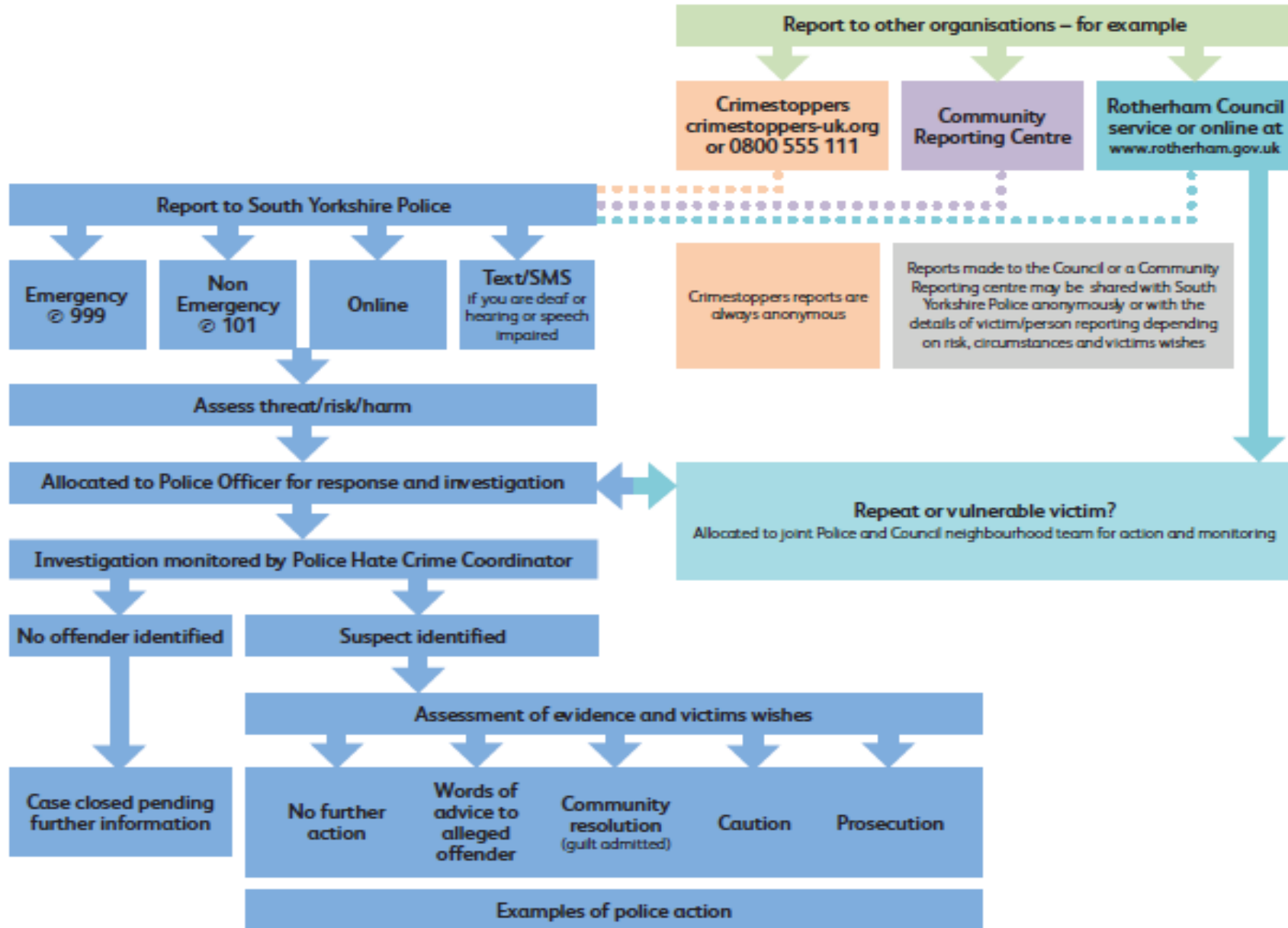
References

1 Children's Commissioner's Takeover Challenge

<http://www.childrenscommissioner.gov.uk/learn-more/takeover-challenge>

Contact

Janet Spurling, Governance Advisor, RMBC janet.spurling@rotherham.gov.uk







Rotherham Youth Cabinet

Email: rotherhamyouthcabinet@gmail.com

Facebook: [@rotherhamyouthcabinet](https://www.facebook.com/rotherhamyouthcabinet)

Twitter: [@Rotherham_YC](https://twitter.com/Rotherham_YC)

For further information please contact:
Sarah Bellamy, Participation, Voice and Influence Coordinator.
Early Help and Family Engagement

Tel: 01709 822128

Email: sarah.bellamy@rotherham.gov.uk