

## IMPROVING LIVES SELECT COMMISSION

- Date and Time :-** Tuesday 5 March 2024 at 10.00 a.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Pitchley (Chair), Cooksey (Vice Chair), Atkin, Bacon, Baker-Rogers, Barley, Bennett-Sylvester, Z Collingham, Griffin, Haleem, Hughes, Khan, McNeely, Mills, Monk and Wilson.

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 meeting held on (Pages 5 - 17)**

To consider and approve the minutes of the previous meeting held on 30 January 2024 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. 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.

**5. 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.

**6. Communications**

To receive communications from the Chair in respect of matters within the Commission's remit and work programme.

**7. Corporate Parenting Panel - Update**

To consider any updates from the Corporate Parenting Panel.

**8. Rotherham Safeguarding Adults Board Local Government Association Peer Review (Pages 19 - 52)**

The Rotherham Safeguarding Adults Board commissioned the Local Government Association to carry out a Peer Review in July 2023 which identified a number of areas to further strengthen the safeguarding offer for Rotherham. Following the Peer Review, the Board held a Development Day in November 2023 to discuss the findings and recommendations. An action plan was subsequently developed to reflect the areas for improvement as a result of learning from the Peer Review.

This agenda item follows a presentation of the initial findings to the Improving Lives Select Commission in October 2023, as part of the Safeguarding Adults Board Annual Report. It will also present the formal action plan developed in response to the Peer Review for Safeguarding Adults.

**9. Family Hubs Update (Pages 53 - 118)**

This agenda item will provide an update on the progress of the transformation project, associated with the Family Hubs and Start for Life Grant. This update follows a previous update to Improving Lives Select Commission in March 2023.

**10. Young Carers Update**

This agenda item will provide an update on Young Carers. A presentation will be provided to members, which will include a general update on the Young Carers agreement between September to December 2023, future priorities and engagement with schools.

**11. Work Programme (Pages 119 - 120)**

To consider and approve the Commission's Work Programme.

**12. Improving Lives Select Commission - Sub and Project Group Updates**

For the Chair/project group leads to provide an update on the activity regarding sub and project groups of the the Improving Lives Select Commission.

**13. Urgent Business**

To consider any item(s) the Chair is of the opinion should be considered as a matter of urgency.

**14. Date and time of the next meeting**

The next meeting of the Improving Lives Select Commission take place on 18 June 2024 commencing at 10:00 am in Rotherham Town Hall.



Sharon Kemp,  
Chief Executive.

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**IMPROVING LIVES SELECT COMMISSION**  
**Tuesday 30 January 2024**

Present:- Councillor Pitchley (in the Chair); Councillors Cooksey, Atkin, Bacon, Baker-Rogers, Z. Collingham, Griffin, Haleem, Hughes, Khan, McNeely, Bennett-Sylvester, Wilson and Mills.

Apologies for absence:- Apologies were received from Councillor Monk.

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

**143. MINUTES OF THE PREVIOUS MEETING**

**Resolved:** - That the Minutes of the meeting of the Improving Lives Select Commission, held on 5 December 2023, be approved as a correct record of proceedings.

**144. DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There were no items of business on the agenda that required the exclusion of the press and public from the meeting.

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

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

**147. COMMUNICATIONS**

The Chair advised that all the items regarding communication were covered on the agenda.

**148. CORPORATE PARENTING PANEL - UPDATE**

The Chair advised that the Corporate Parenting Panel met on 23 January 2024 and consideration was given to the following items during the meeting:

- An update on the Virtual School Annual Report 2021-2022.
- An update on Quality Assurance.
- An update from the Looked After Children's Council, which included an overview of its activities, including the Summer Festival, an international trip to Paris and the Remembrance Sunday Service.
- An update on the Corporate Parenting Strategy 2024-2027 and the

new proposed Terms of Reference for the Corporate Parenting Panel. The proposed Terms of Reference were agreed at Cabinet on the 22 January 2024 and as a result there would be a number of changes to the Panel which included the following:

- A change of name from the Corporate Parenting Panel to the Corporate Parenting Partnership Board, the Panel would also move from a public meeting to an internal board meeting.
- An increase in the number of meetings and membership levels.

The Chair advised that the next meeting would be held on 19<sup>th</sup> March 2024 and a further update would be provided to the Commission, at the first meeting of the new municipal year.

#### **149. CHILD EXPLOITATION UPDATE**

This agenda item provided a high-level update on Child Exploitation, which included a summary of key child exploitation activity, performance information and trends, awareness raising and safeguarding, undertaken in the year 2023.

The Chair welcomed to the meeting Laura Gough, Head of Service for Children's and Young People's Services (CYPS) and Darren Downs, Independent Scrutineer for the Rotherham Safeguarding Children's Partnership.

The Chair invited Laura and Darren to introduce the report and lead on the presentation, during which the following was noted:

##### Introduction-

- The report was the second annual report on Child Exploitation in Rotherham presented to Improving Lives Select Commission and provided information on how the service was responding to child exploitation in Rotherham.
- The report demonstrated how the service ensured that children, both individually or in groups, who were at risk of, or experiencing child exploitation were identified, safeguarded, and supported, and that there was a partnership approach to raising awareness and preventing exploitation of children and young people in Rotherham.

##### The National Guidance-

- The Tackling Child Sexual Abuse Strategy 2021 was the National Strategy and provided a clear definition for Child Sexual Exploitation, which was 'forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, or whether the child is aware of what is happening'.
- Home Office Guidance defined Child Criminal Exploitation as 'where an individual or group coerce, control, manipulate or

deceive a child or young person under the age of 18 to take part in criminal activities, including but not exclusively County Lines. The victim may have been criminally exploited even if the activity appears consensual’.

### The Law-

- The Children Acts of 1989 and 2004 (amendment in 2017) set out specific duties. Section 17 of the Children Act 1989 created a duty on the local authority to provide services to children in need in their area. Section 47 of the same act required local authorities to undertake enquiries if they believed a child had suffered or was likely to suffer significant harm.
- Working Together to Safeguard Children 2023 was a guide to multi-agency working, that provided a framework for effective partnership arrangements for keeping children safe.

### Rotherham’s Approach to Child Exploitation-

- Rotherham was one of only a small number of local authorities that continued to have a dedicated service focused on child exploitation.
- Ofsted evaluated in June 2022 that Rotherham’s Children and Young Peoples Services provided ‘Good’ services to children in need of help and protection. Ofsted stated, ‘the Evolve service works proactively with children to reduce risks associated with sexual and criminal exploitation’.

### Key Documents-

- The Child Exploitation Strategy 2019-2022, which had concluded.
- In 2023, Rotherham Safeguarding Children’s Partnership published the Child Exploitation Priorities 2023-2028, this was a plan to tackle and prevent child exploitation in Rotherham. Priorities were focused on local key drivers such as, Prepare, Prevent, Protect, Pursue. These were derived from the National Child Sexual Exploitation Strategy and from research into established use.
- The new strategy was in development and would be published in 2024.

### The Rotherham Safeguarding Children’s Partnership Structure-

- In 2023 a new scrutineer, Darren Downs was appointed. This role differed from the previous Independent Chair role in that it provided a greater focus on Scrutiny and holding the partnership to account.
- A new Strategic Director for Childrens Services, Nicola Curley was appointed, bringing a fresh approach to child focused practice.

### The Child Exploitation Delivery Group (CEDG)-

- The CEDG was a strategic group, that reported directly to the Rotherham Safeguarding Children’s Partnership Board.
- In 2023 the group was refreshed and the Terms of Reference (ToR) were updated. Superintendent Andy Wright was appointed

as a new Chair and attendee roles were reviewed to ensure the right people were in attendance to drive progress.

- The group was responsible for the strategic overview of child exploitation priorities and strategies. The group had an action plan which contained specific leads for the following objectives:
- Objective One- Prepare
- Objective Two- Prevent
- Objective Three- Protect
- Objective Four- Pursue.

### Responding to Child Exploitation-

- If there were any concerns about the safety of a child potentially at risk of child exploitation, a referral would be made to the Multi Agency Safeguarding Hub (MASH). MASH would then screen the referral and identify the next steps.
- The specialist multi-agency team Evolve would also become involved, this team included statutory partners, such as the Police and Health.
- The Evolve Team worked directly with young people affected by child exploitation. They contributed to assessments, investigations, mapping activity, collating information, and analysing the prevalence of child exploitation in the Borough, in relation to children and young people, perpetrators, and locations. The team also supported professionals and partners such as schools, through providing guidance, advice, and a comprehensive training package.

### Intelligence Meetings-

- The Child Exploitation Tactical Group (CETG) had a weekly meeting which was chaired by the Police and attended by CYPS. During the meetings intelligence was shared to provide a multi-agency response and next steps.
- Multi Agency Child Exploitation (MACE) meetings were held to respond to and discuss identified children and young people at high risk of child exploitation.
- The multi-agency operational Missing Meeting once established, would take place fortnightly, to identify ways to reduce the number of young people who went missing, focusing on those children considered high risk with repeated missing episodes.

### Work with Children and Young People-

- During 2023, seventy-seven young people were referred to the Evolve Team.
- Seventy-three young people's cases were closed to the Evolve Team, following successful intervention and a reduction in risk of exploitation, to low.
- Evolve completed three hundred and forty-four child exploitation risk assessments in total in 2023.
- There was one hundred and forty-one identified risks in relation to



child criminal exploitation.

- There were one hundred and seven identified risks in relation to child sexual exploitation.
- There were fifty identified risks in relation to both criminal and sexual exploitation.
- There were forty-six identified as no risk, where the exploitation risk had reduced and there was no risk identified.
- Risk assessments were completed and then updated every twelve weeks.

### Awareness Raising Activity and Campaigns-

- On the 21 February 2023, an annual workshop on Child Exploitation for Members took place. The session was a success and was attended by twenty-nine Members.
- Child Exploitation Awareness Day was held on the 18th of March. Information was shared, including how staff could access and complete the mandatory e-learning modules. Posters about the Awareness Day were circulated digitally to schools for display in staff areas. Councillors received a poster and Spot the Signs information cards via the Town Hall. Social media posts were also shared throughout the day, on community safety and corporate Rotherham Council channels.

### County Lines Intensification Week-

- National County Lines Intensification Week 2023 took place from 27th February to 3rd March. This was a week of action addressing county lines and child criminal exploitation. This included The Spot the Signs Campaign and use of the Children's Society Look Closer Campaign, which was a national partnership campaign with the National County Lines Co-ordination Centre and Children's Society. The aim of this campaign was to raise awareness of child exploitation and abuse, with a particular focus on public spaces.
- Social media posts relating to both campaigns, reached over 5,700 people through Facebook and Instagram.

### Operation Keepsafe-

- Operation Keepsafe was a well-established, multi-agency targeted activity, which focused on working on areas to engage with young people, to raise awareness of exploitation.
- To date, Keepsafe activities had engaged with over 1700 children and young people in the community since the start of April 2021. This had impacted positively on both individual and groups of children, and supported communities in keeping their children safe.

### Spot the Signs-

- Awareness raising had continued through the Spot the Signs Campaign. This included sharing information on the Community Safety Teams social media, posters and the distribution of Spot the Signs Cards in 2023. 10,000 had been distributed to date, across

council employees, services, partners and businesses.

## South Yorkshire Police Campaign-

- On the 17th of March 2023, South Yorkshire Police launched their new regional Child Exploitation Campaign, 'Even the Happiest Childhood Can be Destroyed by Exploitation'.

## Training-

- The Evolve training had raised awareness through presentations to groups, child exploitation training to partners and the partnership and ad-hoc training when requested.

## Police Staff Training and Development-

- The Police staff training programme focused on all officers that worked in safeguarding roles, to ensure they were qualified to a national standard, such as completing the Specialist Child Abuse Investigators Development Programme (SCAIDP) and the Specialist Sexual Offences Investigator Development Programme (SSAIDP), from the College of Policing. A significant number of officers had already completed this training.
- The police were also training all staff, to qualified College of Policing PIP2 Serious and Complex Investigation Standard. In 2023 many officers attended this training.
- Several initiatives including awareness raising, and targeted briefing sessions had taken place for 165 staff across CYPS and Housing in 2022-2023. These initiatives were on-going to continue to drive intelligence submissions.

## Child Exploitation Stakeholder Event-

- On the 20 June 2023, twenty-seven delegates from across the partnership, social care, police, health, and the voluntary sector, attended a stakeholder event to look at Rotherham's journey through Child Exploitation.

The Chair thanked the relevant officers for the presentation and invited questions, this led to the following points being raised during discussions:

- There had been a reduction in the number of children reported missing (2.7.6 of the report). This was due to increased interventions that were put in place for a specific cohort of young people, who were repeatedly going missing. Missing advocates were now allocated to children who were repeatedly missing, to reduce the risks. In addition to this, multi-agency meetings had expanded membership to include more key professionals which had also had a positive impact.
- Child Exploitation, in relation to criminal activity and organised crime groups was the most prevalent form of child exploitation within the borough in recent figures and accounted for more than half of the current cases. Although organised crime groups did not always operate within boundaries, reassurance was provided that

the relationships between police forces, sub-regionally, nationally, and internationally was very good, specifically in relation to missing children. The Partnership worked closely with regionalised crime units and the National Crime Agency when required.

- The Evolve Team completed delayed feedback sessions after all training cohorts, to cross reference referral levels with training and to identify any improvements because of the training, or any identified gaps.
- The Probation Services were not a statutory partner, but they were a safeguarding partner, therefore they contributed funding to the Rotherham Safeguarding Children's Partnership and were also active members in delivery groups. The Partnership met regularly with Probation Services and there was a strong partnership in place.
- The Independent Scrutineer role differed to the previous Independent Chair role, as it provided further Scrutiny and challenge around data, performance and partnership working.
- The report (2.2.1) stated that the most recent Child Exploitation Strategy 2019-2022, concluded in 2022 and the new strategy would be published in 2024. There would be a gap of eighteen months without a strategy in place. This was because of the development of child exploitation, with most cases being in relation to child criminal exploitation and online exploitation. The Partnership wanted to ensure that there was sufficient time to work across the partnership, so that the future strategy would be fit for purpose. Re-assurance was provided, that there was a delivery plan in place, that was continuing the work from the previous strategy.
- A formal review of risk assessment plans was completed every twelve weeks, weekly meetings were held to manage the progress of the level of risk and activities undertaken. The formal review of risk assessment plans was completed at twelve weeks, to ensure sufficient time to assess whether completed work had an impact or if there was any change to the risk levels.
- The voice of the service user was captured through many feedback processes. When a child or young person left the Evolve Service, a feedback session was undertaken to discuss the activities completed, services provided, and the provision of support provided. The Partnership presented two case studies to every Child Exploitation Delivery Group meeting, alongside monthly audits which also contained service user feedback.
- There were detailed reporting mechanisms in place within the Partnership, this included detailed breakdowns of specific cohorts of children, such as Children in Need (CIN), Looked After Children (LAC) and children on Child Protection (CP) plans.
- If the Partnership believed that a child was at risk of exploitation, there would be no consent required for engagement. The service was responsible for engaging with the young person.
- In relation to the forty-six identified cases that were assessed as having no risk, this was a cohort of children and young people that

had entered the Evolve service as medium or high risk and were then assessed as no risk identified at a later stage. The service had a legal responsibility to hold records of these cases for seventy-five years.

**Resolved:-**

- 1) That the Improving Lives Select Commission note the activity undertaken with regards to Child Exploitation.
- 2) That further information to be provided to members, in relation to the proportion children and young people who are at risk of exploitation, that are Looked After Children and/or have Special Educational Needs and Disabilities.

**150. NEGLECT STRATEGY UPDATE**

This agenda item introduced the Neglect Strategy 2024-2026. The strategy was a partnership strategy and was governed by the Rotherham Safeguarding Children's Partnership (RSCP). It was owned by the Neglect Delivery Group, which reported directly to the RSCP Executive Partnership Group.

The Chair invited Laura and Darren to introduce the report and lead on the presentation, the following was noted:

- It was advised that the previous Neglect Strategy was successful and was developed and managed through the Rotherham Safety Partnership.
- The new Neglect Strategy identified the key statutory responsibilities that the partnership had in relation to neglect and there had been consultation work completed with all partners across the Partnership, which had informed the new Neglect Strategy.
- The strategy would be reviewed at every RSCP meeting and aimed to drive down the level of neglect in the borough. 40% of Child Protection Plans (CPP) in Rotherham were in relation to neglect, therefore the partnership was keen to focus on neglect and increase the Partnerships understanding of the causes of neglect, the challenges and awareness, to prevent and reduce neglect.
- It was advised that Rotherham is the 52<sup>nd</sup> most deprived district in England and neglect figures were higher than national and statistical averages (2.3.3). Although the number of Children subject to a CPP in Rotherham had reduced from 398 to 309.
- The Neglect Group was chaired by health partners and the group's main priorities were to ensure early identification of neglect and multi-agency co-ordination. The group was also developing an action plan to sit alongside of the strategy and provided regular updates to the RSCP.

The Chair thanked the relevant officers for the presentation and invited

questions, this led to the following points being raised during discussions:

- The Partnership were aspiring for the number of neglect cases to be in line with statistical neighbours and better than the national average (2.3.3).
- The RSCP were assessing data in relation to the differences between the locations and types of schools reporting into the RSCP, to determine whether there were any geographical areas that required further focus.
- In relation to the previous strategy, raising awareness of neglect as an equal partner to Child Exploitation and Domestic Abuse was positive. There was now a recognition that neglect was a significant issue for children in the borough.
- In relation to poverty and the cost-of-living-crisis, work was being completed by the partnership, to ensure help was provided to families, to prevent poverty leading to neglect. The Voluntary Community Sector (VCS) and local authority were both taking a lead on this.

**Resolved:-**

- 1) That the Improving Lives Select Commission note the Neglect Strategy 2024- 2026.
- 2) That Improving Lives Select Commission note the Local Authority involvement in the development and implementation of the Partnership Strategy Delivery Plan and the oversight of progress by; the Neglect Delivery Group, Rotherham Safeguarding Children's Partnership (RSCP) and Rotherham Metropolitan Borough Council (RMBC).

**151. POST CHILD SEXUAL EXPLOITATION SUPPORT SERVICES UPDATE**

This agenda item provided an update on the Post Child Sexual Exploitation Support Services, following the transfer of the Post CSE Support Services from Children and Young People's Services (CYPS) to Adult Care, Housing and Public Health (ACH&PH) on the 1 December 2022.

The Chair welcomed to the meeting Scott Matthewman, Assistant Director of Strategic Commissioning, Anne Charlesworth, Head of Public Health Commissioning, Lisa Elliott, Strategic Commissioning Manager and Dr Janine Cherry- Swaine, Consultant Psychotherapist and Service Lead from Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH).

The Chair invited Anne and Lisa to introduce the report and lead on the presentation, the following was noted:

## The Background-

- The Post CSE Services were transferred from CYPS to ACH&PH in December 2022, following a Cabinet Decision.
- The Post CSE Support Services were provided by three local charities which were GROW, Rothacs and Rotherham Rise. The services were provided in collaboration with the Trauma Resilience Service (TRS). The Voluntary Community Sector (VCS) services also provided help to victims and/or survivors, to overcome the impact of the trauma.

## Since the Transfer-

- Visits were completed to all providers and attending TRS Hubs.
- To provide stability to the providers, the contracts were extended for an additional two-year period via an officer decision. As a result, the contracts would end in December 2025.
- There had been updates to performance reporting systems and a Post CSE Project Board had been developed, to oversee a needs analysis which would inform recommissioning in the future. A Co-production Sub-Group was developed to oversee co-production, engage with key stakeholders and the provider market.
- The services had also established links with Dr Rebecca Hamer at Sheffield Hallam University, who would be commencing a second project linked to trauma in relation to child exploitation.

## Service Performance and activity-

- Referrals
- Waiting Time
- Open Cases
- Leavers and Length of service
- Age and Gender
- Outcomes for leavers
- Service User Voice and Feedback.

## Referrals in Service-

- In the period of 2022 to 2023, there were a total of 317 referrals across GROW, Rothacs and Rise.
- 38% of these were self-referrals (Rothacs only accepted self-referrals, with the exception of TRS HUB cases).
- 15% of referrals were from the Independent Sexual Violence Advocacy (ISVA) Team.
- 36% of referrals were from Social Services.
- 16% of referrals were from Mental Health Services.
- 13% of referrals were from Post CSE Support Services.

## Waiting Times (as of January 2024)-

- Waiting times from services could fluctuate due to demand, caused by court proceedings and National Crime Agency proceedings. The waiting times provided in the report were the most recent from January 2024.

- Rotherham Rise CSE Counselling had a waiting time of up to two months. Rotherham Rise often allocated referrals for the Trauma Stabilisation and Focussed Support at the point of the referral being received, however there could sometimes be a short waiting time.
- Rothacs had a waiting time of nine days for CSE Counselling via the Trauma Resilience Service. The CSE general waiting time was eleven months, and a pre-therapy online package was offered to referrals straight away.
- GROW had a waiting time of one month for the Trauma Stabilisation for Stovewood cases. Non Stovewood cases had a longer waiting time.

### Demographic Data-

- In relation to age, 13% of people accessing the service were under the age of 18, 36% of people accessing the service were aged 18-30, 36% of people accessing the service were aged 31-49 and 15% of people accessing the service were aged 50 years old and over.
- In relation to gender, 81% of people accessing the service were females, 16% of people accessing the service were males and 3% of people accessing the service were transgender.

### Outcomes for Leavers-

- The three providers alongside CYPS commissioning worked together to create measurable outcomes of the Post CSE Support Services. In relation to the leavers where outcomes were recorded in Q1 and Q2:
  - 82% rated their mental health and wellbeing as maintained or improved.
  - 83% rated their feelings and thoughts about themselves as maintained or improved.
  - 88% rated the effect of their trauma as maintained or improved.
  - 72% rated their relationship with family and or social network as maintained or improved.
  - Case studies and service user feedback was collected on a regular basis from service users.

### Next Steps and Timeline-

- The service would continue developing the Post CSE Project Board and Co Production Subgroup.
- The service would continue co-production in relation to the needs analysis. The needs analysis would be completed by July 2024.
- The service would continue to develop a set of proposals on the future commissioning of services, this would be reflected in a Cabinet Paper that was scheduled for Cabinet in September 2024 and would also include recommendations for the route to market.
- The current contracts would end in December 2025 and future

contracts would be ready to commence with the new service in place by January 2026.

The Chair thanked the relevant officers for the presentation and invited questions, this led to the following points being raised during discussions:

- In relation to the outcomes measured and the 80% people who were reporting positive outcomes when exiting the service, it was clarified that this data included maintained and improved outcomes. During the development of the outcomes, the providers felt that maintained outcomes should be recorded as a positive outcome, because when entering a course of counselling people could leave the course with re-surfaced trauma that was not identified before entering the course.
- There was a lived experience project that RDaSH was co-producing with the voluntary sector and survivors, in relation to outcome measures. The Project's aim was to use ordinary language to express improvement in outcomes or not, outcomes of the project would be reported back in future.
- The waiting times referenced in the report were in relation to waiting for the first initial appointment with a counsellor. Once the case was assessed as an active counselling case and the first appointment had been completed, there was no waiting times or delays in-between appointments. There were minimal waits for Stovewood cases.

**Resolved:-**

- That members of the Improving Lives Select Committee note the update on commissioned Post CSE Support Services, following the transition to Adult Care, Housing and Public Health.
- That members of the Improving Lives Select Committee note the proposed next steps in completing a revised needs analysis in collaboration with key partners.

**152. WORK PROGRAMME**

The Committee considered its Work Programme and the following was noted:

- The Carers Strategy Update had been rescheduled and would be presented at the meeting on the 5 March 2024.
- The Early Help Update would be rescheduled for the new municipal year, with the meeting date yet to be confirmed.
- In relation to the joint work with the Health Select Commission on the Child Adolescent Mental Health Update (CAMHS), this had been circulated to members of the Commission, as an off the agenda briefing.

**Resolved:** - That the Work Programme for 2022/2023 be approved.



**153. IMPROVING LIVES SELECT COMMISSION - SUB AND PROJECT GROUP UPDATES**

The Chair provided a progress report on sub and project group activity. It was advised that a spotlight review on Preparation for Adulthood (PfA), for young people with Special Educational Needs and Disabilities (SEND) had been arranged for the 15<sup>th</sup> February 2024. It was noted that expressions of interest had been circulated to all members and further details would follow. Members were asked to register an interest with the Governance Advisor.

**Resolved:** - That the update be noted.

**154. URGENT BUSINESS**

There was no urgent business.

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

The Chair advised that the next meeting of the Improving Lives Select Commission would take place on 5 March 2024 commencing at 10am in Rotherham Town Hall.

**Resolved:-** That the next meeting of the Improving Lives Select Commission take place on 5 March 2024 commencing at 10am in Rotherham Town Hall.

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**Committee Name and Date of Committee Meeting**

Improving Lives Select Commission – 05 March 2024

**Report Title**

Rotherham Safeguarding Adults Board (RSAB) – Peer Review Action Plan

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

No

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**Jackie Scantlebury Rotherham Safeguarding Adults Board Manager  
01709 254863 or [Jackie.scantlebury@rotherham.gov.uk](mailto:Jackie.scantlebury@rotherham.gov.uk)**Ward(s) Affected**

Borough-Wide

**Report Summary**

The Rotherham Safeguarding Adults Board commissioned the Local Government Association to carry out a Peer Review in July 2023 which identified a number of areas to further strengthen our safeguarding offer for Rotherham. Following the Peer Review, the Board held a Development Day in November 2023 to discuss the findings and recommendations. An action plan was subsequently developed to reflect the areas for improvement as a result of learning from the Peer Review.

This report follows presentation of the initial findings with the Improving Lives Select Commission in October 2023 as part of the Safeguarding Adults Board Annual Report and presents the formal action plan developed in response to the Peer Review for Safeguarding Adults.

**Recommendations**

That the Improving Lives Select Commission:

1. Consider the report and action plan.

**List of Appendices Included**Appendix 1 Rotherham SAB Peer Challenge Report  
Appendix 2 Peer Challenge Action Plan**Background Papers**

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**  
None

**Council Approval Required**

None

**Exempt from the Press and Public**  
No

## Rotherham **Safeguarding Adults Board (RSAB) – Peer Review Action Plan**

### **1. Background**

1.1 The Care Act 2014 requires all local authorities set up a Safeguarding Adults Board to co-ordinate local work to safeguard adults who need care and support. The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect. The RSAB must:

- Produce an annual report on the effectiveness of adult safeguarding within their area.
- Produce a strategic plan that sets out the aims of the board.
- Commission Safeguarding Adults Reviews (SAR's) when needed.

The RSAB has an independent chair who is accountable for the effective working of the Board. The Care Act 2014 also specifies that there are three statutory core partners:

1. Local Authority.
2. Integrated Commissioning Board
3. Police

RSAB's objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency, strategic partnership made up of the three core members alongside:

- Rotherham NHS Foundation Trust
- RDaSH
- South Yorkshire Fire and Rescue
- Probation Service
- Voluntary and Community Sector
- Cabinet member for Adult Care
- Other Council service representatives across housing, community safety and criminal justice
- Children and Young People's Partnership

The RSAB co-ordinates the strategic development of adult safeguarding across Rotherham and ensures the quality and effectiveness of the work undertaken by partner agencies in the borough. RSAB aims to achieve its objective whilst supporting individuals to maintain control over their lives and make informed choices without coercion.

To ensure the RSAB was effectively meeting its duties, it commissioned the Local Government Association (LGA) to conduct a Peer Review in July 2023. The Peer Review provided a report to the Board which summarised a number of recommendations for the Board to improve its effectiveness and governance.

## 2. Key Issues

### 2.1 The LGA Peer Review was held from 11 – 13 July 2023.

The intention of the Peer Review was to seek an external view of the effectiveness of the RSAB, including the relationship across the three statutory partners.

The RSAB intends to use the findings of this peer challenge as a marker on its journey of improvement. RSAB requested the focus be on 2 of the benchmark themes.

1. Outcomes for, and the experiences of, people who use services
2. Leadership, Strategy and Working Together

Recommendations made:

1. Use the groups and mechanisms which already exist in your partner organisations to start the work to increase voice in the work of the Board. Take time to think what questions you would want to ask these groups.
2. Set aside some time for a development session to better understand the relevance of the various meetings, who attends them and why. We recommend reconsideration of the best way to include representation of the independent care provider market.
3. Review how the SAB sets its agendas to encourage oversight of broader safeguarding related matters arising from partnership working.
4. Ensure you have robust SMART plans which you can track and monitor. Look to other Boards for good practice and templates in this area.
5. Explore how best you can use the data and information to identify areas for improvement, celebrate successes and answer the 'so what' questions.
6. Consider whether partners' understanding regarding the safeguarding pathways and expectations around these is sufficiently clear and shared and whether there are strategic or operational changes which can ensure better alignment.

The RSAB held a Development Day in November 2023 to consider the draft recommendations and formally approved the Peer Review report in December 2023. The RSAB subsequently agreed a set of actions that would deliver the improvements that were agreed (Appendix 2).

The Peer Review actions have been grouped into three specific categories:

- User Voice
- Governance
- Data and Information

The action plan will be monitored by the Board Executive Group and will be reported quarterly. It is anticipated that the action plan will be fully delivered by October 2024.

The following actions have been identified across the three themes to address the areas for improvement:

- The User Voice
  - Raising the profile and extending the reach of the SAB through a communication campaign, improved digital presence and engaging with the public.
  - Developing a User Voice subgroup/mechanism.
  - Mapping across all partner agencies how service users are engaged and their voices captured.
  - Building on how MSP outcomes are recorded to capture User Voice.
- Governance
  - Review how the Exec functions, this should be a very small group who can collectively agree Board agendas and oversee delivery against the Board Strategy and Delivery Plan.
  - Review the TOR and attendees at the Exec, Board and Subgroups to ensure appropriate representation. Consider a 'contract' for board members.
  - Strengthen governance across other strategic partnerships.
  - Raise the profile of the SAB, consider a 'Who's who' and publicise internally to front line staff.
  - Ensure the SAB has robust SMART plans which can be tracked and monitored.
- Data and Information
  - Ensuring the data set is truly partnership data rather than ASC data.
  - Ensuring data is qualitative not just quantitative with an accompanying narrative that puts it into context. Not just the 'what' but the 'so what' in order that there can be meaningful discussion as to determining the 'now what'.
  - Performance and Quality Subgroup to review data and information first and undertake any further work required (e.g. single/multi agency audit) to identify 'What's working well', 'What we are worried about' and make recommendations to the Board about 'What needs to happen'.

### **3. Recommendation**

3.1 Improving Lives Select Commission note the outcome of the Peer Review.

3.2 Improving Lives Select Commission offer any further recommendations for addressing the areas for improvement within the RSAB Peer Review Action Plan.

### **4. Consultation on proposal**

- 4.1 The Peer Review consisted of 37 interviews with a range of agencies including The Rotherham Foundation Trust, Integrated Care Board and South Yorkshire Fire

## **5. Timetable and Accountability for Implementing this Decision**

### 5.1 Milestones.

- Create a Customer Voice task and finish group to deliver actions to improve the User Voice complete by July 24.
- Improve RSAB Website by May 24.
- Refresh the Terms of Reference for the Board and the Executive Groups by April 24.
- Improve the Performance Dashboard to include data from across the partnership by July 24

## **6. Financial and Procurement Advice and Implications**

6.1 There are no direct financial implications.

6.2

## **7. Legal Advice and Implications**

7.1 S43 of the Care Act 2014 sets out the statutory duty of the Council to establish a Safeguarding Adults Board for the borough of Rotherham.

A Safeguarding Adults Board has the objective to help and protect adults in its area who have care and support needs and who are at risk of neglect and/or abuse and unable to protect themselves. A Safeguarding Adults Board may undertake any lawful activity which is necessary and desirable to achieve its objective.

The Council has the lead in co-ordinating responsibility for safeguarding, this includes strategic responsibility and establishing multi-agency arrangements to ensure the effectiveness of what the Rotherham Safeguarding Adults Board members do.

The recommendations from the Peer Review highlighted areas for the Rotherham Safeguarding Adults Board to improve its effectiveness and governance. The implementation of these recommendations should assure continued compliance with the Council's statutory duties in relation to local safeguarding arrangements; improved partnership working and better outcomes for people who use services.

## **8. Human Resources Advice and Implications**

8.1 There are no direct HR implications.

## **9. Implications for Children and Young People and Vulnerable Adults**



- 9.1 The Safeguarding Adults Board is a partnership board and has representation from Children's Services. Children's Services were involved in the Peer Review and in the Development Day

## **10. Equalities and Human Rights Advice and Implications**

- 10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:
- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and
  - Equality Act (2010) to legally protect people from discrimination in the wider society.

## **11. Implications for CO<sub>2</sub> Emissions and Climate Change**

- 11.1 Wellbeing and independence are relevant to carbon and other climate change impacts. People with care and support needs may be more vulnerable to extreme heat, whether due to old age or ill health, because of social isolation or because they live in a care home. Climate change will become increasingly relevant to the wellbeing of people living in Rotherham, as the average UK summer temperature increases.
- 11.2 By promoting people's independence and helping people to remain at home for as long as possible, the strategy will have an unknown impact on some sources of greenhouse gas emissions. For example, if more people stay healthy and well at home, or if more people choose home care, then there may be increased greenhouse gas emissions from transport and domestic energy use, across the Borough of Rotherham: with a corresponding decrease in greenhouse gas emissions, from care homes' energy use.
- 11.3 More research is needed to understand the relative carbon impact of different models of care and support, to ensure the Council can achieve its vision for adult social care and safeguarding adults in Rotherham, while also achieving its Net Zero 2030 and Net Zero 2040 climate change goals.

## **12. Implications for Partners**

- 12.1 The Action Plan has been designed to complement wider strategic plans for Rotherham including the Health and Wellbeing Strategy. This approach ensures opportunities to align and harness existing strategic approaches through a system-wide partnership response.

## **13. Risks and Mitigation**

- 13.1 There is a risk that the plan may not be delivered in a timely manner. This risk will be monitored by the Independent Chair of the Board and the Executive Group.

**Accountable Officer(s)**

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	<b>Name</b>	<b>Date</b>
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	Click here to enter a date.
Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.

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# Rotherham Safeguarding Adults Board

## **Peer Challenge Report**

11-13 July 2023

## Contents

Report.....	2
Background.....	2
Key Messages and Recommendations.....	5
Leadership Strategy and Working Together.....	9
Commissioning, Service Delivery and Effective Practice .....	13
Performance .....	16
Safeguarding Adults Board resources.....	19
Contact details.....	19
Appendix 1 – Safeguarding Adults Board Improvement Tool	21

# Report

## Background

The Rotherham Safeguarding Adults Board (the RSAB) requested that a peer challenge be undertaken by the Local Government Association (LGA). The work was commissioned by Moira Wilson, Independent Chair on behalf of the RSAB who was the client. The Board was seeking an external view on the effectiveness of the RSAB which included the relationships with the three statutory partners. The RSAB intends to use the findings of this peer challenge as a marker on its journey of improvement.

### Scope:

The RSAB requested a greater focus on 2 of the 4 benchmark themes:

- Outcomes for, and the experiences of, people who use services.
- Leadership, Strategy and Working Together.

In addition, the RSAB highlighted areas where the Board believe improvement is most needed. The Board sought the views of the peer challenge team on the following areas:

- Customer Voice.
- Co-production.
- Embedding Learning from Safeguarding Adults Reviews and Lessons Learnt.

A peer challenge is designed to help an organisation and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as well as what it needs to improve but it should also provide it with a basis for further improvement.

The benchmark for this peer challenge was the Safeguarding Adults Board Improvement Tool (2017) (Appendix 1) which provided a template of headings for the feedback with an addition of the scoping questions outlined above. The headline themes were:

- Outcomes for, and the experiences of, people who use services.
- Leadership, Strategy and Working Together.
- Commissioning, Service Delivery and Effective Practice.
- Performance.

The members of the peer challenge team were:

- **Kathy Clark**, Independent Chair, Safeguarding Adults Board, North Lincolnshire.

- **Angela Connor**, Assistant Director and Principal Social Worker, Stockton-on-Tees Borough Council
- **DS Sam Hammond**, Force Tactical Lead for Adult Safeguarding, West Mercia Police
- **Steve Turner**, Strategic Safeguarding Partnerships Manager, Oxfordshire Safeguarding Adults Boards
- **Michelle Turner**, Clinical Nurse Director, Eight Ninths Ltd
- **Ernest Opuni**, Peer Challenge Manager Local Government Association

The team were on-site for three days from Tuesday 11 July to Thursday 13 July 2023. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- Interviews and discussions with councillors, officers and partners, especially those who were members of the RSAB.
- Reading documents provided by the RSAB and Council, including a self-assessment from the RSAB.

The peer challenge team would like to thank the RSAB, staff, people using services, carers, partners, commissioned providers and councillors for their open and constructive responses during the review process. The team was made very welcome and would like in particular, to thank Jackie Scantlebury (Rotherham Safeguarding Adults Board Manager), Danielle Radford (Adult Safeguarding Coordinator, Rotherham Metropolitan Borough Council) and other colleagues for their support whilst the team was on-site in Rotherham.

Our feedback to the RSAB on the last day of the challenge provided an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

The Care Act 2014 has placed all Safeguarding Adults Boards on a statutory footing. The Care and Support Statutory Guidance defines adult safeguarding as “protecting a person’s right to live in safety, free from abuse and neglect”. The Care Act requires that each local authority must:

‘Make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to other appropriate adult to help them.

Cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect’

The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.

- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

There are six key principles that underpin all adult safeguarding work:

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.”

## Key Messages and Recommendations

### Key Messages

- Pride and commitment in Rotherham.
- Voices are listened to in Rotherham, but not yet heard at the RSAB.
- You can go much further on collaboration and constructive challenge.
- To be an outstanding SAB you need sufficient resources to support it and robust processes to plan and deliver on your strategy.
- Mainstream the pockets of excellent practice.
- Celebrate your good work!

### Recommendations

To support RSAB on its improvement journey the peer team make the following recommendations:

- Use the groups and mechanisms which already exist in your partner organisations to start the work to increase voice in the work of the Board. Take time to think what questions you would want to ask these groups.
- Set aside some time for a development session to better understand the relevance of the various meetings, who attends them and why. We recommend reconsideration of the best way to include representation of the independent care provider market.
- Review how the SAB sets its agendas to encourage oversight of broader safeguarding related matters arising from partnership working.
- Ensure you have robust SMART plans which you can track and monitor. Look to other Boards for good practice and templates in this area.
- Explore how best you can use the data and information to identify areas for improvement, celebrate successes and answer the 'so what' questions.
- Consider whether partners' understanding regarding the safeguarding pathways and expectations around these is sufficiently clear and shared and whether there are strategic or operational changes which can ensure better alignment.



## Outcomes for and the Experiences of People who Use Services

### Strengths

- Our overriding impression is that Making Safeguarding Personal (MSP) underpins the work of the RSAB and Partners and shapes the approach to outcomes.
- The operational safeguarding pathway paperwork is supporting practitioners to think about improving outcomes for the person.
- MSP exit questionnaires enable the voice of the people who use services to be heard.
- We have seen discrete examples of work where the voice of the person is actively sought and used to shape responses.
- We have heard of a number of ways in which you are supporting people to stay safe before and outside of formal safeguarding processes.
- The continuing support offered to CSE survivors who have been affected by Operation Stovewood is particularly impressive.
- Data suggests good performance around use of advocacy and Deprivation of Liberty Safeguards (DoLS) authorisations.

### Areas to Consider

- The voice of the person is not evident in the SAB strategy development.
- We did not see evidence that the RSABs work is shaped by the person's experience of safeguarding.
- The RSAB is not fully sighted on the good engagement work with people undertaken by a number of partners.
- We heard some views that the agencies in Rotherham may be more protective and less comfortable with a positive risk-taking approach than other Places. The Board may wish to consider if this is so and whether there is a shared model to support people to take informed risks where they have capacity to choose.
- We heard positive reports about new safeguarding processes which help keep a focus on Making Safeguarding Personal (MSP). The new exit questionnaire is also contributing positively to embedding MSP by capturing the outcomes and experience of people who have undergone safeguarding, at whichever point they exit the process.

The South Yorkshire principles which underpin the work of the RSAB work are based on MSP and your Strategy priority around Back to Basics is aiming to embed these further in all organisations and strengthen the voice of adults in the Board's work.

There are good examples of the RSAB partners seeking to listen to the voice of those using services. One particular example relates to the work of the Complex Lives Team. This work evidences good multi-disciplinary working underpinned by a

commitment from many partners to design services through co-production and engagement whilst having regard to the voice of users. It is a strong example of good integrated prevention work where social workers, housing staff and the Police are collaborating effectively.

Other examples of listening to people's voices, which is happening outside of the Board's work, include multi-agency co-production in your mental health services and with the development of new homes which involve both carers of, and clients with, autism and Learning Disabilities (LD). This is likely to lead to improved outcomes and reduced waiting lists for assessments.

There is some evidence that training and development to enhance professional curiosity is contributing positively to delivery of improved outcomes. Joint working across and between agencies is also assisting in this regard as exemplified by the collaboration through the joint visits undertaken by the Council's Housing department and the Fire and Rescue Service to tackle hoarding.

There was clear evidence of a strong partnership approach across the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) to enable users of hospital health services, who have been in crisis, to be discharged home in a safe, timely and responsive manner.

The work on co-production appears to be happening outside the auspices of the RSAB. There is a clear ambition within the RSAB to strengthen user engagement and voice. However, the development of a communications strategy had limited input from service users and although it provides a foundation for increasing the RSAB engagement with people with Lived Experience, we felt that there have been opportunities missed to build on the work already happening in partner agencies. There is awareness and commitment of the need to do more and develop this further.

We heard about some good preventive work including proactive work to engage rough sleepers through most appropriate workers including utilising non-statutory capacity such as from the Third Sector. There is evidence of positive engagement with community catalysts.

Partnership working has remained strong through Covid with a greater focus on timely decision making. This is a good example of work continuing to improve outcomes (e.g., in crisis management).

The work of the Complex Lives Team and the support provided by multiagency partners to CSE survivors as a result of Operation Stovewood is impressive, as it is clear you are working together and are responding to both the legacy for individuals and the continuing impact of further court actions. Many of these individuals are now a key part of the generation of users who have transitioned into adults requiring

support which has been strongly shaped by what they encountered as children. Your focus on trauma informed approaches is one we think could be extended to broader safeguarding responses. It is good to see that the Complex Lives team are also working with self-neglect concerns and other vulnerable behaviours and lifestyles.

We did hear a number of professionals in different groups that we spoke to suggest that there may be another, different legacy from the experiences around CSE, which they have described as being a system that is less confident and comfortable with a positive risk taking model. We did not see concrete examples of this, but as we heard it from several sources, it may be worth some consideration of your Board's approach and support for partners around Positive Risk-Taking models which can support people who have capacity to take informed risks where this is their choice.

The peer challenge team was left wondering whether there is more work to do for SAB partners to be assured that outcomes are consistent regardless of which agency pays for services provided. We heard that there are still debates about funding between health and care partners which can affect the timely access to support needed. We also heard concerns expressed in some meetings about the impact of delays in discharge from hospital and a suggestion that the RSAB could do more to understand any safeguarding risks that result from this. This would be in line with recent national discussions about how and whether Boards are sighted on the impact of hospital delays on safeguarding activity.

We also heard of further opportunities to seek advice from experts, much earlier during the user's stay in hospital, to enable timely discharge to home or to an appropriate provider of care for people with mental health difficulties, learning difficulties or autism.

The absence of an agreed delivery plan for the new Strategy of the RSAB suggests that the RSAB does not yet seem clear on how it will translate a stated intent to have a greater voice of the user in service delivery into common and embedded practice. The plans we heard about seemed to rely on the voluntary sector and Healthwatch to support the development of co-production. We did not hear any reference to harnessing the co-production that is already being undertaken to help the SAB shape and develop the Board's strategy or deliver its strategic plans around Voice and co-production. We also noted that both Healthwatch and the voluntary sector have struggled to attend meetings and fully engage with the SAB due to insufficient capacity, so you may need to assure yourselves they are able to support the work you are expecting from them. We heard some examples from partners as to how staff use the experience of users to continually improve the development of their services however this is not reflective of the work of the Board.

The 'Front door' responsibility for response is not always clear. The way in which some concerns about adults deemed vulnerable or at risk are being generated by some partners is resulting in high referral levels juxtaposed with a low conversion

rate. Responses to concerns do not always seem to be as coordinated as they might be and there have been examples of police, council and domestic abuse teams responding separately to the same concern and not communicating their responses between each agency. Additionally, there appears to be a difference between partner agencies in their understanding of thresholds and vulnerability meaning this does not always provide a consistent picture.

Services could do more to learn from the person-centred approach adopted by the complex lives team, which was explained to the Peer Challenge team as holistic multi-agency work that had the person at the centre throughout. In essence the peer challenge team would encourage an approach to service delivery better designed to fit the needs of the person rather than expecting individuals with complex needs to adapt to the way in which services are delivered.

## **Leadership Strategy and Working Together**

### **Strengths**

- We heard views suggesting that the SAB is starting to shift toward more collaborative leadership.
- We have been informed that there is a real willingness to have difficult conversations.
- Strategic cross-partnership working is coordinated (SAB, HWBB, RSP, etc).
- Senior political and officer 'buy-in' to a whole council approach, evident for example through Council Safeguarding Champions
- The recent RSAB Strategy was developed by all partners with external facilitation.
- There is confidence in the level of attendance from statutory partners at the RSAB meetings.
- The RSAB Board produces a strategy, Annual Report and SARs, in line with the terms of reference, as required.

### **Areas to Consider**

- We heard that attendance at meetings was good as evidence of good partnership working but think you should look beyond attendance at formal meetings to assure yourselves of good partnership working.
- Missing or absent partners (e.g., independent providers, voluntary and community sector partners, Healthwatch).

- There is evidence that difficult conversations take place, but we saw limited evidence of constructive challenge and the 'so what?' question being addressed consistently in the RSAB meetings, with regards to reports, information and intelligence received.
- Sharper focus on the way the RSAB does its business including how the agenda identifies the purpose of the items.
- Capacity of the RSAB Manager to meet all partners' expectations.
- Low visibility of the RSAB and its activity.
- Structure of the RSAB, Exec and its subgroups are unclear to many we have spoken to.
- Lack of clear action plans and tracking progress.

The leadership role of the council on the SAB is clearly providing value. While we heard that there is some positive shift to a more collective leadership, we also heard that there still a perceived lack of separation of the RSAB from the Local Authority. The council is still seen as driving safeguarding and the RSAB with the Board Manager seen as a Local Authority employee as opposed to a resource for all partners. We recognise this may in part be due to capacity, and that the Board is recruiting to an additional post, but we also think a refresh of the expectations of these posts would be helpful. We think this is an area which could be addressed by strengthening the joint communication and delivery of strategies with underpinning plans, targets and measures being jointly constructed by all partner agencies. We think there is an appetite among SAB Members to collaborate on pulling together the Board's agenda and forward planner.

There are positive interactions and relationships at a senior management level among partners. We heard from several of our conversations that difficult issues are being addressed and difficult conversations are not avoided. One example we heard about was the initial consideration of the 'Right Care Right Person' policy initiative. The agreement for ongoing further consultation as this goes into further phases of development is an indication that potentially challenging conversations will not be avoided.

Relationships between the work of the RSAB and other boards are positive and provide a conduit for further and ongoing cross agency collaboration and joint delivery. Council Members and the Chief Executive of the Local Authority are all actively engaged on Adult Safeguarding as well as Chief Executives from partners in 'place' and across the Integrated Care System (ICS) in South Yorkshire regarding Adult Safeguarding.

Additionally, the approach of the whole council to safeguarding within RMBC is providing further impetus for MSP being yet further embedded, with Safeguarding Champions supporting colleagues to understand their roles in making safeguarding everybody's business. For example there is good active engagement from the council's housing department within the subgroups of the SAB. The council is encouraging sign up by partners to areas for improvement through positive and proactive engagement with agencies.

There is a strong ambition for collective work at a strategic level. There is evidence that the cross-agency Development Day provided a valuable space for positive collaborative engagement which was successful in getting effective involvement from the RSAB members, partners and sub-groups.

There is evidence that some of the SAB's subgroups and sub-structures are providing forums for better joint leadership. For example, the Policy and Procedure Subgroup is engendering some improved collaboration whilst the meeting of the Executive is providing a useful space in which partners can join up their thinking. However, the co-ordination between Subgroups, the Executive and the Board appears to rely on assumptions about shared membership and the role of the SAB Manager to ensure work plans are coordinated and linked. Your new SAB Strategy and plan is very light on actions deliverables, timescales or a monitoring plan and we were not shown plans which allocated responsibilities for the delivery of the strategy.

There is an ambition to use existing voluntary and community sector deliverers more effectively as a bridge to better understanding residents' needs. This would also be a means of getting the right messages about the work of the SAB out beyond the Board itself.

There is evidence of improving attendances from strategic partners at the SAB alongside greater involvement in Subgroups from statutory partners which includes senior managers. These are all examples of stronger foundations for effective joint leadership however there is a shared recognition that there remains still more to do.

Cross-partnership working seems well coordinated and is delivering good outcomes which is contributing positively to support for survivors of CSE. There are six-monthly updates on the Stovewood investigation, which supports oversight.

There is evidence of increased effective cross working between the SAB and the Health and Wellbeing Board (HWBB). The SAB's annual report, strategy and developing delivery plan is programmed to go to the HWBB. Additionally, there are wider conversations timetabled at both HWBB and SAB on early help with a strong focus on prevention including on those at risk of suicide.

The peer challenge team would encourage the SAB to explore further how it might secure and sustain permanent board membership from the independent sector. The

improved relationships built during the Covid-19 pandemic demonstrate that this can be achieved in the face of challenges around engagement from some partners. Whilst it is not always clear why some partners are not attending, there may be an underlying capacity issue and challenge which will require collective support in order that this can be addressed.

Furthermore, there is learning available to the SAB from the work of the Children's Safeguarding Board as well as lessons learned on the back of the CSE to improve systems and approaches to partnership and collaboration.

There may be some duplication in the RSAB structure. The role of the Executive subgroup could be clearer and made more distinct from other structures as part of addressing this. More widely there may be some value in considering ways of maximising the effectiveness of all SAB subgroups in encouraging greater learning from SARs. The SAB is not fully sighted on the extensive positive work done to protect and support people experiencing homelessness for example.

The RSAB members were not always clear on why items were on the agenda of the Board or its subgroups or what actions were expected of them in response to the items presented. The RSAB may want to consider a more structured approach to how the agenda and the forward planner is set for the year and to invite all partners to own this approach.

Consideration could also be made to review how reports come to the RSAB and its subgroups as well as the tracking of actions from these reports and recommendations. For example, SABs in other areas have a standard front sheet for reports that summarise the report, the decisions required and recommendations to be addressed.

With regards to the tracking of actions, SABs in other areas will use a standard action tracker table that states the date the action was agreed, who will complete the action and by when. The description of the action should be made very clear so the original minutes are not necessary to understand the action.

The SAB may also want to consider a more formal Member Role Description so that those attending the Board and its subgroups are clear on what their role is at the Board beyond attending.

Finally other SABs are increasingly being much clearer on what needs to go to their respective SABs, and what can be processed via an executive Subgroup. In some areas this subgroup is also seen as an executive "delivery" subgroup to manage the day-to-day day business and to oversee the Subgroups on behalf of the RSAB. This enables the RSAB to concentrate on key strategic business in line with their Terms of Reference.

# Commissioning, Service Delivery and Effective Practice

## Strengths

- Clear commitment to working together and good operational links between organisations.
- Community Multi Agency Risk Assessment Conference (CMARAC) and Vulnerable Adults Risk Management Model (VARMM) processes are seen as effective in coordinating support for people who may be at risk but might not meet Safeguarding Adults thresholds.
- Use of the Provider Assessment and Market Management Solution (PAMMS) Quality Assurance System work to support Local Authority Commissioned services is providing a shared understanding with providers of the commissioned market quality.
- Strong contract monitoring arrangements.
- Role of the Integrated Care Board (ICB) place-based safeguarding team.
- Good Voluntary and Community Sector services.
- Eyes and Ears is a good initiative for LA-commissioned services.
- Safeguarding Champions model within the LA.
- Trauma-informed work as a response to experiences of CSE in Rotherham is very strong.

## Areas to consider

- Review of the safeguarding pathway was done by a single agency initially, so there are missed collaboration opportunities.
- Repeat themes in SAR learning and minimal feedback to frontline staff across agencies on the learning.
- Opportunity for further joint recruitment and posts across agencies.
- Consider building on your current multi-agency training to extend some of the single agency training offers to become a multi-agency training offer, including evaluation approaches and materials.
- Assure yourselves that you have a positive risk management model that is developed together and between partners and ensure it is embedded into practice.



- Review arrangements for delegating an enquiry to other agencies to ensure confidence and competence.
- Local Authority contract and quality arrangements focus on the commissioned services rather than the whole of the market.
- Trauma-informed work in response to the Stovewood Investigation to help others become more trauma-informed.

The commitment from all partners to work together and improve life for adults/people in Rotherham is clear and evidenced by attendance at the RSAB, agreements, directives and change. A good example of this is the planned closure and repurposing of two homes to provide support for adults with learning disabilities (LD) and/or Autism. This will benefit from the input of 12 new providers thus offering more choice and this is a good example of co-production. Multi-agency RSAB Training is making a positive contribution, this includes the training to develop and enhance professional curiosity, and promotion of a more shared and common understanding of terminology. We believe you can use the skills already being deployed by partners to develop a shared approach that works to get the learning from SARs embedded.

We have already commented on the strong practice through the Complex Lives team, and we believe there is real potential to develop your trauma informed practice to embed it in all safeguarding practice.

We heard from health colleagues that there is an opportunity for the SAB to better utilise and benefit from the role of the ICB safeguarding team which is uniquely placed to advise on the role of health care providers, General Practices and Primary Care Networks in dealing with safeguarding enquiries.

Provider Assessment and Market Management Solution (PAMMS) is a commissioning toolkit and is viewed positively for its effectiveness in helping to identify quality issues. It also ensures providers are supported because it gives them the ability to see issues for themselves. Whilst the peer challenge team noted and commended good practice in the commissioning and contracting teams with regards to quality assurance and improvement, it was also noted that more could be done by the team to strengthen market management. In particular the focus is still predominantly on working with providers with whom the Council does business, rather than the whole market, which would be better aligned with both Care Act responsibilities and with safeguarding responsibilities to all, regardless of who pays.

It is positive that there are emergency pathways in place to address the need of homelessness, whilst integrated discharge utilising all partners is viewed as being excellent.

VARM (Vulnerable Adult Risk Management) and early help and prevention provision is viewed positively, although the links between CMARAC and VARM need review,

as you have identified. We heard from some people who seemed to be less clear about the VARM process or how this might fit with a new hoarding panel which we were told was being considered. We were not confident that thinking has been joined up on this. As part of any review of structures and approach there may be some value in exploring either whether a separate a hoarding panel would be useful and/or how to ensure that any discussion to develop new initiatives are not undertaken without reference to the other processes.

There is also a clear process for proactive work by Housing partners, such as making contact with all residents who have not requested a repair, within their own homes, in 2 years which can ensure possible vulnerable adults are reached at an earlier stage than might otherwise be the case. A similar approach to this is also being considered with the focus on residents with particularly low levels of energy usage. Overall, the Peer Challenge Team believes that Rotherham should take time to celebrate its success and share some of the stories shared with us more widely.

Improvement of communication between the SAB, the HWBB and the wider public would be beneficial. It would be a valuable means of raising the profile of safeguarding work and provision outside of the arena in which the SAB's role is known and understood. Increasing awareness of staff about the role of the RSAB would be of value and there would be benefits in a review of the current website as it is not sufficiently user-friendly. The SAB may also wish to reflect on whether key messages from the HWBB are being disseminated through organisations and other partnerships which could be of benefit to the work of the SAB.

The process of delegation relating to Section 42 enquiries to ensure the right outcomes for those referred would benefit from further consideration by all partners working together. There is scope for agreeing more of a partnership approach to the review of safeguarding pathways, the role of partners and how S42 enquiries are made and acted upon in line with the Care Act (2014) with a focusing on improving outcomes for local people. This extra work could streamline processes for staff from all partners.

The challenges of funding levels and the difficulty in recruiting staff is a national problem and therefore is not unique to Rotherham. There might be value in consideration of joint posts across partner agencies to achieve economies of scale whilst improving capacity. Another potential action to improve capacity could be opening up the comprehensive Local Authority training such as Mental Health First Aid and other Safeguarding modules to potential Third Sector providers.

It was not always clear to the team as to where adult safeguarding is placed within the individual organisational policies of the various SAB partners. Providers appear to have clear processes for the management and oversight of incidents, but it seems that some partners did not always understand others' systems and the difference

between quality oversight and safeguarding arrangements within individual organisations. The RSAB may want to request clarification from all partners.

The SAB is aware that it has more to do to embed learning fully and effectively from the themes from SARs and there is a recognition that this is contributing to a higher than optimal level of repeat issues. Your new approach, to undertake a themed review seems sensible, but we think there may also be value in a focused evaluation of learning to ensure sustainability of positive outcomes. Better use of case studies could improve learning and better highlight the richness of information to improve outcomes. It is important that time is taken to establish whether the learning has been embedded in a sustainable and replicable way.

The views from the independent care sector are not directly heard at the RSAB. Their voice currently comes indirectly via commissioners. While commissioners are confident that this arrangement is adequate, they are nonetheless not looking at non-commissioned providers and the team's view is that there remains scope for keeping overall arrangements under review. Part of this work could explore how best to embed principles of safeguarding in the private sector. This is particularly relevant because significant numbers of concerns and enquiries concern care and support providers.

The peer challenge team would encourage the SAB to explore how best to ensure that 'who pays' does not get in the way of safeguarding adults delivery and achieving the best possible outcomes for persons.

The voice of local users/people at the RSAB and its subgroups could be strengthened to enable a more effective method of assessing and evaluating the quality of service provided and the impact on outcomes and experience.

There appears on occasion to be some partnership drift where partners struggle to or cannot engage a person. This is leaving some services, such as housing, to hold risks and deal with issues outside of their expected skills, roles and responsibility.

## Performance

### Strengths

- Safeguarding Awareness Week is a huge achievement and very well spoken of.
- Appreciation of the multi-agency the RSAB training.
- Good regular data report to the RSAB that includes partner information.
- Evidence of case file auditing across a range of partners.
- Early signs of outcomes being achieved being reportable.

- Learning from SARs is shared at the RSAB and subgroup level.

### **Areas to consider**

- We did not see evidence that data reporting includes narrative or ask 'so what?', which would limit effective challenge.
- SAR learning could be more effective, as identified by SAB.
- We have seen some evidence of shared case file audits being done but limited evidence that these are coming to Board.
- Similarly, are multi-agency case studies are coming to the RSAB.
- More could be done to promote and share positive stories across the RSAB, agencies and the public.

Safeguarding Week as a means of sharing learning has been very well-received. Overall, this work has resulted in safeguarding concerns being brought to light which might have otherwise not been picked up or could have been delayed. One example of the impact we heard about was that all maintenance staff in the council's Housing department are trained in safeguarding. and over one hundred thousand maintenance home visits have been undertaken, resulting in a number of safeguarding concerns being raised and enabled an early, preventive and proportionate response.

We also heard that the multi-agency training provided by the RSAB is highly valued by partners and is seen as very positive. We heard from some partners that they think more can be done to increase multi agency collaboration on further opportunities for specific training led by providers, and in the sharing of good practice. The next stage of ongoing improvement would be in sharing much of the learning that happens within partner individual organisations across the partners more widely.

The SAB is reviewing data and making changes to how it is collected in order to better understand and quantify these additional concerns being picked up. This would provide a clearer picture on conversion to Section 42 referrals. Overall, the team's view is that the SAB is utilising good data with regular reports going to the Board. That said those the subgroup team met with are also very aware of the importance of continually improving data sets in a timely fashion to enable sharing of learning and intelligence not only within the SAB but also between the Board and other bodies such as the HWBB.

In terms of areas for consideration in to continuing to improve, there is more to do in by the SAB in supplementing its rich supply of good quality data with a greater degree of qualitative narrative – supplementing 'what' with insights into the 'so what', and turning your data into intelligence.

There would appear to be further opportunities for all to conduct shared case audits and develop case studies together rather than these happening only within each single agency. There is evidence of good internal Local Authority auditing work around safeguarding which is not yet being shared across the SAB more widely. A focus on doing this could serve to promote and share positive stories across agencies and the wider public.

This would be one means of creating a deeper understanding of lessons being learned in order to provide a wider context and secure richer learning. It would provide the RSAB with a better ability to sustain and replicate learning whilst also challenging itself as a collective as well as between its individual component parts. This may go some way towards answering the question as to how lessons learnt from SARs might have an impact on practice because following the thread of performance data is difficult without a narrative.

Finally, we heard many positive stories of the work that is happening in your partner agencies, but a number of people said they are not aware of work of the RSAB or of its partners. You have some very good things happening in Rotherham. We think you could bring these together more and raise the profile of the RSAB and of adult safeguarding.

## Safeguarding Adults Board resources

**1. LGA Safeguarding Adults resources web page**

<http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources>

**2. Safeguarding Adults Board resources** including the Independent Chairs Network, Governance arrangements of SABs and a framework to support improving effectiveness of SABs

<http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/resources-safeguarding-adults-boards>

**3. LGA Adult Safeguarding Knowledge Hub Community of Practice** – contains relevant documents and discussion threads

<https://khub.net/web/adultsafeguardingcommunityofpractice>

**4. Adult Safeguarding Peer Challenge**

<http://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>

**5. Making links between adult safeguarding and domestic abuse**

<http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-and-domestic-abuse>

**6. Making Safeguarding Personal**

<http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

**7. Social Care Institute for Excellence (SCIE) pages on safeguarding.**

<http://www.scie.org.uk/adults/safeguarding/index.asp>

## Contact details

For more information about this Safeguarding Adults Board Peer Challenge at Rotherham please contact:

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Read the Adults Peer Challenge Reports here: <http://www.local.gov.uk/peer-challenges-adult-peer-reviews-reports>

# Appendix 1 – Safeguarding Adults Board Improvement Tool

## Overview

There are four key themes for the standards, with a number of sub-headings as follows:

Themes	Outcomes for, and the experiences of, people who use services	Leadership, Strategy and Working Together	Commissioning, Service Delivery and Effective Practice	Performance and Resource Management
Elements	<p><b>1. Outcomes</b></p> <p><b>2. People’s experiences of safeguarding</b></p> <p>This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided</p>	<p><b>3 Collective Leadership</b></p> <p><b>4.Strategy</b></p> <p><b>5 Local Safeguarding Board</b></p> <p>This theme looks at:</p> <ul style="list-style-type: none"> <li>• the overall vision for Adult Safeguarding</li> <li>• the strategy that is used to achieve that vision</li> <li>• how this is led</li> <li>• the role and performance of the Local Safeguarding Board</li> <li>• how all partners work together to ensure high quality services and outcomes</li> </ul>	<p><b>6. Commissioning</b></p> <p><b>7. Service Delivery and effective practice</b></p> <p>This theme looks the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people</p>	<p><b>8. Performance and resource management</b></p> <p>This theme looks at how the performance and resources of the service, including its people, are managed</p>

Safeguarding Adults Board Improvement Tool here: <http://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-improv-ddd.pdf>



# Rotherham Safeguarding Adults Board - Peer Review Action Plan



Last Update: 22/02/24

the groups and mechanisms which already exist in your partner organisations to start the work to increase voice in the work of the Board. Take time to think what questions you would want to ask these groups

Action Ref No	Priority Action	What we will do	Lead	Progress to Date	Target Date	What will success look like	BRAG Status
U1	Raising the profile and extending the reach of the SAB through a communication campaign, improved digital presence and engaging with the public.	<ul style="list-style-type: none"> <li>•Improve the RSAB Website.</li> <li>•Promote the work of the SAB across the partnership.</li> <li>•Deliver RSAB awareness sessions to customer and partner forums. 6 per year.</li> <li>•SAW24 public awareness campaign.</li> </ul>	SAB Manager/Comms leads	Work has began to develop the SAB website. Two awareness sessions have been delivered.	Jul-24	Colleagues across the partnership will have awareness and knowledge of the SAB. The residents of Rotherham will have an awareness of the SAB	On track
U2	Developing a User Voice subgroup/mechanism.	<ul style="list-style-type: none"> <li>•Create a Task and Finish group to focus on customer voice.</li> <li>•Develop an action plan to deliver specific tasks to improve the customer voice presence at Board.</li> <li>•Make a recommendation to the Board on how customer voice will be heard at the SAB.</li> </ul>	Customer Voice Working Group	Task and Finish group established, membership includes representation from the partnership including the Voluntary Sector. Action plan developed and second meeting planned for March 15th 23.	May-24	The Safeguarding Adults Board will have a strong Customer Voice presence through the subgroups to the Board. Co-produce safeguarding material to be used by partners and the public to raise awareness and offer advice.	On track
U3	Mapping across all partner agencies how service users are engaged and their voices captured.	<ul style="list-style-type: none"> <li>•Contact all SAB partners to share customer forum details and how the RASB can interact with the group and how the voice of the group can be heard at Board.</li> <li>•Work with VAR to engage with the voluntary sector and customer groups.</li> <li>•Ensure all customer groups can make contact with the SAB through the website.</li> </ul>	Customer Voice Working Group	Contact has been made with partners of the SAB to share details of their customer groups.	Sep-24	The RSAB will receive regular information and updates from customer groups to share at Board. Customer groups will be able to access the Board to ensure their voices are heard.	On track
U4	Building on how MSP outcomes are recorded to capture User Voice.	<ul style="list-style-type: none"> <li>•Work with the Performance Team to ensure MSP information is reported to the Board.</li> <li>•Audit MSP across the partnership.</li> <li>•Work with the Voluntary Sector to develop a way of gaining further insight on how the safeguarding process is for the person involved.</li> </ul>	Performance and Quality subgroup/Andrew Wells HoS Safeguarding		Sep-24	The Board will be assured that all safeguarding enquires are carried out with the person at the centre of the process and advocates are used at all times when needed. The Board will hear the voice of the person when things have gone well or when things have not gone to plan.	Not started

## Rotherham Safeguarding Adults Board - Peer Review Action Plan



Last Update: 22/02/24

Review how the SAB sets its agendas to encourage oversight of broader safeguarding related matters arising from partnership working.  
Ensure you have robust SMART plans which you can track and monitor. Look to other Boards for good practice and templates in this area.

Action Ref No	Priority Action	What we will do	Lead	Progress to Date	Target Date	What success looks like	BRAG Status
G1	Review how the Exec functions, this should be a very small group who can collectively agree Board agendas and oversee delivery against the Board Strategy and Delivery Plan.	<ul style="list-style-type: none"> <li>Reduce the membership of the Exec to statutory partners.</li> </ul>	Executive Subgroup	The Executive group has been reviewed and the membership has been amended to statutory partners. Meetings will be held 4-6 weeks prior to the Board meeting so agendas can be developed. The Exec will be sighted on all current action plans. Subgroup chairs will update the Exec on progress and share delivery plans. All Terms of Reference are currently under review.	Apr-24	The Executive subgroup of the SAB will ensure that Board members are aware of all safeguarding matters in a timely manner. The Executive will ensure the Board have sight of all delivery plans and information is up to date and on track.	On track
G2	Review the TOR and attendees at the Exec, Board and Subgroups to ensure appropriate representation. Consider a 'contract' for board members	<ul style="list-style-type: none"> <li>Review Terms of Reference for the Executive Group and the Board</li> <li>Review Terms of Reference for all subgroups</li> </ul>	All Subgroup Chairs	The TOR for the Exec and Board have been shared with partners for comment. TORs for each subgroup have been shared for comment and refresh.	Apr-24	The Board and all subgroups will have strong governance and partnership representation. The members of each group will represent the partnership,	On track
G3	Strengthen governance across other strategic partnerships.	<ul style="list-style-type: none"> <li>Ensure strong links with the Childrens Safeguarding Partnership.</li> <li>Ensure strong links with the Safer Rotherham Partnership.</li> <li>Attend the Safeguarding Chairs meeting.</li> <li>Attendance at partnership safeguarding strategic meetings including Health and the Police.</li> </ul>	Independent Chair/ Board manager and Partnership Managers	Map attendance at all strategic meetings and provide assurance that the RSAB has attendance at all necessary meetings. Develop a way of reporting relevant issues in to the SAB	Sep-24	Strong Partnership links across the Borough and assurance that safeguarding issues and learning are shared.	On track
G4	Raise the profile of the SAB, consider a "Who's who" and publicise internally to front line staff.	<ul style="list-style-type: none"> <li>Improve the SAB Website to include a partnership professional page.</li> <li>Use SAW24 to promote the work of the SAB.</li> <li>Develop a quarterly Newsletter.</li> <li>Provide partners with information for their internal comms</li> </ul>	Board Manager/safeguarding Co ordinator	Website restructure has begun. SAW24 timeline in progress.	May-24	Improved awareness of the business of the SAB and its subgroups.	On track
G5	Ensure the SAB has robust SMART plans which can be tracked and monitored.	<ul style="list-style-type: none"> <li>Involve the partnership in the development of action plans.</li> <li>Develop reporting timescales.</li> <li>Named leads to assure ownership.</li> </ul>	Independent Chair/Subgroup Chairs	Planned update meetings with subgroup chairs and the Independent Chair to discuss current action plans and progress to date. Meeting planned for March 23	Apr-24	Clear action plans that are delivered in a timely manner with shared learning and deliver the 'so what' factor.	On track

## Rotherham Safeguarding Adults Board - Peer Review Action Plan



Last Update: 22/02/24

Explore how best you can use the data and information to identify areas for improvement, celebrate successes and answer the 'so what' questions

Action Ref No	Priority Action	What we will do	Lead	Progress to Date	Target Date	What success looks like	BRAG Status
D1	Ensuring the data set is truly partnership data rather than ASC data.	<ul style="list-style-type: none"> <li>Develop a performance page for partner contribution to be included in the quarterly performance dashboard.</li> <li>Ensure partner performance is relevant to the Board and informs the partnership.</li> </ul>	Performance and Quality Subgroup Chair	Discussions with partners have begun via the sub-group to ensure performance takes an holistic partnership view.	Jul-24	The SAB will receive a Performance Dashboard that contains information from all partners. This will allow the SAB to discuss and challenge all partners on aspects of safeguarding compliance.	On track
D2	Ensuring data is qualitative not just quantitative with an accompanying narrative that puts it into context. Not just the 'what' but the 'so what' in order that there can be meaningful discussion as to determining the 'now what'.	<ul style="list-style-type: none"> <li>Realign dates of meetings to ensure performance data is available and up to date.</li> <li>The Performance Dashboard will include context that will inform Board where possible issues may be present, this will inform further work including audits to provide assurance.</li> </ul>	Performance and Quality Subgroup Chair	Qtr. 3 2023/24 data presented to SAB will include deep dive information on Mental Capacity and Domestic Violence.	Jul-24	The SAB Performance Dashboard will inform the Board of future work programmes.	On track
D3	Performance and Quality Subgroup to review data and information first and undertake any further work required (e.g. single/multi agency audit) to identify 'What's working well', 'What we are worried about' and make recommendations to the Board about 'What needs to happen'.	<ul style="list-style-type: none"> <li>Realign dates of meetings to ensure performance data is available and up to date.</li> <li>Develop an audit schedule to include requests for partner internal audit reports.</li> <li>Develop a reporting mechanism for all audits.</li> </ul>	Performance and Quality Subgroup Chair		Jul-24	Following the Signs of Safety method of reporting the Board will be assured and aware of all safeguarding issues across the partnership.	Not started

Not started	Not started
Action started and on track to be delivered by the original deadline	On track
Action has some risk/delay to delivery or is behind the original schedule by less than three months	Risk of Delay
Action will not be/has not been met within three months of the original target date	Overdue
The action is fully complete and/or operational	Complete

**Committee Name and Date of Committee Meeting**

Improving Lives Select Commission – 05 March 2024

**Report Title**

Family Hubs and Start for Life Programme Update

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

No

**Strategic Director Approving Submission of the Report**

Nicola Curley, Strategic Director of Children and Young People's Services

**Report Author(s)**

Alex Hawley, Consultant in Public Health  
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**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report provides an update on the progress of the transformation project associated with the Family Hubs & Start for Life grant and follows a previous update to Improving Lives Select Commission in March 2023.

The grant was made available to Rotherham from the Department for Education (DfE) and the Department for Health and Social Care (DHSC) as one of 75 Local Authorities that was pre-selected.

The funding is predominantly for transformation activities (with just 5% ring fenced for capital adjustments & upgrades to existing buildings).

Preparatory work commenced on this project in the second half of 2022, preparing initial plans and submissions to the DfE. Funded work has been in operation since early 2023, when the first tranche of grant funding was received, which has resulted in progress across all the funded strands of the programme and the overall transformation project for establishing Family Hubs in our Children's Centres. The funded strands are set out below:

- Family hubs transformation/ digital offer
- Perinatal mental health and parent-infant relationships
- Parenting support
- Infant feeding support
- Home learning environment support

- Publishing a start for life offer
- Establishing a parent carer panel

A further 13 months of funded work will support the completion of the transformation project at end of March 2025, and leave behind a legacy of an improved offer for Rotherham's families, offering families a better start and improving support to children and young people.

This legacy will be more joined up planning and delivery of family help and support services to improve access, connections between families, professionals, services, and providers, and to put relationships at the heart of family support.

The report provides a broad overview of progress, and the slides (Appendix 5) will be presented to give more detail.

## **Recommendations**

1. That Members of the Improving Lives Select Committee note the progress made to date in the use of the grant to transform family help and support services.

## **List of Appendices Included**

Appendix 1 - Minutes of Health and Wellbeing Board (link in Council Committee etc)

Appendix 2 - Family Hubs website external users (not including RMBC)

Appendix 3 - Cabinet Report – dated 13<sup>th</sup> February 2023

Appendix 4 - Cabinet Report – dated 16<sup>th</sup> October 2023

Appendix 5 – Slides - overview

## **Background Papers**

Family Hubs & Start for Life Programme Guide August 22

[Family Hubs and Start for Life Programme Guide \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

## **Council Approval Required**

No

## **Exempt from the Press and Public**

No

## Family Hubs and Start for Life Programme Update

### 1. Background

- 1.1 The Improving Lives Select Commission received a previous update on the Family Hubs and Start for Life funded programme in March 2023, shortly after Cabinet accepted the grant funding and approved the Rotherham proposed approach (February 2023). The funding amounted to an additional investment of around £3.4m in three tranches, covering part of the last quarter of 2022/23 and the two following years, and almost all intended for transformational effort to add value to existing provision. This further update therefore summarises all the additional value so far achieved, as the project was in its infancy in March 2023.
- 1.2 Since the commencement of the preparatory work on this programme, and the submission of Rotherham's sign-up form in October 2022, the Head of Service for Early Help has provided the officer lead role and has been the identified 'single point of contact' for reporting back to Department of Education (DfE) and Department Health and Social Care (DHSC) who have jointly funded this initiative.
- 1.3 There is a new acting Assistant Director for Early Help and Business Support, who has taken responsibility for the overarching Early Help portfolio, which includes the Family Hubs programme. Following other personnel changes, a Consultant in Public Health leads the continuing Family Hubs transformation and provides the contact for the DfE and DHSC.
- 1.4 As a transformation programme, the Family Hubs and Start for Life Programme builds on existing services and ways of working and relates strongly to the themes of the Council plan, most directly to '*Every Child Able to Fulfil their Potential*', but also to '*People Are Safe, Healthy and Live Well*' and to '*Every Neighbourhood Thriving*'. It also has a very clear link to Aim 1 of the Health and Wellbeing Strategy that '*All Children Get the Best Start in Life and Go on to Achieve their Potential*'. The programme presents an opportunity for additional resources which can enhance the offer, and to build on partnership working.

### 2. Key Issues (update of programme activity)

#### 2.1 Transformation programme:

##### 2.1.1 Rotherham model

The Family Hubs programme is delivered across the Borough, using the Children's Centre model and existing buildings, which are familiar to children and families. Sites are connected by the digital offer to provide face to face or virtual information, advice, and support for families. Three Family and Children Centres, Brookfield (North), Stepping Stones (South) and The Place (Central) host the largest main co-located sites.

- 2.1.2 All Children's Centres will deliver the Family Hubs programme and further sites are being identified, facilitated by VAR. Each further site will be supported by the VCS Strategic Coordinator to implement the Family Hubs programme at their desired level. Multiple sites are already in place including Rotherham Ethnic Minority Alliance (REMA), Grimm & Co, JADE youth and community and Rotherham Minister with a significant number of other organisations in discussions. The sites vary in their levels of involvement with a tiered system being implemented. This ranges from signposting services to delivering training to co-location.
- 2.1.3 Within the three main hubs the following services are co-located: Early Help, Infant feeding specialist, Nursery Nurses, 0 to 19 Service, Substance Misuse workers, Midwifery, Perinatal Mental Health, MESMAC, Children Social Care, Employment Support Advisers, Digital Inclusion Team, Rotherham Rise, Holiday Activity Fund, Home Learning Workers, Intrahealth, Youth Justice Services and Voluntary Action Rotherham.
- 2.1.4 Monthly multi-disciplinary 'Locality Meetings' have been established to bring together colleagues located in or providing services from buildings delivering the Family Hubs programme. These take place at Brookfield Family and Children's Centre, The Place Family and Children's Centre and Maltby Stepping Stones Family and Children's Centre.
- 2.1.5 Changes and additions to the existing case management recording system (LiquidLogic) will enable partners to complete Early Help Assessments directly into the system. It will also offer opportunities for further transformation in relation to case management.
- 2.1.6 The Family Hubs volunteer programme entails a selection of staff from across Early Help, 0-19 Health Service and Midwifery who are identified as Volunteer Mentors. These staff members are trained and supported by the VCS Volunteer Coordinator. Volunteers are recruited through various methods into a range of roles such as Breastfeeding Peer Supporter and Family Hubs Group Volunteer. They complete a thorough recruitment and induction process with the VCS Volunteer Coordinator which concludes with the allocation of a Volunteer Mentor in their named Children's Centre or other site.
- 2.1.7 **Workforce development**
- Workforce orientation and skills development are key to an integrated approach across all partners and to the optimal implementation of newly acquired evidence-based programmes.
- 214 practitioners from Early Help, Midwifery, 0-19 Public Health Nursing, Children's Social Care, Local Authority Education and Data and Performance have attended half-day Family Hub programme induction events.
  - 50 multi-disciplinary practitioners have been trained in cultural competency in infant feeding.



- 238 practitioners have undertaken training in recognising red flags in maternity, delivered by the Perinatal Mental Health Service.
- 118 practitioners have studied the Solihull Approach (a well-established evidence-based parenting programme). 59 - two-day foundation, 42 - Group Facilitator and 17 online courses.
- 3 trained in Video Interaction Guidance training and a further 14 staff due to be trained by March 2024.
- 12 trained in PEEP (Parents Early Education Partnership), known as Learning Together.
- 151 Early Help Workers trained One Plus One, Parental Conflict.
- 299 trained in Early Help Assessment training.
- 57 trained in three-day course Solution Focussed Training.
- 4 trained in Family Foundation.
- 3 trained in Substance Misuse Training.
- 1 person trained in Supervision for Parent Infant Relationships.

2.1.8 Although substantial training has already been undertaken, work continues to develop the training offer further through 2024 and early 2025.

### 2.1.9 **Transformational workforce resources**

Voluntary Action Rotherham (VAR) were commissioned to provide pivotal support mechanisms to Rotherham's Family Hub programme development work. VAR has recruited two key posts to enable this: 1) a Family Hubs VCS Strategic Coordinator to enable a rigorous interface and development of additional sites and programme; 2) a VCS Volunteer Coordinator to develop and support new family hub volunteers (including expanding breastfeeding peer support) and to lead on the implementation and delivery of the Parent and Carer Panel.

2.1.10 Short-term capacity has been developed to test new approaches and build positive aspects into mainstream delivery when the programme funding comes to an end. This includes:

- Three Nursery Nurses recruited by 0-19's Public Health Nursing service, creating capacity to instigate a new supportive universal visit at age 3-4 months, in support of key parenting skills, such as weaning and key child development, such as speech and language, and providing an additional early opportunity to identify emerging needs for family help.

- A specialist breastfeeding lead has been established, to enable a coordinated approach to breastfeeding support and advice, including through expanded peer support.
- A Data Officer has been recruited to provide an essential role of understanding the performance of the programme components and to inform ongoing strategic and operational decisions for the delivery plan, as well as providing essential periodic reporting back to central government.
- Two Home-learning Officers have been recruited to establish the PEEP programme and build on current good practice.
- Recruitment for one Advanced Practitioner to support pathway development and training coordination across the partnership.
- Project Manager and Project Support Officer.
- Community Navigator, linked to REMA.

2.1.11 There has also been the introduction of three Substance Misuse Early Help workers to increase access to drug and alcohol support services; these posts are funded by a separate grant.

#### 2.1.12 **Digital transformation**

The digital components of the programme are an essential transformational aspect, enabling new ways for families and professionals to access information and services, and allowing for an integrated and consistent model across all Children's Centres and additional sites.

2.1.13 A branded digital approach is being developed in phases throughout the programme. The latest phase of the Family Hubs and Start for Life programme web pages was launched in November 2023. The Family Hub web pages give access to a suite of free evidence-based programmes to support Rotherham parents, carers, family members and teenagers, made available in a commissioned partnership with the Solihull Approach. ([www.rotherham.gov.uk/family-hubs](http://www.rotherham.gov.uk/family-hubs)). The site is continually being developed. Appendix 2 gives an overview of usage.

## **2.2 Communications:**

2.2.1 There have also been soft launches over Summer 2023 to transition to Family Hubs in Children's Centres directly involving children and families, which proved highly successful and engaged over 500 children and adults.

2.2.2 In November 2023 a more formal induction session/launch took place with the Strategic Director of CYPS, Lead Members for Children and Young People and for Adult Social Care and Health, and other wider Council departments, practitioners, voluntary sector and DWP. Workstream leads

also provided information on stalls relating to the Family Hub programme work and partnership within multi-disciplinary locations. A press release was placed in local press and further events are planned throughout the life of the programme.

- 2.2.3 Family Hubs programme branding is a requirement of the grant funding. Templates have been developed and are currently being shared with partners.

## **2.3 Funded workstreams:**

### **2.3.1 Infant feeding support**

The Infant Feeding Coordinator for Family Hubs in Children's Centres leads on infant feeding support across the Borough. She is working on the UNICEF Baby Friendly Accreditation process and working with VAR to recruit Volunteers/Breastfeeding Peer Supporters.

### **2.3.2 Perinatal mental health and parent-infant relationships**

Work with partners across the Family Hub programme is being undertaken to consolidate support available and develop a 'mild to moderate' pathway to ensure women get the right support at the earliest opportunity. The predominant investment so far has been in training to better equip the workforce and enable delivery of new high-quality evidence-based approaches that can be delivered via direct family support work and via group programmes for families.

### **2.3.3 Parenting support**

VIG (Video Interaction Guidance) is being introduced as a tool to enable observation and supportive reflection on parent-infant interactions. It is a strengths-based, brief intervention that promotes attunement, sensitivity, and mentalisation in relationships. The principles and practice can be used to work within any relationship. VIG is effective with parents and carers of children across all ages (including babies and unborn babies).

- 2.3.4 Rotherham already has an established and embedded evidence-based programme offer and has added value to this by investing heavily in the Solihull programme. There has been development of a multi-disciplinary training pool to enable better co-facilitation of group programmes and to share responsibility more evenly across the sector. The Solihull programme will enhance our offer and covers 'Journey to Parenthood'; 'Understanding Pregnancy'; 'Labour, Birth and your Baby' and 'First Five Years'. Additionally, via the acquisition of online multi-user licences, there is a comprehensive practitioner portal of resources that will support ongoing development. All parents-to-be will have access to an online digital 'Journey to Parenthood' programme and uptake will be monitored together with collation of feedback from families.

2.3.5 Evening antenatal classes were piloted together with infant feeding drop-in sessions. The antenatal classes have been particularly successful and there is now additional capacity with new midwives joining the team so the offer will be opened across other family hub sites. Further agencies will be engaged as the programme develops to become involved with evening sessions.

### 2.3.6 **Home learning environment / Speech, Language & Communication**

Rotherham has agreed to invest in the PEEP programme as the evidence-based intervention to support home learning and improve outcomes for 3-4-year-olds. A lead officer has been identified, a training plan developed in October 2023, and 2 Home Learning posts have been recruited to. The postholders will carry out home visits and offer the PEEP programme directly to families. These posts will also enable the training and upskilling of wider practitioners across Family Hubs in Children's Centres. The 'Train the Trainer' programme for PEEP was approved by the Operational Group in December 2023 to fund a further 24 facilitator places.

### 2.3.7 **Publishing the start for life offer**

This is an offer designed to provide information for parents, covering the period between conception and their child's second birthday. Within Rotherham, it is called 'Giving your Child the Best Start in Life'. It is being developed in phases, and two versions have so far been published online. Further phases will be developed, culminating in the publication of a printed leaflet that will be supplied to all new parents towards the end of the programme. Link is below:

[Best Start in Life Programme – Rotherham Metropolitan Borough Council](#)

### 2.3.8 **Parent and carer panel**

For parents and carers from pregnancy and with children 0-2 who want to shape the way services are delivered by Family Hubs in Children's Centres, the Panel is led by Voluntary Action Rotherham. It is involved in a range of activities, such as:

- Focus groups.
- Meetings.
- 'Mystery Shopper' activities.
- Online surveys & questionnaires.

2.3.9 The Parent and Carer Panel currently has 8 members and meets every 8 weeks. A focus group with different under-represented groups across the Borough also takes place every 8 weeks and explores the same challenge

question. Work is ongoing to develop the panel further. This includes recruitment, wider representation, and the development of online options for participation.

2.3.10 The extra universal three-to-four-month visit delivered by the Public Health 0 to 19 Service, will support several of the workstreams above.

## **2.4 Upcoming priorities:**

2.4.1 A key priority of the Family Hubs programme is digital transformation, which has progressed with the procurement of the LiquidLogic Partnership and Delegated Portal. Work is now underway to engage with multiple agencies - focus groups have been established to organise configuration and implementation. The project is exploring how the portal can best connect to existing systems, to better support shared responsibility and accountability for the provision of early help and prevention.

2.4.2 Other work areas include:

- Launch the Family Hubs registration form.
- Further co-location of partner agencies.
- Increase volunteering opportunities in a range of roles with the programme.
- Continued delivery of evidence-based training for staff.
- Increase uptake of evidence-based programmes.
- Establish further sites around the Borough, making it easier for families to access services.
- Further consultation opportunities to be identified.
- Update both digital and start for life offers.
- Management Information systems to be completed.

## **2.5 Next steps:**

2.5.1 With just over a year of the programme remaining, it is a useful time to review and reflect on what has been achieved, and look for potential gaps, and priorities for the remainder of the transformation effort. With this in mind, a workshop with partners will take place in late February, informed by 'Maturity Self-Assessment' framework. The workshop will take stock, reassess available resources, management processes, and the need to reprioritise, establish new task and finish groups, etc.

**3. Options considered and recommended proposal:**

3.1 Members of the Improving Lives Select Commission note the update of programme activity detailed above.

3.2 As this is an update report, there are no relevant programme options or other recommendations for panel members to consider.

**4. Consultation:**

4.1 Consultation is embedded into the programme principally through the Parent Carer Panel and digital surveys. One of the next steps will also be to review co location and joint working effectiveness.

**5. Timetable and Accountability for Implementing this Decision:**

5.1 The timetable and accountability were detailed in the Cabinet report of 23<sup>rd</sup> February 2023 (appendix 3).

**6. Financial and Procurement Advice and Implications:**

6.1 Financial and procurement implications were detailed in the Cabinet report of 16<sup>th</sup> October 2023 (appendix 4). There are no further financial implications within this report.

**7. Legal Advice and Implications:**

7.1 Legal implications were detailed in the Cabinet report of 16<sup>th</sup> October 2023 (appendix 3).

**8. Human Resources Advice and Implications:**

8.1 HR implications were detailed in the Cabinet report of 16<sup>th</sup> October 2023 (appendix 3). There are no further HR implications within this report.

**9. Implications for Children and Young People and Vulnerable Adults:**

9.1 Implications for Children and Young People and Vulnerable Adults were detailed in the Cabinet report of 16<sup>th</sup> October 2023 (appendix 4).

**10. Equalities and Human Rights Advice and Implications:**

10.1 An equality analysis was attached to Cabinet report from 16<sup>th</sup> October 2023 (appendix 4)

**11. Implications for CO<sub>2</sub> Emissions and Climate Change:**

11.1 There are no direct implications arising from this report.

**12. Implications for Partners:**

12.1 Implications for Partners were detailed in the Cabinet report of 23<sup>rd</sup> February 2023 (appendix 3).

**13. Risks and Mitigation:**

13.1 Risks and mitigations were detailed in the Cabinet report of 16<sup>th</sup> October 2023 (appendix 4). The risk register for the remainder of the programme will be reviewed following the Maturity Self-Assessment workshop on 29<sup>th</sup> February.

**Accountable Officer(s):**

Kelly White acting Assistant Director for Early Help and Business Support.  
 Alex Hawley, Consultant in Public Health.  
 Rob Savage, Departmental Business Services Manager

Approvals obtained on behalf of:

	<b>Name</b>	<b>Date</b>
The Strategic Director with responsibility for this report	Name of Strategic Director	23/02/24
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Children and Young People - Councillor Cusworth	23/02/24

*Report Author: Alex Hawley, Consultant in Public Health*  
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This report is published on the Council's [website](#).





**HEALTH AND WELLBEING BOARD  
22nd November, 2023**

**Present:-**

Councillor Roche (In the Chair)	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Nicola Curley	Strategic Director of CYPS
Chris Edwards	Executive Place Director
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, RMBC
Toby Lewis	Chief Executive, RDaSH
Jason Page	Medical Director, Rotherham Place

**Report Presenters:-**

Claire Smith	Deputy Place Director for Rotherham ICB
Steph Watt	Head of Adult Commissioning at the NHS
Jason Page	GP Clinical Commissioning Group
Susan Claydon	Head of Locality and Family support
Alex Hawley	Public Health Consultant
Lorna Quinn	Public Health Intelligence Manager
Gilly Brenner	Public Health Consultant
Kelsey Broomhead	Public Health Practitioner Apprentice

**Also Present:-**

Leonie Wieser	Policy Officer, RMBC
Natasha Aucott	Governance Advisor, RMBC

Apologies for absence were received from Laura Koscikiewicz and Paul Woodcock.

**44. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**46. COMMUNICATIONS**

It was noted that following the meeting, there would be a one hour development session for Board Members in the John Smith Room.

**47. MINUTES OF THE PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting held on 27th September, 2023, be approved as a true record.

**48. CHANGE OF DATE OF MARCH 2024 MEETING**

It was noted that the meeting scheduled for Wednesday, 27th March 2024, would be moved to 6<sup>th</sup> March 2024, due to purdah starting on 13th March, 2024. The meeting would take place at Wentworth Woodhouse.

**Resolved:-** That the Health and Wellbeing Board:

- 1) Agree that the meeting scheduled for Wednesday, 27th March 2024, be moved to 6<sup>th</sup> March 2024.

**49. ROTHERHAM PLACE WINTER PLAN**

Steph Watt, Deputy Place Director for Rotherham Integrated Care Board (ICB), presented an update on the Rotherham Place Winter Plan with the aid of the following PowerPoint presentation:

Introduction-

- The plan was developed in collaboration with all Place partners and built on learning from previous years.
- Approval and assurance through the Urgent Emergency Care (UEC) Board was completed in September and it was taken through the UEC Alliance, Place Leadership Board and to Health and Wellbeing Board.
- Additional resources were prioritised, allocated and assured through the Better Care Fund which supported integrated working across health and social care.

Summary of Key Learning-

- Key Themes:
  - Key pressure points were Primary Care, Urgent and Emergency Care Centre (UECC) and Discharge, including access to community services impacting on system flow.
  - Winter came early, pre-Christmas 2022, including acute respiratory infections and/or Covid.
  - The impact of industrial action and cost of living would continue to be a factor.
- What worked well:
  - A whole system approach.
  - Strong partnership working.
  - Targeted schemes.
  - Additional senior management support at key pressure points.
  - Acute escalation framework and a command centre.
- Challenges:
  - Short term funding schemes and/or recruitment challenges.
  - Unprecedented pressures were seen in November and December 2022, this included paediatric acute respiratory.
  - Pressure on general and acute beds.
  - Barriers to timely discharge and decision making.
  - Communication challenges in a fast-changing context.

- Strategy:
  - National funding was for the period of 2023-2025, this enabled longer term planning.
  - Winter schemes would start before Christmas this year.
  - Target key themes would include:
    - Access to primary care.
    - Alternative pathways to UECC.
    - New ways of working and/or investment in the community.
    - Right size of general and acute bed base.
    - A review escalation framework and access to information which would provide a whole system overview.

The year in Primary Care-

- The Primary Care Hub would be delivered by the GP Federation between the period of December to February, this would support acute respiratory infections and seasonal variations (national forecasts suggested a flu peak between January and February 2024).
- Additional clinical capacity.
- Additional reception capacity and hosted (cloud) telephony would be in place in all practices, with a call back functionality which would ensure callers would not lose their place in the queue.
- Community teams linked to all practices.
- All CQC registered care homes had an aligned GP practice, with specific responsibilities to provide continuity of care and avoid admission to hospital.
- Flu and Covid Vaccinations would be delivered as a system using practice footprint, this would include residents and staff in care homes.

This year, alternative pathways to the Emergency Department-

- Virtual Ward (hospital at home):
  - This would be for people who would otherwise be in an acute bed.
  - Frailty and acute respiratory pathways.
  - Utilising remote technology where appropriate to identify changes in condition.
  - Avoiding unnecessary admissions and facilitating early discharge.
- Urgent community response (UCR):
  - A two-hour response standard, 70% of the time.
  - Nine clinical conditions.
- Yorkshire Ambulance Service (YAS) PUSH Model:
  - Where 999 was called but did not require an emergency response.
  - Calls 'pushed' to Rothercare for falls with no injury and UCR for minor injuries and illnesses.
- Same Day Emergency Care:
  - Medicine, surgery and gynae.
  - Direct access for YAS, avoiding UECC and/or admission.

This year, in the acute hospital-

- Urgent and Emergency Care Centre:
  - Appointment of seven new consultants in the last year.
  - Improved nursing position.
  - Expanded dedicated social worker resource to support avoidance of unnecessary admissions.
  - Twilight shift for porters.
  - Improvement programme with YAS.
- Increase general and acute beds:
  - Twenty-four additional beds and fifteen surge.
  - Surge plans for paediatrics, including beds and staffing.
  - Plans to protect electives and orthopaedics from bedding and/or outliers.
- Cancer:
  - New senior role to oversee cancer and elective care.
  - Additional MRI scanner that had improved MRI waiting times.
  - Breast pain pathway to filter non two- week wait, patients to the right clinic and improved capacity.

This year, discharge-

- Medical and pharmacy resource in 'community ready' (discharge) lounge.
- Additional patient transport shifts.
- Additional nursing, therapy, reablement and social worker resource to support discharge/patients at home.
- Home from hospital home care service commissioned to provide additional hours.
- Fund to support additional community beds, focussing on complexity.
- fifteen residential surge beds at Lord Hardy Court.
- Out of area trusted assessment pilot.
- Care home trusted assessment pilot.
- Integrated working with the voluntary and community sector.
  - Re-prioritisation of the Age UK hospital after care service.
  - Urgent and emergency social prescribing pilot.
  - Personal health budget pilot with the You Asked We Responded Community Group.

This year, in Mental Health-

- There had been an increase in the mental health workforce within Primary Care with the introduction of the Mental Health Additional Roles Re-imburement Scheme (ARRS), psychology post and community connectors.
- Joint working between Well@work and Rotherhive, to support employers and employees.
- The rollout of more mental health awareness training.
- The expansion of the Rotherham Safe Space, to four nights a week.
- The launch of a new service to support people who had attempted suicide.
- Support would be available from the following:

- RDaSH /Samaritan Wellbeing Check Pathway.
- Peer support groups, such as Andy's Man Club, S62, Parent Carers Forum, Survivors of Bereavement by Suicide, Women Acceptance, Support, Kindness mental health support group (ASK).
- A range of community mental health initiatives funded by the Black Asian Minority Ethnic (BAME) Crisis and mental health grant schemes.
- Mental health digital resources including Rotherhive and Kooth and Qwell.

This year, for children and young people-

- Self-help support and wider public health information would be promoted.
- CYPS Crisis and Intensive Community Support Team would engage to provide risk assessment, care and/or treatment to avoid re-presentation at UECC.
- The Me in Mind Teams would work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress.

This year, for improved cross system communication and decision making-

- Community transfer of the care hub:
  - Multi-disciplinary team for referral, triage and assessment of step up and step-down patients.
  - For admission avoidance and discharge, the service would ensure the right level of care according to need.
  - 24-hour response service and/or core offer, seven days a week.
  - This would include nursing, therapy, social workers, reablement co-ordinators, wellbeing and call handlers, pharmacy technician and the voluntary and community sector.
- New escalation framework:
  - New Place escalation wheel that would provide a holistic view of the whole system flow for the first time.
  - Aligned to national operational pressures escalation levels (OPEL), action cards for each level.
  - This would feed into team, organisation, Place, South Yorkshire, regional and national framework.
  - South Yorkshire ICB and Place communications plan.
  - New operational and performance reports.
- South Yorkshire ICB and Place winter communication campaign.
- Support with the Cost of Living, with promotion of support schemes.

Next steps-

- Place workshop to scenario test plans.
- Would continue to plan for industrial action.
- Would complete outstanding recruitment.
- Would launch schemes.

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

- It was noted that last year Covid levels were exceptional; this year Rotherham was in a better position to cope with potential surges, this was due to increasing resources and working in different ways. The NHS in Rotherham was part of a wider South Yorkshire system, therefore, wider assurance was required that other areas of the NHS in South Yorkshire were in a good position.
- NHS partners in Rotherham had fifty additional doctors compared to levels in 2019.
- The NHS hospital site in Doncaster required a re-build.
- There were new guidelines in place relating to emergency treatment for young people, an example was provided that the trust had worked to ensure that all children with significant health concerns could access the hospital. Assurance was provided that the relevant guidelines were in place and would be published and circulated in due course.

**Resolved:-** That the Health and Wellbeing Board:

- 1) Noted the update on the Winter Plan.

**50. VOLUNTARY AND COMMUNITY SERVICE - SUPPORT FOR RIGHT CARE RIGHT TIME RIGHT PLACE**

Steph Watt, Head of Adult Commissioning at the NHS, presented an update on working with the voluntary and community Sector, Support for Right Care Right Time Right Place with the aid of the following PowerPoint presentation:

Context-

- Based on Rotherham's commitment to supporting people to remain independent at home for as long as possible and home first ethos.
- Built on the strong tradition of partnership working and Voluntary Action Rotherham's early pioneering of social prescribing.
- Highlighted three services which supported admission avoidance and discharge, to ensure people would receive the right level of care according to their needs.

Rotherham Urgent and Emergency Care, Social Prescribing Service-

- The role:
  - To work with health and social care professionals to support patients experiencing social, emotional and/or practical barriers to better health and wellbeing.
  - For admission avoidance and discharge.
  - Would provide holistic, wrap-around support for patients.
  - Would utilise wider voluntary and community sector services.
  - Would help to ensure a safe home environment and build independence, confidence and resilience.

- The Service:
  - Ran Monday to Friday for age eighteen plus.
  - Received referrals and assessed discharged for patients.
  - Developed a support plan.
  - Onward referrals.
  - Ongoing, short-term support.
  - Follow-up and closure of case.

UEC Social Prescribing in practise, Paul's case study:

- About Paul:
  - Admitted with Critical Pneumonia.
  - Unable to walk or mobilise.
  - Poor mental and physical health following 9 months in hospital and a huge life change and lost his job and home.
- Paul's experience:
  - Spent nine months in hospital and step-down beds.
  - Referred to befriending and enabling, advocacy and benefits support.
  - Since discharge, Paul had progressed from a bed space to independent living within supported housing.
  - Paul was feeling positive, and the aim was to walk independently and return to work in the future.
- The impact for Paul:
  - Improved wellbeing (outcomes measures).
  - Improved mental health and physical health.
  - Improved social connections.
  - Maximised finances.
  - Greater independence and resilience.
- The impact for the system:
  - Bridged a gap from acute back into the community.
  - Linked in with ED high intensity user group.
  - Improved co-ordination of care between health, social care and voluntary sectors
  - Reduced likelihood of readmissions.

YAWR Services Personal Health Budget (PHB)-

- The Need:
  - Removed barriers to allow early and safe discharge, in order to reduce delayed discharges.
  - Assessment and award of PHB (up to £500, with escalation process for exceptions) used to buy a service or goods for discharge home from the acute or community bed base.
- YAWR Services Offer:
  - The service visits patients on the ward prior to discharge to discuss and assess their needs to facilitate discharge from hospital.
  - Pre-discharge was included an initial assessment to discuss support needs and action plan.
  - Post discharge was included a visit the patient to address additional needs including benefits support.

HEALTH AND WELLBEING BOARD - 22/11/23

- Barriers to Discharge:
  - Housing, equipment and adaptations, property, and referral pathways.

Personal Health Budgets (PHB) in practise-

- Marcia's Story:
  - Patient was aged 59 years and admitted to Rotherham Hospital in June 2022, following a stroke, loss of sight and her property was no longer suitable.
  - Support with priority housing application, liaison with eye clinic and Rotherham Sight and Sound, a referral for wheelchair access and a review of a care package for double handling.
  - PHB used to pay for a removal company, purchased microwave and fridge freezer.
  - Successful discharge into the community, improved independence, confidence and quality of life.

Impact of the Personal Health Budget Pilot-

- For Patients and Families:
  - Increased independence and quality of life for individuals.
  - PHB had been utilised for household items, cleaning services enabling individuals to return to a safe and secure environment.
  - Reduced carer stress.
  - Improved financial outcomes for individuals through benefits claimed.
  - Informed choice through a holistic needs assessment.

AGE UK Hospital Aftercare Services-

- Our Offer:
  - Monday to Friday, for sixty plus.
  - Transport home from an acute or community bed, within three hours.
  - Settling in service with safe and well check.
  - Onward referrals and signposting.
  - Small aids and adaptations.
  - Short term non-personal enablement support for up to 30 days.
  - Service was also for avoidance of unnecessary admissions.
- The added value:
  - Over 5200 referrals, including safety netting.
  - Over 300 onward referrals and/or signposts to other agencies.
  - Approximately £150,000 in unclaimed monies released through benefit referrals.
  - Over one hundred people received further enabling support.
  - Four Trusted Assessor trained staff.
- Aftercare Service in Practise Case Study:
  - Carol was referred by a frailty nurse due to concerns for patient's safety once home.
  - There was no answer when staff visited following day so permission was obtained from the next of kin to enter the house.



- Patient was found lying on hall-way floor after falling four hours earlier and could not get up.
- Made patient comfortable and provided reassurance whilst the emergency services were called.
- The ambulance arrived within forty-five to sixty minutes and Carol was checked over.
- In consultation with her GP, an agreement was made to send the district nursing team for an assessment.
- The decision reassured the ambulance crew that suitable care was in place and avoided an ambulance conveyance, attendance at A&E and potential admission.
- The emergency crew and staff member spent four hours with the patient.
- The worker made the patient a drink of tea and prepared the following day's breakfast and lunch before leaving.

The Next Steps-

- Embed in multi-disciplinary Transfer of Care Hub, right care, time and place.
- Evaluate pilots.
- Consolidate social prescribing, including investment in wider voluntary community sector.

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

- There would be a discussion with the national team regarding evaluation of the pilots, to examine whether the scale of required impact could be analysed in comparison to the scale of impact achieved.

**Resolved:** - That the Health and Wellbeing Board:

- 1) Noted the update provided.

**51. AIM 1 UPDATE BY BOARD SPONSORS**

Board Sponsors Jason Page, Medical Director for Rotherham Place (ICB) and Nicola Curley, Strategic Director of Children's and Young People's Services presented an update on the progress of Aim 1, all children get the best start in life and go on to achieve their potential, with the aid of the following PowerPoint presentation:

Alignment of the South Yorkshire Integrated Care Partnership (ICP) priorities with Rotherham's Health and Wellbeing Strategy-

- Context for children's health was very similar in both strategies:
  - Focused of both strategies on health inequalities and the impact of physical, commercial and socio-economic determinants on children's health.
  - Housing, social networks, education and poverty
  - Impact of the pandemic on children's mental health.

HEALTH AND WELLBEING BOARD - 22/11/23

- Focus of health areas were very similar:
  - 1001 days, parental health, mental health and oral health.
  - Children's development, development of healthy habits (physical activity and healthy eating).
- The main difference was the focus on the South Yorkshire strategy on school readiness, which was not a major focus of the Rotherham Health and Wellbeing Strategy. This was also the focus of the ICP Strategy's Bold Ambition, the area where more could be achieved by working together across South Yorkshire:
  - Focused on development in early years so that every child in South Yorkshire would be school ready.
  - Raising the level of school readiness in South Yorkshire and closing the gap in those achieving a good level of development, between those on free school meals and all children by 25% by 2028 to 2030.

Rotherham's strategic priorities for children's health and wellbeing-

- Aim 1, All children get the best start in life and go on to achieve their potential:
  - Develop the approach to give every child the best start in life.
  - Support children and young people to develop well.

Context and cross-cutting activities-

- School age population had increased between 2011 and 2021, the number of children aged 0-4 had decreased from 15,738 in 2011 to 14,645 in 2021 (a 7% reduction).
- The percentage of children living in poverty in Rotherham was higher than regional and England averages, with an estimated 17,700 children and young people aged 0-15 living in families whose income was less than 60% of the median income (2021).
- Cross-cutting activities since last year:
  - Development and implementation of 'Best Start and Beyond' framework.
  - Mobilisation and launch of the 0-19 Service, with a universal offer to support all children and young people and their families, with an enhanced offer for those that needed it, ensuring that there was equality across the service.

Strategic Priority 1, develop our approach to give every child the best start in life-

- The first 1001 days (from conception to age 2) was widely recognised as a crucial period. Too many children in Rotherham were not currently getting the best start in life due to differing life chances.
- Key actions to deliver on this priority:
  - Develop and publish the Start for Life Offer (first 1001 days), through implementation of Best Start and Beyond Framework.

Working towards formal ratification of 'Breastfeeding Borough' Declaration-

- The Rotherham Breast Feeding Friendly Borough (BFFB) Declaration was given further endorsement by the Health and Wellbeing Board in June.
- In August, the Declaration was signed by representatives of the Council, the Trust and Public Health at a launch event, which was combined with the launch of the Trust's 'Rotherham Backs Breastfeeding' campaign. The number of trained midwives in division of tongue tie ('frenotomy') had been increased, and the feasibility of providing a clinic in Rotherham to deliver the procedure was being explored.

Strategic Priority 2, support children and young people to develop well (1)-

- Key factors impacting on children's health included socio-economic factors, housing, social networks, and education.
- Childhood was an important time in the development of behaviours that would have a lifelong influence on health and wellbeing, including healthy eating.

Key areas of focus include-

- Develop and agree a prevention-led approach to children and young people's healthy weight with partners, building on evidence from the compassionate approach:
  - Rotherham's approach would promote health gains for all people, without stigma or judgement, and considers the wider context of their lives.
- Continue to support children and young people's Mental Health and wellbeing, along with schools, health and voluntary sector:
  - CAMHs LAC pathway would be in place.
  - Mental health support in early years was co-ordinated by the Child Development Centre. Family hubs based in Children's Centres presented an opportunity to further develop the mental health support for children and families.
  - With Me In Mind (Rotherham's Mental Health Support Team delivery) started in 2019, three teams covered thirty-nine identified settings and approximately 24,000 pupils.

Strategic Priority 2: Support children and young people to develop well (2)-

- Key areas of progress:
  - Develop proposals for multi-agency Family Hubs model of service delivery in Children's Centres
  - Continue to jointly deliver the SEND Written Statement of Action, jointly led by LA and ICB and with local area partners.
  - Continue to focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures.

Areas to address and next steps-

- Work with the LMS to ensure continuity of carer would be the default model by March 2024:
  - The national target for Continuity of Care had been removed, so local activity had refocused on a local transformation programme. The service had embedded phase one and two of the Maternity Workforce Transformation model.
  - The next steps whilst maintaining safe staffing in all areas would be the delivery of the 3 Year Delivery plan for Maternity and neonatal service, which aimed to make care safer, more personalised, and more equitable through the delivery of four high level themes.

Areas to address and next steps-

- Proposed new actions for Aim 1 Action Plan:
  - Further implementation of Breastfeeding Friendly Borough Declaration and 'Rotherham Backs Breastfeeding Campaign'.
  - Evaluation of pilot new universal health visit at three to four months.
  - Further developing the 'Giving your child the best start in life' resource (Start for Life Offer), and producing a printed resource for new parents.

An emergent action plan-

- Ongoing work, which could lead to actions to be added to the plan during the year ahead:
  - Foetal Alcohol Spectrum Disorder.
  - Gestational weight gain in pregnancy.
  - 'Smokefree Generation'.
  - Mini-needs assessment for young people and drugs and alcohol.
  - Cost of living support for families.

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

- The Breastfeeding launch in summer was very successful and well attended. RDASH were looking for additional volunteers.
- There would be a presentation on foetal alcohol syndrome at January's Health and Wellbeing Board meeting.
- The Government had issued £300,000 in funding for the next two years to assist with the reduction of smoking in Rotherham.
- The national funding issued for mental health in schools would end in 2025. It was noted that this was a risk to be kept under review in 2024.
- Persistent non-attendance in schools was a challenge and concern nationally, this challenge was being addressed through a strong programme.
- The school attendance matters pathway had been commended by the Department of Education as excellent practise.

- A Local School Attendance Strategy would be drafted in January 2024, working together with partners and colleagues across the education and school sector.
- A big proportion of non-attendance in schools was due to children going on holidays during term time; there was work underway to promote changes in behaviour from parents regarding this issue.
- There is ongoing work to address health inequalities, poverty and deprivation across the Borough. The Local Authority was very conscious of issues regarding damp and mould and work was continuing in this area.
- There was an NHS England Health Equalities Day held recently where poverty and the cost-of-living crisis was discussed.

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the update on the work undertaken.

## **52. FAMILY HUBS PROGRESS UPDATE**

Susan Claydon, Head of Locality and Family support and Alex Hawley, Public Health Consultant provided a Progress Update on the Family Hubs programme, and the following overview was provided:

- The Family Hubs programme was co-launched with the Chair and Cabinet Member.
- Rotherham was one of the seventy-five local authorities that had received the funding. The funding had been used to add value, to the already imbedded family working that was in place.
- The key objective of the programme was to improve access to all service delivery. This was being achieved through a range of funding strands, a digital offer, perinatal mental health, publishing the start for life offer and establishing a parent carers panel. There was also an enhanced offer for parenting programmes and evidence-based programmes.
- There had been a new universal health visit implemented between the period of three to four months, beforehand this had only been completed for families with complexities. Families with more complex needs would continue to be supported through Early Help assessments and plans.
- From January, parents registered with the job centre would be able attend appointments on site, rather than travelling to the job centre building, this would ensure that services were more accessible.
- The Satellite hubs was a key element and there would be digital development work completed to link the satellite hubs to the main hubs.
- Digital Rotherham Inclusion officers were working on site and helping families who have families to accessing the available digital offer. All pregnant women and families had access to the Digital Parenthood programme. There was interactive video guidance which was a short video focused on helping the parent and child relationship.

**HEALTH AND WELLBEING BOARD - 22/11/23**

- The Liquid Logic Portal had been purchased to improve the process for partners when completing early help assessments.
- Voluntary Action Rotherham were heavily involved in the delivery of work and were already recruiting volunteer mentors.
- There had been many recruitments such as three additional nursery nurses, a specialist breastfeeding lead and two home learning officers.
- It had been agreed that sites would seek UNICEF baby friendly accreditation.
- In relation to the governance structure, the service was seeking better ways to work and as a result had given the responsibility of overseeing the funded workstreams with family hubs, to the steering group.
- In relation to school readiness, it was noted that the first 1001 days were the most influential. The best start and beyond framework would assist school readiness. School readiness would be an on-going priority to seek system assurances.

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

- A balance was required between the online offer and the in-person experience that the Service provided. The services should be universal to enable people to access more tailored services when required and to ensure that the physical experience would match the online experience.

**Resolved:** - That the Health and Wellbeing Board:

- 1) Noted the progress made in Rotherham's Family Hubs programme.

**53. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN**

Leonie Wieser, Policy Officer, presented an update on the Health and Wellbeing Board Strategy and action plan.

**54. HEALTH AND WELLBEING STRATEGY AIMS ALIGNMENT WITH ICP STRATEGY**

It was advised that this item be deferred until the next meeting.

**Resolved:** - That this item be deferred until the next meeting.

**55. ROTHERHAM SCHOOL LIFESTYLE SURVEY**

Lorna Quinn, Public Health Intelligence Manager presented the results of the Rotherham School Lifestyle Survey, with the aid of the following PowerPoint presentation:

### Background and Deliverables-

- Rotherham context.
- Optional questions and order.
- Deliverables.
- Borough wide report (non-identifiable, public facing).
- School specific reports.
- Dashboard for targeted work.

### Participation and Demographic-

- 15 of 16 schools participated.
- 4,919 students in total: 2,754 Year 7 students and 2,165 Year 10 - 66.6% participation (65% last year).
- 72% White British, 8% Pakistani, 3% 'Other White Background'.
- 193 children stated they live in a Children's Residential Home or with Foster Carers (3.9%).

### Food and Drink Consumption-

- 588 students (13%) rated their diet as poor (1 or 2 out of 5) and the majority felt that their diet was OK.
- 1,195 students (26.4%) did not have breakfast.
- This was increasing but remained similar to last year.
- 2,694 students (59.5%) drank at least one high-sugar fizzy drink per day. This remained similar to previous levels.
- 1,797 students (39.7%) drank at least one high energy drink per week (red bull, monster etc), this was a slight increase.

### Physical Health-

- 77.5% of respondents rated their physical health as excellent or good, 18.6% as fair, and 3.9% as poor.
  - 21% reported a long-term illness, medical condition or disability. This had shown no overall trend since 2017.
  - Asthma and Autism were the two most prevalent self-reported conditions: 4.4% and 3.2% respectively.
  - Young people had a good understanding of where to access support including for sexual health advice; support from school nurses, and family and friends were recognised most frequently.
- 64 respondents smoked on a regular basis and 161 respondents vaped on a regular basis.
  - There was no trend in smoking data: 0.6% and 3.3% of respondents smoked on a regular basis (Y7 and Y10).
  - There had been a positive increase in those who did not think it was ok to smoke.
  - 78% of Y7 and 47% of Y10 had never tried an alcoholic drink, this was similar to previous years.
  - 87% of respondents had never tried drugs or substances and of those that had consumed in the previous month, data remained similar to previous years.

Mental Health Impacts-

- Mental health ratings decreased in 2022 and increased this year. However, proportions rating mental health as poor remained higher than in 2019.
- When asked about the change in their mental health over the last 2 years, 33.4% of respondents reported an improvement in mental health, 35.9% reported their mental health staying the same, and 30.7% reported it being worse or much worse since the pandemic.
- 1.3% of total respondents self-reported diagnosed mental health issues.
- 26.2% of students felt they were not the right size for their age and height and 45.8% felt there was a lot of pressure to have the perfect body image from social media.
- 72.7% of students had been bullied in the last 6 months.
- 16.6% of students had experienced hate crime.
- 21.9% of respondents, 854 people, had used, or created a gambling account and 446 respondents stated they had a problem with spending money on gambling or games.

The Voice of the Child-

- 35.6% felt their view and voice was listened to and taken seriously, 25.0%, felt their views were not listened to and taken seriously, and 39.4%, were unsure.
- 24.7% felt their views were acted upon, 31.3%, felt it was not acted upon, and 44%, were unsure.

Next Steps-

- Partner consultation to determine the following:
- How to use the School Survey.
- What would enable partners to use the survey better.
- Whether partners had any perceived gaps or improvements for the next iteration of the survey.
- A review of questions, including a review of response rates.
- Public Health and CYPS would collaborate for the 2024 survey.

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

- The Rotherham School Lifestyle Survey was completed annually and was locally defined so there could be additions to the survey if required.
- Bullying was a challenge within the Borough and there were clear expectations for schools to have effective programmes and policies in place. There was an Education Safeguarding Officer that worked with schools to ensure their programmes and policies were effective.
- During Safeguarding Awareness Week 2023, sessions were held on online bullying and the impact of social media.
- There was an Education Delivery Group that had a focus on bullying, the group reported to the Safeguarding Partnership.



- Work would be completed with the Childrens and Young People's Partnership Board to ensure that there was a comprehensive understanding of what it was like to live in a digital world.

Resolved:- That the Health and Wellbeing Board:

- 1) Note the update provided.

**56. BRIEFING ON PROPOSED EXTENSION OF THE SUICIDE PREVENTION AND SELF-HARM ACTION PLAN**

Ben Anderson, Director of Public Health, provided a report on the proposed extension of the Suicide Prevention and Self-Harm Action Plan and the following was noted:

- The Suicide Prevention and Self-Harm Action Plan action plan would be in place until the end of this year.
- There had been a national strategy developed this year and there would be new national planning guidance for suicide prevention, which would be issued at the end of 2024. The current action plan was in line with all new areas relating to the national strategy.
- It was proposed that the current action plan should be maintained throughout the next year, delaying the full refresh until after the national guidance would be received.

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

- Suicide rates within the Borough were high, but the rates of male suicide were now in line with national averages.

**Resolved:-** That the Health and Wellbeing Board:

- 1) Approved the recommendation to update existing actions within in the plan whilst awaiting the issue of the national planning guidance and ONS dataset for suicide rates.
- 2) Agreed to receive the updated plan in March 2024.
- 3) Would continue to receive regular updates on progress.
- 4) Agreed for a full refresh of the action plan, supported by the release of the latest ONS dataset and OHID local planning guidance, towards the end of 2024.

**57. ROTHERHAM FOOD NETWORK**

Gilly Brenner, Public Health Consultant and Kelsey Broomhead, Public Health Practitioner Apprentice, presented an update on the Rotherham Food Network with the aid of the following PowerPoint presentation:

The Aim of the Rotherham Food Network-

- Over the past 18 months, the network had brought together key stakeholders with an interest in food to work together and share best practice in Rotherham.

HEALTH AND WELLBEING BOARD - 22/11/23

- The network had used the Sustainable Food Places framework as a structure to focus on six key issues.

Food Governance and Strategy-

- Created the Rotherham Food Network.
- Included seventeen stakeholder organisations and sixty-eight members.
- Agreed the Terms of Reference.
- Gained Sustainable Food Places membership (May 2023).
- Developed the first action plan (2023 – 2025).
- Food impact and progress monitoring dashboard was being drafted.
- The joint strategic needs assessment included a section on food and diet.

Good Food Movement-

- Adopted a compassionate approach, understanding the context regarding eating and living.
- Would engage with the Healthy Holiday provision.
- Synergy bid, would sharing best practice between food partnerships (Sheffield, Rotherham, and Bristol collaboration).
- Would plan to celebration event to raise awareness of our food movement in Spring 2024.
- Expanded Rotherhive to include a food section.

Healthy Food for All-

- Food in Crisis Partnership, focused on a multi-agency approach.
- Made staff aware of food poverty issues, e.g., Cost of living crisis.
- Healthy Start voucher, increased the uptake in those eligible (Jan 23 **68%**, October 23 **78%**)
- Breastfeeding Friendly Borough.
- Participated in campaigns such as Veg Power, through the school catering provision.

Sustainable Food Economy-

- Takeaway planning within Rotherham, limited takeaways that could be built or licensed within an 800m radius of a school.
- Rotherham Food Network would attend 'The Voice' town centre business meetings to promote and engage on food and the network.
- Healthy Start Voucher scheme would increase the accessibility to use the vouchers by getting more businesses on board.

Catering and Procurement-

- Rotherham Council School Catering retain Bronze Food for Life, Riverside Catering was featured as the Soil Association's caterer of the month in their August newsletter.
- Catering staff had taken part in additional training such as eating disorders and compassionate approach.

Food for the Planet-

- The Council had declared a climate emergency.
- Love Food, Hate Waste Campaign.
- Joint food waste strategy between Rotherham, Barnsley and Doncaster.
- WRAP project with Rotherham Minster food bank used labels to reduce food waste.
- Healthy Foundation Award application included elements of growing and recycling within the award scheme.

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

- The action plan did not cover all the current activities, it reflected the actions with momentum at that point in time.
- There had been work completed to improve the take up on school meals and encouraging children to eat healthier at school.
- There was an example provided of a recent case, where new planning regulations were implemented in a situation where a café had decided to change to a takeaway.

**Resolved:-** That the Health and Wellbeing Board:

- 1) Noted the update.

**58. ITEMS ESCALATED FROM PLACE BOARD**

There were no items to report.

**59. BETTER CARE FUND**

The Better Care Fund papers that were included in the agenda pack were discussed. It was noted that two were for information (The Better Care Fund Quarter 2 Template 2023/2024 and the Better Care Fund Metrics Report Quarter 2 2023/2024) and one was for consideration of board members (The Finance and Risk Monitoring Report 2023/2024).

Better Care Fund (BCF) Quarter 2 Template 2023/2024:

**Resolved: -** That the Health and Wellbeing Board:

- 1) Noted the documentation for submission to NHS England (NHSE) on 31st October 2023.

Finance and Risk Monitoring Report 2023/2024:

**Resolved:-** That the Health and Wellbeing Board:

- 1) Noted the areas of risks, underspends, and explanations.
- 2) Accepted the report as the Quarter 2 position.

**HEALTH AND WELLBEING BOARD - 22/11/23**

- 3) Agreed to carry over any underspend to 2024/2025 in respect of capital expenditure against the Disabled Facilities Grant.

Better Care Fund (BCF) Metrics Report Quarter Two 2023-2024

**Resolved:** - That the Health and Wellbeing Board:

- 1) Noted the contents of the report and performance for 2023/2024.

**60. MINUTES OF THE ROTHERHAM PLACE BOARD ICB BUSINESS**

The minutes of the meeting of the Rotherham Place Board ICB Business held on 19th July and 20<sup>th</sup> September 2023, were submitted for information, and noted.

It was advised that Rotherham was now part of the South Yorkshire Integrated Care Partnership (SY ICP), with four of the SY ICP members being from the Health and Wellbeing Board. It was therefore suggested that the South Yorkshire Integrated Care Partnership (SY ICP) minutes should be included in any future Health and Wellbeing Board papers.

**Resolved:-** That the Health and Wellbeing Board:

- 1) Agreed that the South Yorkshire Integrated Care Partnership (SY ICP) minutes would be included in any future Health and Wellbeing Board papers.

**61. MINUTES OF THE ROTHERHAM PLACE BOARD**

The minutes of the Rotherham Place Board held on 19th July and 20<sup>th</sup> September 2023, were submitted for information and noted.

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

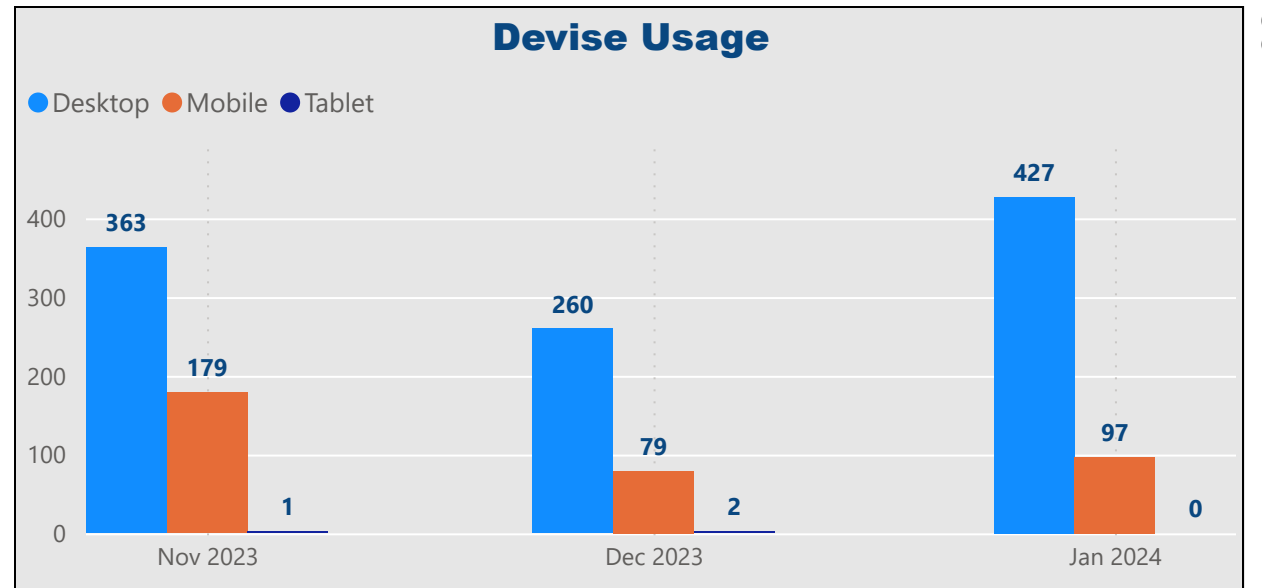
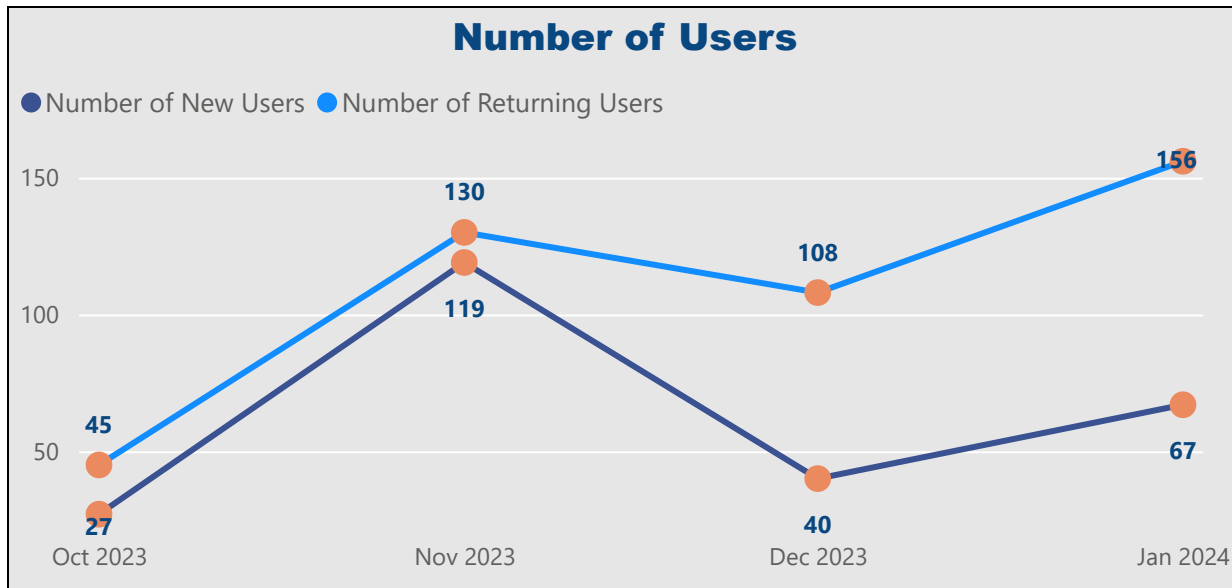
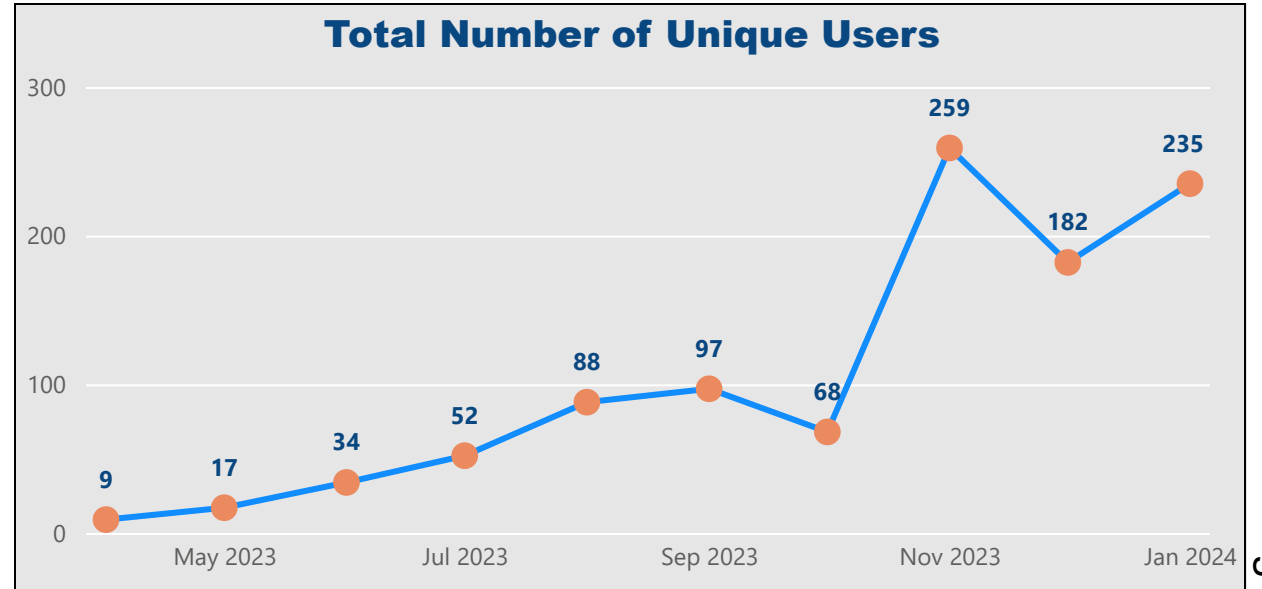
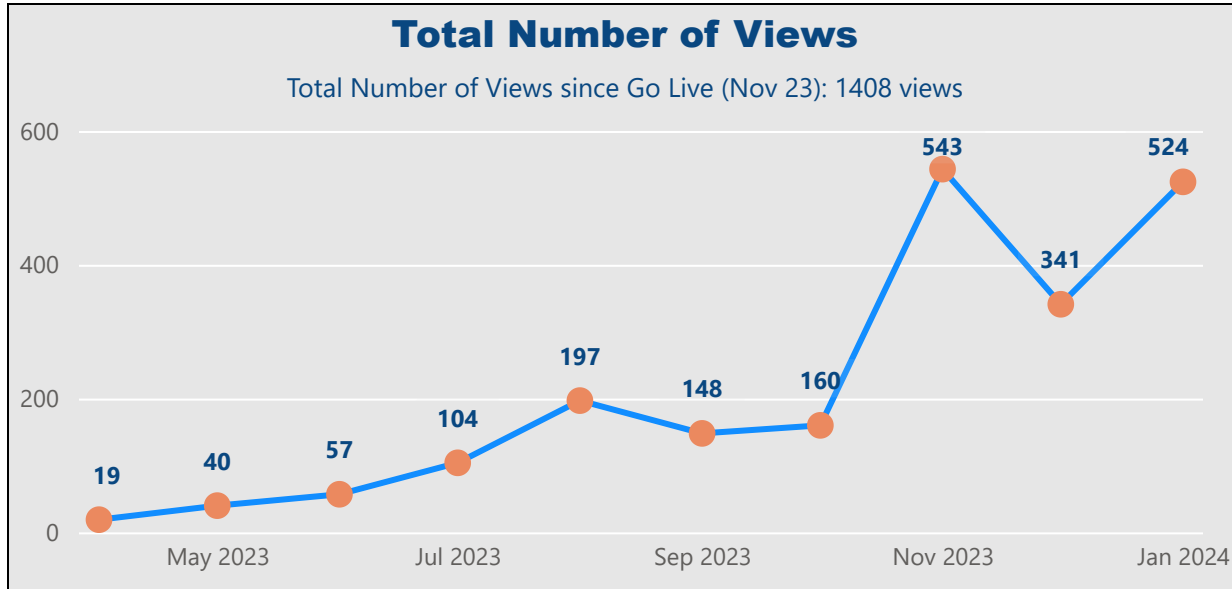
**Resolved:** - That the next meeting be held on Wednesday 24<sup>th</sup> January 2024, commencing at 9.00 a.m. to be held in Rotherham Town Hall.

# FAMILY HUB WEBSITE

## Rotherham Family Hub & Best Start in Life Homepage

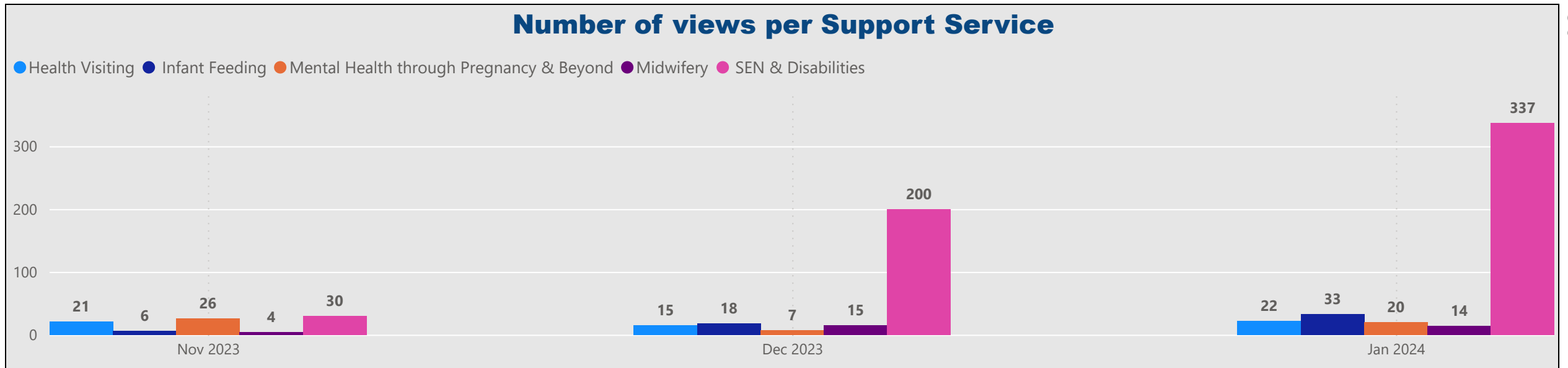
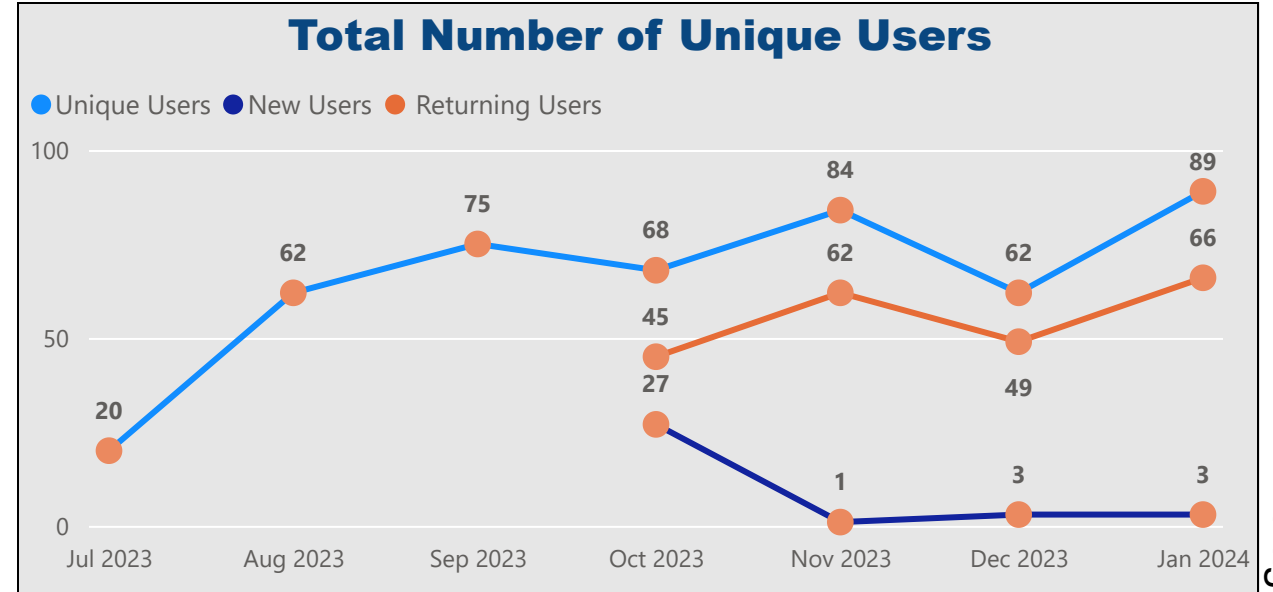
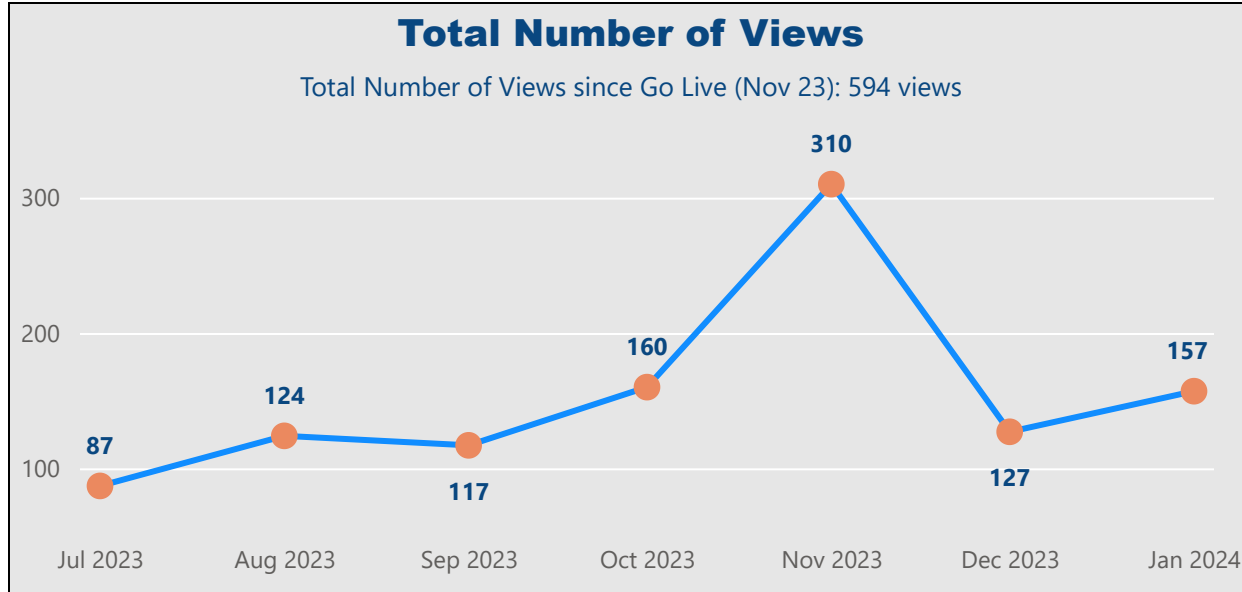
Unique Users: Visitors who have been to the site/webpages already but keep visiting

New Users: First time visitors to website/webpages



# FAMILY HUB WEBSITE

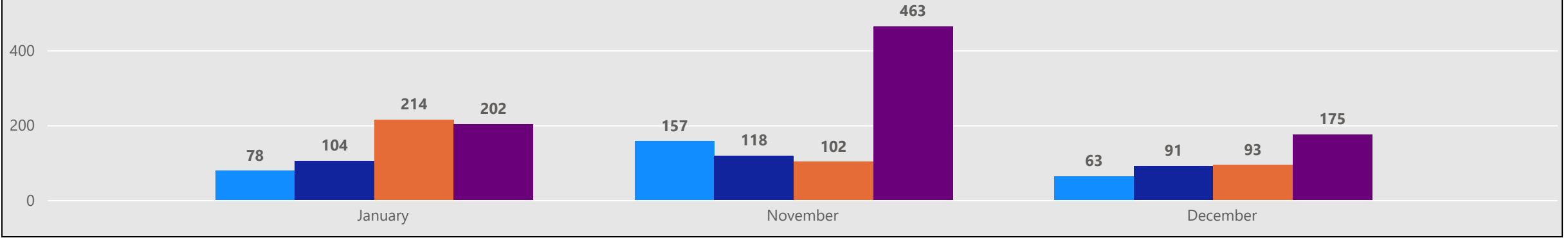
## Best Start in Life Page



# FAMILY HUB WEBSITE

## Number of Views per page

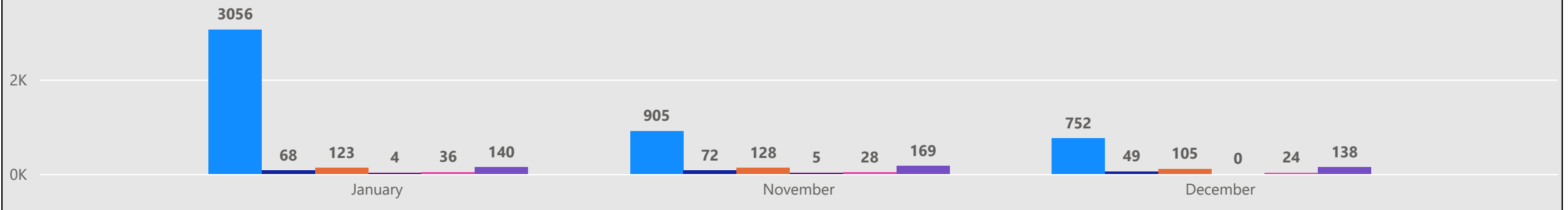
● Get Involved with Family Hubs ● Further Information & Support ● Family Hub Activities ● About Family Hubs & our Locations



## Number of Views per Support Service

Rotherham Family Hubs Further Information and Support Page

● Debt Advice ● Youth Justice ● Housing Support ● Oral Health ● Drug, Alcohol & Smoking ● Domestic Abuse



# FILE PATH EXPLORATION

## Debt Advice

Month	Advice on managing your money	Apply for support from the Energy Crisis Support Scheme	Benefits & other support	Help with cost of food	Housing Support	Jobs & Employment	Low-cost entertainment	Open Arms Community Support Hubs	Support for Housing Tenants	Support with Household Bills	Wellbeing support
January 2024	54	7473	1238	339	3056	263	499	54	121	499	38

## Housing Support

Month	Employment Support	Get advice on council rent arrears	Homeless Prevention & Homeless Information	Supporting People who are struggling financially	Supporting Vulnerable Tenants & Leaseholders
January 2024	746	121	787	109	24



**Committee Name and Date of Committee Meeting**

Cabinet – 13 February 2023

**Report Title**

Family Hubs and Start for Life Programme Update

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

No, but it has been included on the Forward Plan

**Strategic Directors Approving Submission of the Report**

Suzanne Joyner, Strategic Director of Children and Young People's Services

Ian Spicer, Strategic Director of Adult Care, Housing & Public Health

**Report Author(s)**

Susan Claydon Head of Service, Early Help & Family Engagement

[susan.claydon@rotherham.gov.uk](mailto:susan.claydon@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report seeks approval to spend the Family Hubs & Start for Life grant using the approach outlined. The grant was made available to Rotherham from the Department for Education (DfE) and the Department for Health and Social Care (DHSC) as one of 75 Local Authorities that was pre-selected.

The grant provides an opportunity for additional investment, circa £3.4m over 3 years to RMBC.

The funding is predominantly for 'transformation,' (with 5% ring fenced for capital adjustments & upgrades to existing buildings).

Family Hubs are a way of joining up the planning and delivery of family help and support services to improve access, connections between families, professionals, services, and providers, and to put relationships at the heart of family support.

**Recommendations**

1. That Cabinet accepts the grant funding and approves the approach to the governance and management of the grant.

## List of Appendices Included

- Appendix 1** Family Hubs Governance Arrangements
- Appendix 2** Family Hub Satellite, Extra Plus Model
- Appendix 3** Glossary of evidence-based approaches
- Appendix 4** Equality Analysis
- Appendix 5** Part B – Equality Impact Analysis
- Appendix 6** Carbon Impact

## Background Papers

Family Hubs & Start for Life Programme Guide August 22

[Family Hubs and Start for Life Programme Guide \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Family Hubs & Start for Life Model Framework August 22

[Annex E - Family Hub Model Framework \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Family Hubs & Start for Life Service Expectations

[Family Hub Service Expectations \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Family Hubs & Start for Life Trailblazer Application

[Family Hubs and Start for Life Programme - Trailblazer Guide \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Working Together to Safeguard Children (2018)

[Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Rotherham Family Hubs**

### **1. Background**

- 1.1 In the Autumn Budget 2021, the Government committed £301.75m for Local Authorities to deliver a network of Family Hubs across the Country to make effective, integrated family help more easily accessible for families. The Department for Education (DfE) and the Department for Health and Social Care (DHSC) jointly oversee the Programme, linking with several other departments to explore how the Hubs can tackle issues that they are each responsible for and that are cross cutting. These include the Department for Levelling Up, Housing and Communities (DLUHC) through the Supporting Families Experiencing Multiple Disadvantages Programme, the Department for Work and Pensions (DWP) through the Reducing Parental Conflict Programme and the Department for Digital, Culture, Media, and Sport (DCMS) through investing in young people.
- 1.2 A key objective is to improve access to ‘whole family’ service delivery, including Start for Life services in areas with the highest levels of deprivation. The vision is to build the national evidence base and to assess impact across a range of contexts.
- 1.3 Rotherham is one of 75 Local Authorities that has been pre-selected and invited to sign up to the Family Hubs and Start for Life Programme without the need to complete a competitive bid. Rotherham was pre-selected using the Income Deprivation Affecting Children Indices (IDACI) Average Rank.
- 1.4 In October 2022 the Family Hub Sign-Up form was submitted by Rotherham, outlining commitment to deliver the programme. Sign-up to the Family Hubs and Start for Life programme was agreed on the understanding that Family Hubs in Rotherham will be developed where possible using existing premises, already occupied by services. Co-delivery, co-location and a digital offer are central to the programme to enable highly transformative ways of working and the funding will be used to drive this transformation, rather than securing additional front-line capacity that is unsustainable long term.
- 1.5 **What will this mean for Rotherham?**
  - 1.5.1 It is proposed to have 3 main hubs, in existing sites, north, south, central; building on the colocation that is currently in place and incrementally building in additional services to be collocated, either full time, part time or through ‘drop down desk space’.
  - 1.5.2 Further colocation to be explored across wider Local Authority services in CYPS and Adults, Early Help, Children’s Social Care, Education, SEND, TRFT, RDASH, Housing, Adult Substance Misuse, Adult Mental Health, Domestic Abuse, Youth Justice, Maternal Mental Health, Maternity, Citizens Advice Bureau, Job Centre Plus etc.
  - 1.5.3 Joint, cross agency face to face delivery from each of the three sites.
  - 1.5.4 Resource to develop a comprehensive new digital and online support offer for children and families. This will enable much easier access and address the problem

of navigating the numerous online platforms that can be confusing. Partners are confident that this can be delivered using a phased approach and utilising existing expertise.

- 1.5.5 Incremental development of satellite hubs across the voluntary and community sector that will be linked digitally to main hubs, so that families can access support from a number of community buildings and not have to tell their story numerous times. This will also enable 'live time' booking onto main hub appointments direct from the Satellite Hub.
- 1.5.6 Resource to develop online intervention packages offer so that families can self-serve and get instant support with issues.
- 1.5.7 Investment to introduce an online liquid logic portal for partners to complete Early Help Assessment digitally.
- 1.5.8 Investment in new evidence-based programmes bringing valuable training and expertise to the wider workforce, widening the repertoire of what we can currently offer. Examples of this include parenting programmes, Solution Focused Brief Intervention Therapy, Mentalisation Approaches, Attachment and Bonding, home learning programmes and Perinatal Mental Health. The product of this would be, for example, all pregnant couples having access to a preparing for parenthood course prior to birth of baby.
- 1.5.9 New intervention to address the gap for support to couples coping with early miscarriage loss under 20 weeks.
- 1.5.10 New support that changes the mainstream approach to parents who have had a child removed (complimentary to and informed by extensive learning from Pause). Pause is an important and valuable targeted intervention in Rotherham, and it is important that learning informs service approaches to complement their work.
- 1.5.11 Resource to better equip a much broader range of services with enhanced skills and knowledge, leading to improved shared delivery of intervention that will prevent problems from getting worse.
- 1.5.12 Resource to enable additional short-term capacity to test new approaches that will later inform mainstream delivery across different organisations. Examples include:
  - x 3 new nursery nurses based (one in each hub) to work alongside early help in direct support for families
  - Specialist breastfeeding lead, to build capacity in the peer support offer
  - Volunteer coordinators to develop and support new family hub volunteers to do direct work with children and families
  - Voluntary sector coordinator to enable a rigorous interface across the voluntary and public sector
- 1.5.13 Resource to develop a Parent/ Carer Panel to shape delivery of the model and ensure that the child and family voice is central.
- 1.5.14 Due to delays in roll out of the national programme, the above is in development and detailed plans will be finalised in February.

## 1.6 **Needs Analysis**

- 1.6.1 All Local Authority areas are expected to carry out a local needs analysis to support delivery of the programme. Rotherham has commenced this work and is utilising the needs analysis to understand gaps and develop integrated pathways across a wide range of agencies.
- 1.6.2 The analysis will be utilised to equip the wider workforce in better identification of need and preventative/early help support for children and families across the Borough.

## 1.7 **Governance**

- 1.7.1 The national programme sets out the requirement for functional, multi-agency governance arrangements via a multi-agency board, and regular reports to scrutiny aligned with the national Supporting Families Programme.
- 1.7.2 In Rotherham the well-established, multi-agency Early Help Steering Group (EHSG) is proposed as the vehicle for delivery of the Family Hubs Programme. This group oversees the development and scrutiny of the shared responsibility for the early help offer in Rotherham.
- 1.7.3 The Early Help Steering Group reports to the Rotherham Safeguarding Children's Partnership Executive Board (RSCP)
- 1.7.4 The Best Start and Beyond Strategy and the Supporting Families elements of the Family Hubs programme will be aligned to the draft Early Help Strategy and delivery plan to ensure a system wide approach to delivery and reporting.
- 1.7.5 Work is progressing and links made with Public Health to align the Family Hubs and Start for Life Programme with the Integrated Care System, through the Health Inequalities Prevention Enabler Group.

## 1.8 **Partnership Engagement**

- 1.8.1 Work has been taking place since February 2022 with a wide range of multi-agency partners to explore how a Family Hubs approach for children and families in Rotherham could build on the existing Early Help Offer.
- 1.8.2 The use of the Early Help Assessment (the common assessment tool for families below statutory threshold) is one way to assess the efficacy and maturity of the early help system in Rotherham. 32.4% of all completed Early Help Assessments were carried out by partners at the end of Quarter 1 2022 compared to zero (0%) in 2016.
- 1.8.3 Partners who attended workshops in February and August 2022 confirmed their strong commitment to develop a Family Hubs approach in Rotherham, and proposed the model of three main delivery points, located in the north, south and central areas of the Borough, with a range of Satellite Hubs that will be connected digitally as the digital aspect is developed. This will be utilising existing sites and locations already occupied by Services across Rotherham.

- 1.8.4 An initial headline draft delivery template was requested for submission on 30<sup>th</sup> December '22 (to release the first payment) and this will be developed in more detail in two partnership workshops to take place in January 2023.

## 2. Key Issues

- 2.1 **System coordination and commissioning:** Planned activity includes establishing a time limited transformational team to provide the capacity to drive innovative approaches, improve coordination and planning, to support joint working arrangements, a comprehensive assessment of need, digital development, programme delivery and management/ implementation of the grant. This is an expectation and funded element of the national programme and resource will come from existing staff and new recruitment which will be strictly time limited. To enable capacity, this has commenced and is utilising Council and Public Health officers to develop the programme, however some appointments will be needed.
- 2.2 **Expanding the competency of the workforce** to improve wider workforce skills, planning, delivery and outcomes for children and families. This will support better joint working arrangements and enhanced provision for children. Planned activities include the purchase of training in a range of evidence-based approaches across the partnership.

**To include the following** (see appendix 3):

- PEEP (Peers Early Education Programme) Home Learning Programme.
- Attachment & Bonding Programme
- Solution Focused Brief Intervention Therapy
- Perinatal Mental Health Programme
- Preparation for Parenthood Programme
- Solihull Approach

- 2.3 **Enable better and more integrated responses for children and families:** Planned activities include scoping existing sites to maximise space and equipment available to the multi-agency workforce. This also includes development of the digital offer across voluntary sector sites to align approaches and provide seamless access for children and families.

## 2.4 Deliverables/ Expectations

The family hub model framework includes criteria for two stages of transformation to be achieved across the life of the three-year programme. There are two stages as the government acknowledge that each LA has a different starting point across different elements of the programme. See Background papers – *Programme Guide and Service Expectations*.

**Level 1:** is described as the 'Basic model' where a local authority partnership is at the early stages of development and outlines minimum expectations to be reached by the end of the three years funding window.

**Level 2:** is described by Government as a 'developed model', where a more mature family hub model, with 'go further' expectations for Local Authorities to work towards to by the end of the programme and beyond.

With the Programme there is an expectation of establishing a Parent/ Carer Panel to put the needs of local babies and families at the centre of service design and delivery. This will enable a better understanding of how to help families feel more confident in accessing services and to place the family voice central to continuous improvement of the service offer.

Key funded strands are listed below:

- Family hubs transformation
- Perinatal mental health and parent-infant relationships
- Parenting support
- Infant feeding support
- Home learning environment services
- Publishing start for life offers and establishing parent carer panels

It is these areas that the programme seeks to ensure that Local Authorities meet the minimum requirements as set out in the Service Expectation Guide and aim to develop 'go further' progress in areas that can be selected by the Local Authority.

The performance monitoring framework from the national programme is expected in late January- February 2023.

- 2.5 The expectation to meet minimum and go further expectations as outlined in the Service Expectation Guide should be fulfilled by the end of the three-year programme. The Early Help Steering Group has carried out a self-assessment exercise with partners and is in a strong position to meet the minimum requirements.

### **3. Options considered and recommended proposal**

#### 3.1 Recommendation

That Cabinet accepts the grant funding and approves the approach to the governance and management of the grant.

- 3.2 The proposal outlined above is recommended to enable the initial phase of the programme to progress in line with government expectations and to ensure that the grant is maximised.

### **4. Consultation on proposal**

- 4.1 Whilst development of the Family Hubs does not require a formal consultation, a key deliverable is to establish a whole family 'Parent Panel' by April 2023, to enable ongoing consultation and participation from families throughout the programme and to shape and influence the model and services within it.

- 4.2 The Rotherham Parent Carer Forum (RPCF) is involved to support and shape the 'Parent Panel' due to their experience and expertise in developing a group of this

kind. We are using the Four Cornerstones approach to coproduction for this element of the work.

## 5. Timetable and Accountability for Implementing this Decision

- 5.1
- Sign up documentation submitted October 2022.
  - Delivery of two workshops to develop the required detail in the delivery plan, January 23.
  - Finalise delivery plan template to release first payment, January 2023.

## 6. Financial and Procurement Advice and Implications

- 6.1 The government funding outline has highlighted lower and upper range indicative funding allocations in financial years 2023-24 and 2024-25:

6.2

2022/23	2023/24	2023/24	2024/25	2024/25	Total	Total
Total	Lower Range	Upper Range	Lower Range	Upper Range	Lower Range	Upper Range
£856,000	£1,391,000	£1,463,000	£1,164,000	£1,220,000	£3,411,000	£3,540,000

- 6.3 With the sign-up documentation submitted at the end of October 2022, it is important to move quickly to ensure that the initial tranche of funding for 22/23 is spent by March 2023.

- 6.4 It is important to note that the project funding across the three years and the added value derived from it, should not leave the Council with additional liabilities, for example in the form of contracts or staffing liabilities, to be funded from elsewhere beyond March 2025. The funding is to be utilised for adding value to integrated approaches within existing services and aim to ensure that additional commitments which cannot be funded in the longer term, are not created.

- 6.5 The project funding is prescriptive, breaking down the total funding across programme strands as set out below. This will require careful budget monitoring across these areas; however, the government has indicated that flexibility can be applied across the different strands (with the exception of capital) due to different financing needs dependent on the individual Local Authority starting point.

<b>Programme Strand</b>	<b>Fixed Amount Per LA (£) to 2024/25</b>
Family hubs transformation	500,000
Perinatal mental health and parent-infant relationships	655,000
Parenting support	250,000
Infant feeding support	435,000
Home learning environment services	108,000
Publishing start for life offers and establishing parent carer panels	115,000
<b>Total Fixed Element of Funding</b>	<b>2,063,000</b>



\* NB The balance of funding up to the allocated amount will be allocated across each strand to make up the total £3,411,000 - £3,540,000 above.

6.6 Where there is a need to engage third-party suppliers to support the delivery of the project, these must be procured in compliance with the Public Contracts Regulations 2015 (as amended), and the Council's own Financial and Procurement Procedure Rules.

## **7. Legal Advice and Implications**

7.1 The arrangements proposed are consistent with requirements of the relevant legislation in particular s10 of the Children Act 2004 which states that local authorities have a responsibility to promote inter-agency cooperation to improve the welfare of all children. Further the proposed arrangements are consistent with the Statutory Guidance, Working Together to Safeguard Children (2018).

7.2 The governance arrangements proposed are appropriate and as stated above any third-party suppliers must be procured in compliance with the Public Contracts Regulations 2015, and appropriate contracts put in place.

## **8. Human Resources Advice and Implications**

8.1 There are no additional resources or staffing required beyond the life of the programme. Any additional resources required will be time limited to assist with the transformation and will focus on upskilling the wider workforce. These skills can then be used in the future to provide effective and efficient services alongside partners and the community.

## **9. Implications for Children and Young People and Vulnerable Adults**

9.1 The Family Hubs and Start for Life Programme is intended to add value and to existing provision for children, young people, and families across the Borough. The programme has clear objectives related to improving integrated approaches between the public, voluntary, community and faith sectors to make accessing services easier and support a proactive, preventative system-wide approach. This includes enabling collaborative pathways that span adults and children from across a range of services and organisations.

## **10. Equalities and Human Rights Advice and Implications**

10.1 An equality impact assessment checklist is attached. A full needs assessment is required as an objective of the programme and is a key priority.

10.2 Representatives on the Parent Carer Panel will be engaged from the diverse communities within Rotherham and represent families from a range of socio-economic backgrounds. The Family Hub Parent Carer Panel will be a catalyst for change and seek to utilise language support for those families that are currently underserved/represented. The model adopts principles for true co-production of

services, meaning that access to the offer can be provided in the most family-friendly and effective ways.

10.3 Equality and Human Rights implications in relation to the programme are positive as the work will enhance cross agency pathways and bring about more colocation of practitioners, making access to support easier and less stigmatising for children and families.

10.4 The programme will focus on narrowing the gap of deprivation and reducing inequalities in health, education, pregnancy and birth, youth and children and families across Rotherham, by ensuring that intervention provided is delivered collaboratively, is evidence based and tackles inequalities to serve underrepresented groups. This will be informed by the comprehensive needs analysis that is required as part of the programme.

**11. Implications for CO2 Emissions and Climate Change**

11.1 See attached screening document.

**12. Implications for Partners**

12.1 The Multi-agency Early Help Steering Group will oversee the implementation of the delivery plan reporting to the Rotherham Safeguarding Children Partnership. Key partners that attend this forum include CYPS, Housing, Safeguarding, TRFT Health, Voluntary Sector, RDASH, Public Health, ICB. All partners are involved in the development of the model to ensure coproduction.

12.2 Partners are engaged and committed to developing Family Hubs. In relation to colocation aspects of the programme, partners are involved in planning and implementing this as the programme progresses and any colocation will be by negotiation with Service Level Agreements (SLAs) in place.

**13. Risks and Mitigation**

Risk	Impact	Mitigation
Unable to meet expectations of the programme (minimum and go further deliverables)	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback</li> <li>3. Reduced opportunities for children and families</li> </ol>	<p>A self-assessment exercise with partners has taken place and Rotherham is already in a good position to meet most minimum expectations at commencement of the programme and a number of go further expectations will be prioritised.</p> <p>The Early Help partners have been developing a strong early help system</p>

		<p>in Rotherham since 2016, and this has enabled a strong foundation from which to progress family hubs and meet expectations.</p> <p>The Early Help Steering Group will enable rigorous oversight of the key deliverables and report regularly to the RSCP.</p>
<p>As this grant requires a multi-agency approach it is imperative that all key stakeholders are involved and engaged in the process. A lack of engagement could result in not being able to deliver necessary colocation and collaborative approaches.</p>	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback</li> <li>3. Reduced opportunities for children and families</li> </ol>	<p>Developing clear terms of reference to the delivery group alongside the added capacity to support transformation aims to mitigate this.</p>
<p>Financial risks of building a financial commitment beyond the life of the programme</p>	<ol style="list-style-type: none"> <li>1. Budget pressures</li> </ol>	<p>Strict financial principles to be adhered to.</p> <p>Application of short term, transformational spend only; building expertise and capacity across the wider public and voluntary sector to ensure long term and sustainable integration.</p> <p>Business case approval process in place outlining financial principles</p>

**14. Accountable Officers**

Susan Claydon Head of Early Help & Family Engagement

Approvals obtained on behalf of Statutory Officers: -

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp	30/01/23

Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	26/01/23
Assistant Director of Legal Services (Monitoring Officer)	Phillip Horsfield	26/01/23

Report Author:

Susan Claydon, Head of Early Help & Family Engagement. Susan Claydon  
Head of Service, Early Help & Family Engagement

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

**Committee Name and Date of Committee Meeting**

Cabinet – 16 October 2023

**Report Title**

Family Hubs Update

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

No, but it has been included on the Forward Plan

**Strategic Director Approving Submission of the Report**

Nicola Curley, Strategic Director of Children and Young People's Services

**Report Author**

David McWilliams

Assistant Director, Early Help

Susan Claydon

Head of Service Early Help

**Ward(s) Affected.**

Borough-Wide

**Report Summary**

Family Hubs are a way of joining up the planning and delivery of family help and support services to improve access, connections between families, professionals, services, and providers, and to put relationships at the heart of family support. For families this means that they can access support digitally through a self-serve option, by visiting their local Family Hub or a Family Hub Satellite site.

This report provides a progress update on the implementation and the spend associated with the Family Hubs & Start for Life grant since the previous update provided in February 2023. The grant was made available to Rotherham from the Department for Education (DfE) and the Department for Health and Social Care (DHSC) as one of 75 pre-selected Local Authorities. It provides additional investment circa £3.4m over 3 years to RMBC (to March 2025).

The funding is predominantly allocated for transformation, (with 5% ring fenced for capital adjustments & upgrades to existing buildings).

## **Recommendations**

That Cabinet:

1. Note the update and progress made in delivery of the Family Hubs programme.
2. Agree the approach in relation to utilising existing Early Help sites for continued delivery of Family Hubs.
3. Agree to hold a formal launch in the autumn of 2023.
4. Agrees that the next update report should be submitted for consideration in October 2024, with an update to Improving Lives Select Commission in March 2024.

## **List of Appendices Included**

- Appendix 1 Amended Governance Structure
- Appendix 2 Family Hub Locations
- Appendix 3 Equality Analysis Form
- Appendix 4 Carbon Impact Assessment

## **Background Papers**

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**  
Improving Lives Select Commission – 01 March 2024

## **Council Approval Required**

No

## **Exempt from the Press and Public**

No

## Family Hubs Update

### 1. Background

1.1 The Government has funded the delivery of a network of Family Hubs across the Country to make effective, integrated early help more easily accessible and impactful for families. Whole family working is at the heart of the programme; children aged 0-19 or 25 with Special Educational Needs and/or Disabilities (SEND) and there is a particular focus on the first 1001 days of a child's life.

1.1.1 Rotherham is one of 75 Local Authorities that received funding to support this national priority. Rotherham was pre-selected using the Income Deprivation Affecting Children Indices (IDACI) average rank and received funding based on submission and approval of a completed Family Hubs Delivery Plan.

1.2 A key objective of Family Hubs is to improve access to 'whole family' service delivery, including Start for Life services in areas with the highest levels of deprivation with an expectation of much broader colocation of services and agencies to facilitate better multi-disciplinary working.

1.3 The key funded strands are listed below:

- Family hubs transformation/ digital offer
- Perinatal mental health and parent-infant relationships
- Parenting support
- Infant feeding support
- Home learning environment support
- Publishing a start for life offer
- Establishing a parent carer panel

### 1.4 What families can expect:

1.4.1 A family can typically expect a range of support, from learning parenting strategies to supporting family life, to information on infant feeding through the digital offer, through self-referral or self-serve. Families can also attend group provision through the Hubs, such as a 12-week parenting programme or a Baby Massage group. These programmes will be available on a regular basis in the hubs and other community venues across Rotherham.

1.4.2 All parents of babies aged 3-4 months old will receive a visit from a Health Visitor in addition to the two other visits currently in place. This was only previously available to those with complex needs and offers additional support to all new parents.

1.4.3 Families with more complex needs can expect to have family support offered from a range of practitioners through an Early Help Assessment (EHA) and Plan to help improve issues that are affecting the family.

1.4.4 Families with more complex needs can expect visits from trained practitioners to understand their needs and offer appropriate support.

- 1.4.5 Parents registered with the Job Centre can expect to attend their appointments in a Family Hub, rather than the Job Centre, making this more convenient and user friendly for families with children.
- 1.5 In February 2023, Cabinet accepted the grant funding and approved the approach to the governance and delegated management of the grant. As the programme has progressed, the standalone Task & Finish Groups across the various practice elements have merged to enable more efficient use of time, as many of the strands overlap. The overarching governance arrangements for Family Hubs remain unchanged. See governance diagram (**Appendix 1**).

## **2. Key Issues**

### **2.1 Rotherham's Model**

- 2.1.1 Family Hubs are designed to transition from the existing Children's Centre and Early Help services, by moving to a 0-19/25 with SEND (Special Educational Needs and Disability), whole family approach, bringing together multiple organisations in a 'one stop shop' to make it easier for families to get the help that they need. This is being delivered through a digital offer as well as face to face.
- 2.1.2 Rotherham has worked with partners and service users to coproduce the Family Hubs model and is transitioning all existing early help sites across the Borough to the new model. Rotherham is in a good position to implement Family Hubs, as whole family working has been in place since 2016.
- 2.1.3 All existing and new sites will adopt the Rotherham Family Hubs title and deliver consistently to the family hubs model. Three of the existing sites in north, south and central areas of the Borough have capacity and space for additional agency collocation, face to face group and 1-2-1 delivery and to offer drop-in facilities. The existing offer will continue and be enhanced by the new model. An overview of existing sites is outlined in Appendix 2.

### **2.2 Satellite Hubs - The Voluntary & Community Sector (VCS)**

- 2.2.1 Satellite Hubs across the VCS will be linked digitally to the main Hubs, so that families can access support from a wide number of community buildings and not have to tell their story numerous times. This will also enable 'live time' booking from the Satellite Hubs directly onto available Family Hub appointments and programmes.
- 2.2.2 This development will also support work taking place via the Integrated Care System (ICS) to align their priorities with Family Hubs.

### **2.3 Transformation/ Colocation**

- 2.3.1 An agreement with sexual health services has been achieved to collocate and offer sexual health drop-in and 1-2-1 support for families across the cohort. The drop-in sessions began in June 2023.



2.3.2 Purchase of the case management Liquid Logic Portal for partners is now complete and work is underway to organise implementation. This will enable partners to complete Early Help Assessments directly into the system and has the potential to support further transformation in relation to case management.

2.3.3 Agreement for Child Adolescent Mental Health Services (CAMHS) to collocate practitioners in Family Hubs was secured in June 2023 and detail is being discussed to progress this to mobilisation.

2.3.4 In June 2023 agreement was achieved with the Department for Work & Pensions (DWP) to collocate the Job Centre Plus (JCP) Work Coaches in Family Hub sites. This will enhance engagement with parents attending JCP appointments and complement existing arrangements such as appointments in libraries. This will be a particular benefit to those families and parents with children. The DWP have indicated that they are recruiting additional staff to scale up improved community involvement and access. Cohort and volume assessment is taking place to enable discussions with Asset Management to progress mobilisation.

## **2.4 Workforce**

2.4.1 Increasing the competency of the workforce to improve skills, planning, delivery and outcomes for children and families has been a key priority and the investment in new evidence-based programmes has led to:

- 214 practitioners and managers attending Family Hubs half-day induction events. This included practitioners from across Early Help, Midwifery, 0-19 Public Health Nursing, Childrens Social Care, Local Authority Education and Data & Performance.
- 50 multi-disciplinary practitioners have been trained in cultural competency in infant feeding.
- 180 practitioners have undertaken training in recognising red flags in maternity, delivered by the Perinatal Mental Health Service.
- The Solihull Approach (a well-established, validated, evidence-based parenting programme). To date three of the 16 training programmes have been delivered.
- Solution Focused Brief Intervention Approach. Two of four training programmes have been completed.

## **2.5 Digital**

2.5.1 The procurement of support to assist in development of the Digital and Communication element of Family Hubs has progressed.

2.5.2 After a consultation exercise, children and families have selected their preferred logo through a voting system. The new branding and logo will feature on building signage, online, in promotional materials, letter headers etc. to enable a clear identity for Rotherham's Family Hubs.

- 2.5.3 The digital and communication element of Family Hubs has progressed with a key representative from the Communications Team supporting alongside the commissioned partner, to deliver key activities, including supporting a launch event, developing the website, and raising the profile of the programme in Rotherham.
- 2.5.4 The Rotherham Family Hub website is live (phase one), giving an overview of the services and information available to families in supporting a child make the best start in life.
- 2.5.5 The current website is in an early development phase acting as a holding platform whilst a new web function is in development.
- 2.5.6 The launch of an online suite of parenting programmes took place in August 2023. The commissioned parenting support will be part of a toolkit available to families to receive supportive information about parenting and provide practical help and advice. It is anticipated that there will be a comprehensive reporting facility to help officers across the Rotherham Family Hubs partnership understand take-up and direct resource to areas where there may be greater positive impact.
- 2.5.7 A Task and Finish group is in place and incorporates key leads from across the Rotherham Family Hubs partnership, to ensure the digital offer for families makes best use of technology available, is accessible and does not exacerbate any existing digital exclusion. This project group reports progress to the Rotherham Family Hub Operational Group with attendance from Customer Services and Information Technology departments of the Council.
- 2.5.8 Work has commenced on developing a simple and effective registration process, making it easier for families to register and thereafter receive key information about Family Hubs, including events and available support.
- 2.5.9 Family Hubs' soft launch events have taken place throughout August in the north, south and central localities of the borough to socialise the offer with families. A formal launch of Rotherham's Family Hubs is being planned for the Autumn.

## **2.6 Recruitment**

- 2.6.1 Short-term capacity has been developed to test new approaches and build positive aspects into mainstream delivery when the programme funding comes to an end. The capacity includes a core delivery team from the existing workforce as well as:
- Voluntary Action Rotherham (VAR) were commissioned to provide pivotal support mechanisms to Rotherham's Family Hub development work. VAR has recruited to key posts to enable this; a VAR Volunteer coordinator to develop and support new family hub volunteers and a VAR Voluntary sector coordinator to enable a rigorous interface and development of Satellite Hubs.

- Recruited to three Nursery Nurses to work alongside early help in direct support for families.
- Recruited to a specialist breastfeeding lead, to build capacity in the peer support offer.
- Recruited one Data Officer.
- Recruited two Home-learning Officers.
- Recruitment agreed and underway for one Advanced Practitioner.

## **2.7 Perinatal mental health and parent-infant relationships (PNMH)**

- 2.7.1 The predominant investment in PNMH so far has been in training, to better equip the workforce and enable delivery of new high-quality evidence-based approaches that can be delivered digitally or via family support work and group programmes for families.
- 2.7.2 Rotherham is proposing to invest in additional Video Interaction Guidance (VIG) training places to add value to the national training offer which only allows 3 places on the training programme. This programme has been recognised as effective by the national programme team. It is a strengths-based intervention that uses short videos to help the parent/child relationship and covers important elements such as attachment and bonding. A worker will use video clips of real situations taken with the parent and infant to enhance communication within the relationship and help parents to recognise positive cues from their child.
- 2.7.3 Identification of gaps in the lower-tier PNMH pathway (i.e. mild to moderate perinatal mental health issues) has highlighted the need to explore additional support with the Childrens Development Team and this work is underway.
- 2.7.4 Rotherham has secured new interventions to support PNMH, such as the Family Foundations 'Journey to Parenthood' offer which helps to equip prospective parents to offer safe and nurturing parenting to their baby.
- 2.7.5 New expectations were received from the DfE in late June 2023 that outlined the need for the use of impact tools. Two of these tools are already in use by health colleagues; however, the expectation is for wider uptake from a range of Family Hubs practitioners to inform the impact and evaluation work on the programme. Development of this will be incorporated into the Early Help Steering Group priority of agreeing the Shared Evidence Based Impact Toolkit to ensure consistency.

## **2.8 Parent Support**

- 2.8.1 Practitioners have undertaken a range of new training opportunities to enable upscaled delivery of evidence-based approaches in their direct work with families and through group delivery.
- 2.8.2 A targeted pilot programme has been delivered during the school summer holidays to support school readiness and this aligns with the Place Plan priority, 'Ready to Learn'. Parents of children due to start nursery or school are being offered support in partnership with school that covers issues such as children starting school ready to learn and achieve. Increased access to support for infant

mental health and/ or children with complex needs is a focus of this work, for example, through an improved pathway for referrals to the Child Development Centre (CDC) reducing and mitigating the impact of waiting times. The learning from this approach will be disseminated across schools and via the Parent Carer Panel as the programme progresses.

2.8.3 All Rotherham parents-to-be will have access to an online digital “Journey to Parenthood” programme, providing a true preventative approach to helping families parent their children in a nurturing and positive environment. The plan is to promote this through a ‘free voucher’ scheme, which enables parents to ‘cash in’ their voucher to access a programme. This will support the normalisation of accessing parenting programmes and is part of our plan to reduce the stigma that can be associated with accessing support.

2.8.4 The suite of parenting programmes will enhance our offer to parents across a wide range of subjects and covers parenting, child development, relationships, emotional wellbeing health etc:

- Journey to Parenthood
- Understanding Pregnancy
- Labour, birth, and your baby
- First Five Years

2.8.5 Rotherham has a well-established evidence-based parenting programme offer and this has been strengthened by investing in new programmes. The Evidence Based Hub (a small coordination function in Early Help), is being expanded across Family Hubs with the development of a multi-disciplinary training pool of staff to enable better co-facilitation of group programmes and to share responsibility more evenly across the sector.

2.8.6 At present, data on registration with Family Hubs is reliant on existing Childrens Centre registration data. Work is in development to formalise online registration within the Family Hub digital offer, which will enable organisations outside of the council to capture Family Hub registrations.

2.8.7 DadPad will be included in the digital offer to engage fathers in more sessional activity.

## **2.9 Infant feeding:**

2.9.1 UNICEF Baby Friendly accreditation is being explored across Family Hubs. This is an external accreditation scheme that sets best practice standards in infant feeding and the parent-baby relationship. A business case will progress internally in September 2023.

2.9.2 The recruitment of an Infant Feeding Co-ordinator and the partnership working agreed with Voluntary Action Rotherham is enabling Family Hubs to transform the Infant feeding Peer Support offer. The recruitment, training and support of Infant Feeding Peer Support volunteers will be increased through working together to offer increased access to support improving breastfeeding rates in Rotherham.

## **2.10 Home Learning Environment**

2.10.1 Investment is being made in the Peer Early Education Programme (PEEP) programme as the evidence-based intervention to support home learning and improve outcomes for 3 and 4 year olds.

2.10.2 Two Home Learning practitioners will deliver the PEEP programme direct to families through group activity and home visits. These posts will also enable the training/upskilling of wider practitioners across Family Hubs.

2.10.3 All parents will be able to access information on how to support their child's learning and development. This offer will expand on the existing Tiny Talkers speech and learning support that is current available in the borough.

2.10.4 The three Family Hubs Nursery Nurses are in post and supporting the 0-19 service to deliver a universal review to every baby at 3–4-months old in Rotherham. At present, there is a review at eight weeks and then at one year. Previously, the 3–4-month review is only offered to families who are identified for targeted or specialist support, which is less than 5% of the population. This additional review for all children will inform best practice standards for all children and will include:

- Getting ready to start solid food at 6 months.
- Ages and Stages Questionnaire (ASQ-3) and information on growth and development.
- Discuss how to encourage future communication, speech, and language development.
- Provide advice on home safety and safer sleep advice.
- Managing minor illnesses and when to call the doctor including immunisation stages.
- Assess emotional wellbeing of mother and father/ partner.
- Promotion of Family Hubs information about groups and activities.

## **2.11 Start for Life**

2.11.1 Work to date has achieved Phase One of publishing the Start for Life Offer and the wider digital offer for Family Hubs. A Family Hubs page is now live, with a Best Start in Life section, which outlines key information for parents on the early years, what Family Hubs in Rotherham are and how they will help every child in Rotherham have the best start in life.

2.11.2 The completion of Phase One of the Start for Life offer work has created for the first time, a single digital access point that brings together key links from partners

websites into one place, and other useful additional information, specifically to support and inform parents on the journey through the first 1001 days. The new page is still at a rudimentary stage and is the beginning of an ongoing development process. A workshop took place with stakeholder professionals in July 2023 to inform Phase Two development. This will inform an iterative process of improvements and refinement. Key to the success of this will be the involvement of parents and carers at key points, to ensure the resource is coproduced to optimise its look, feel, content and usability and best meet the needs of our families.

- 2.11.3 Discussions have now commenced about how best to do this, through the development of an engagement plan. This will maximise input from the Family Hubs Parent/Carer Panel and other key groups, such as the Maternity Voices Partnership and the Rotherham Parent Carer Forum.
- 2.11.4 This engagement exercise will be of greatest value in the creation of a printed version of the Start for Life Offer, which needs to be developed in a way that is future proofed, to avoid this resource becoming out of date soon after publication. The digital offer will be highlighted within the printed resource as a place to go for additional information and advice. The physical version of the Start for Life Offer is therefore envisaged as an outcome in year 3 of programme delivery.

### **3. Options considered and recommended proposal**

- 3.1 It is recommended that Cabinet note the update and progress made in delivery of the Family Hubs programme and agree the approach in relation to utilising existing Early Help sites for continued delivery of Family Hubs.
- 3.2 The alternative is not to accept the formal plan around Family Hubs and take an alternative approach to delivering early help 0-19 services. This is possible and may offer more flexibility but would carry the risk of not meeting the conditions of the grant and potentially triggering a request for return of funds. Partners are already committed to the current approach and may find a change of direction difficult to manage. An alternative approach could deliver some of the benefits outlined in this report, but not to the same extent or degree. For all these reasons, this is therefore not recommended.

### **4. Consultation on proposal**

- 4.1 Consultation, A key deliverable of the Family Hubs model is to establish a whole family 'Parent/Carer Panel' and ensure that user voice is central to ongoing development.
- 4.2 Recruitment to the Rotherham Family Hub Parent Carer Panel has taken place with membership being drawn from across the Borough. Parents and carers are beginning to shape service delivery and have taken part in a 'check and challenge' session on the following: *'Babies Health Stories; do families have to tell their babies health story more than once?'*

4.3 Rotherham Maternity and Neonatal Voices Partnership has agreed to focus on this subject, to ensure the capturing the voices of Rotherham parents and carers in the first 1001 days.

4.4 To explore male parents/carers experience of pregnancy, birth and beyond, local fathers have shared their personal experience of antenatal appointments through to the birth and the first few weeks of their baby's life which is influencing thinking about engaging with fathers.

4.5 The next stage in the development of the Rotherham Family Hub Parent Carer Panel is to bring together parent and carer volunteer panels from across various partnership groups to share good practice, expertise and to develop a collaborative approach using the Four Corners Stones framework.

4.6 A public poll has taken place to establish the preferred branding for Rotherham Family Hubs with just under 500 votes recorded.

#### **4.7 Monitoring**

4.7.1 The national programme monitors progress through the Family Hubs Delivery Plan and regular progress meetings with the designated lead.

4.7.2 In April 2023, Management Information and a Maturity Self-Assessment was submitted to DfE, and in July 2023, a progress interview took place. This was requested by DfE to capture baseline information and understand progress made from submission of initial delivery plan in December 2022. Both were received positively.

4.7.3 An internal Performance Management Scorecard has been developed as this enables a central capture of all relevant data required by DfE along with clear and robust performance monitoring and reporting. Outcomes will be measured using data from the scorecard, through impact evaluation tools which reflect family level distance travelled and through capturing the child and family voice.

4.7.4 To-date, all performance scorecard objectives that were required to commence have started and progressed.

4.7.5 Future submissions will include an update of the delivery plan (August 23), the Management Information and the Maturity Assessment data is due in October 2023, covering Q4 22/23 and Q1 23/24.

4.7.6 Reporting is focused around seven areas:

- Access – this covers the establishment and locations, increasing the number of families registered and engaging with a family hub.
- Connection - is focussed on multi-disciplinary partnership working, use of the family hubs website, use of the evidence-based toolkit, and the forums and operational groups that take place.

- Relationships – this covers satisfaction rates and the extent to which partnership working has been enhanced by family hubs.
- Wider services – encompasses integrated pathways and approaches.
- Funded strands - Covers parenting support, parent-infant relationships, early language and the home learning environment, and infant-feeding support and include practitioner training, parents accessing evidence-based programmes, breastfeeding initiation, impact of the 3 to 4 months check and preparation for parenthood programmes etc.
- Parent/ Carer Panel- the establishment and use/ impact of the family voice in service delivery.
- Start for life offer - Proportion of the family hubs cohort that access the start for life offer, and antenatal and health visiting contacts.

## 5. Timetable and Accountability for Implementing this Decision

- 5.1 Following Cabinet in February 2023, delivery of the Family Hubs Programme has commenced. Approval to continue delivery as outlined will enable borough wide communication to be developed to promote the offer widely to families in the autumn 2023.

## 6. Financial and Procurement Advice and Implications

6.1

<u>Funding Allocation</u>	<u>Total</u>	<u>Family Hubs</u>	<u>Family Hubs</u>
		<u>Transformation</u>	<u>Transformation</u>
		<u>Funding -</u>	<u>Funding -</u>
		<u>Capital</u>	<u>Revenue</u>
Allocation 31/3/2023	856,000	42,800	813,200
Allocation 31/3/2024	1,463,100	62,600	1,400,500
Allocation 31/3/2025	1,220,400	80,500	1,139,900
Total Original Allocation	3,539,500	185,900	3,353,600
Actual Spend Reported to 31/3/2023	864,033	45,000	819,033
Cumulative Available to 31/3/2024	2,319,100	105,400	2,213,700
Available in year to 31/3/2024	1,455,067	60,400	1,394,667

- 6.2 The table sets out the total funding allocation with funding confirmed until March 2025. Capital spend is limited relative to the overall funding available and this restricts the impact which can be made in terms of asset improvement.
- 6.3 Spend to March 2023 was in line with allocation and reported to DfE in April 2023. The funding requires two reports per annum, in addition to other data monitoring, one interim in October and one final report in April of each year covered by funding.
- 6.4 There is a requirement to spend the allocation in line with the yearly profiled spend set out above. In addition, the funding is further broken down across



funded strands with a clear directive to spend in line with the strand allocations by March 2025. The allocations across strands are dictated by DfE. Spend within each strand includes an allocation for the Transformational Delivery Team.

- 6.5 The spend for 2023/24 and 2024/25 is being finalised for approval through the relevant internal processes.
- 6.6 As the funding ends in March 2025, none of the spend incurred or activity undertaken, should result in the council being obligated to liabilities beyond that date and this key requirement is being managed by the Family Hubs delivery team in conjunction with the Finance and Commissioning Task and Finish Group.
- 6.7 Staffing appointed to roles to deliver Family Hubs have been appointed on fixed term contracts with any back fill subject to the same requirement to ensure that there is no staffing liability beyond March 2025.
- 6.8 **Procurement**  
The procurement activity arising from the expenditure with 3<sup>rd</sup> party providers and referenced within the body of this report has been completed in line with the Councils Financial and Procurement Procedure Rules and Public Contract Regulations 2015 (as amended).

## **7. Legal Advice and Implications**

- 7.1 The proposed arrangements are in accordance with the following statutory duties under the Children Act 1989, specifically under section 17, where there is a duty to provide services for children in its area. When assessing a child in need, a local authority is required to assess and identify a child's needs and try to minimise any parenting deficits through the provision of services before it gets to the point that a child is likely to suffer significant harm. Furthermore, under Section 10 Children Act 2004 there is a duty to promote co-operation between the local authority and other organisations/agencies to improve the wellbeing of children in its area. Section 16 of the Children Act 2004 as amended by Children and Social Work Act 2017 imposes duties on key agencies in the locality including police, NHS clinical commissioning groups and the local authority to make arrangements to work together to achieve this.
- 7.2 The proposed arrangements are also in accordance with Statutory Guidance, Working Together to Safeguard Children 2018, regarding early help, assessing need and providing help which also includes transition proposals detailing the whole family approach including arrangements for SEN/SEND children. The statutory guidance also sets out the organisational responsibilities which has been addressed in the Family Hubs Reporting and Governance Arrangements flow chart.
- 7.3 In accordance with Children Act 1989, Schedule 2 para 2 which refers to the support for children and families provided, the LA must take steps to ensure that details of services to be provided are published and that those who may benefit from its services receive the information that may assist them. However, given the current progress, consultation with parents and work with other organisations described at paragraph 4 of this paper, this serves to identify needs and raise

awareness of services to be provided. Therefore, there are no legal implications that arise from the progress noted in this paper.

## **8. Human Resources Advice and Implications**

- 8.1 Appointments to the posts, on fixed term contracts (not beyond March 2025), have already been made in order to deliver Family Hubs. There are no additional resources or staffing required beyond the life of the programme.

## **9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 The Family Hubs and Start for Life Programme adds value to existing provision for children, young people, and families across the Borough.
- 9.2 To date the programme has created new integrated approaches between the public, voluntary, community and faith sectors and new evidence-based programmes.

## **10. Equalities and Human Rights Advice and Implications**

- 10.1 Representatives on the Family Hubs Parent Carer Panel have been engaged from the diverse communities within Rotherham and represent families from a range of socio-economic backgrounds.
- 10.2 Family Hubs are available to all, universal through to complex needs, reducing stigma in accessing early help support in the Borough. Support is offered through a scale and can span a parent needing information and advice about feeding to a family requiring intensive family support. Resources are allocated according to need, with the self-serve digital option being available to all, and more intensive support available for those with additional and complex needs.
- 10.3 Equality and Human Rights implications in relation to the programme are positive as the work will enhance cross-agency pathways and bring about more collocation of practitioners, making access to support easier and less stigmatising for children and families.
- 10.4 The programme is focused on narrowing the gap of deprivation and reducing inequalities in health, education, pregnancy and birth, youth and children and families across Rotherham, by ensuring that intervention provided is delivered collaboratively, is evidence based and tackles inequalities to serve underrepresented groups.
- 10.5 Whilst there is a spotlight on the first 1001 days through the funded strands of the programme, this is a programme that supports children and young people of all ages. Adolescent support, for example, is available through the Family Support Offer and through the Outreach and Engagement elements of the programme, which offers youth activity and support for young people to successfully access training, further education and/or employment after leaving school. The investment in evidence-based programmes supports parents with children of all ages and is available digitally in a wide range of languages.

## 11. Implications for CO2 Emissions and Climate Change

11.1 See attached updated screening document.

## 12. Implications for Partners

12.1 As the programme develops, partners are benefitting from access to enhanced training, expanded, cohesive pathways, joint approaches, and better understanding of the shared impact on children and families.

## 13 Risks and Mitigation

Risk	Impact	Mitigation
Unable to meet expectations of the programme (minimum and go further deliverables)	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback.</li> <li>3. Reduced opportunities for children and families.</li> </ol>	<p>A self-assessment exercise with partners has taken place and Rotherham is in a good position to meet minimum expectations and a number of go further expectations will be prioritised.</p> <p>The Early Help partners have been developing a strong early help system in Rotherham since 2016, and this has enabled a strong foundation from which to progress family hubs and meet expectations.</p> <p>The Early Help Steering Group will enable rigorous oversight of the key deliverables and report annually to the RSCP and Cabinet.</p>
As this grant requires a multi-agency approach it is imperative that all key stakeholders are involved and engaged in the process. A lack of engagement could result in not being able to deliver necessary colocation and	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback.</li> <li>3. Reduced opportunities for children and families.</li> </ol>	Developing clear terms of reference to the delivery group alongside the added capacity to support transformation mitigates this.

collaborative approaches.		
Financial risks of building a financial commitment beyond the life of the programme	1. Budget pressures	<p>Strict financial principles to be adhered to.</p> <p>Application of short term, transformational spend only; building expertise and capacity across the wider public and voluntary sector to ensure long term and sustainable integration.</p> <p>Business case approval process from DLT in place outlining financial principles.</p>
Unable to meet expectations of the programme (minimum and go further deliverables)	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback.</li> <li>3. Reduced opportunities for children and families.</li> </ol>	<p>A self-assessment exercise with partners has taken place and Rotherham is already in a good position to meet minimum expectations and a number of go further expectations will be prioritised.</p> <p>The Early Help partners have been developing a strong early help system in Rotherham since 2016, and this has enabled a strong foundation from which to progress family hubs and meet expectations.</p> <p>The Early Help Steering Group will enable rigorous oversight of the key deliverables and report regularly to the RSCP.</p>
As this grant requires a multi-agency approach it is imperative that all key stakeholders are involved and engaged in the process. A lack of	<ol style="list-style-type: none"> <li>1. Reputational risk to the Local Authority</li> <li>2. Reduced funding/ clawback</li> </ol>	Developing clear terms of reference to the delivery group alongside the added capacity to support transformation aims to mitigate this.

engagement could result in not being able to deliver necessary colocation and collaborative approaches.	3. Reduced opportunities for children and families	
Financial risks of building a financial commitment beyond the life of the programme	1. Budget pressures	<p>Strict financial principles to be adhered to.</p> <p>Application of short term, transformational spend only; building expertise and capacity across the wider public and voluntary sector to ensure long term and sustainable integration.</p> <p>Business case approval process in place outlining financial principles</p>
Achieving value for money on spend	1. Funding opportunity does not deliver sufficient benefits in targeted areas	<p>Spend planned across the funding period to ensure benefits identified are delivered</p> <p>Review of spend within delivery team and Operational Group and through internal audit to establish reassurance as to value for money</p>
Limited amount of capital spend available	1. Minor capital spend will not enable significant asset improvements	<p>Identify specific key elements of capital spend which though of low value, will make noticeable difference in service delivery</p> <p>Focussed delivery from sites which are already fit for purpose.</p>

**14. Accountable Officers**

David McWilliams, Assistant Director, Early Help, Youth Justice, Family Engagement & Business Support, Children & Young Peoples Services

Approvals obtained on behalf of Statutory Officers: -

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp	02/10/23
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	28/09/23
Assistant Director, Legal Services (Monitoring Officer)	Phil Horsfield	28/09/23

*Report Author:*

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

**Improving Lives Select Commission –Summary Work Programme 2023/24**

**Chair: Cllr Lyndsay Pitchley**  
**Governance Advisor: Natasha Aucott**

**Vice-Chair: Cllr Wendy Cooksey**  
**Link Officer: David McWilliams**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

**Establish as a starting point:**

- What are the key issues?
- What is the outcome that we want?

**Agree principles for longlisting:**

- Can scrutiny add value or influence?
- Is it being looked at elsewhere?
- Is it a priority – council or community?

**Developing a consistent shortlisting criteria e.g.**

- T: Time: is it the right time, enough resources?  
 O: Others: is this duplicating the work of another body?  
 P: Performance: can scrutiny make a difference?  
 I: Interest – what is the interest to the public?  
 C: Contribution to the corporate plan?

<b>Meeting Date</b>	<b>Agenda Item</b>
<b>13 June 2023</b>	Counter Extremism in Schools/ Radicalisation of Young People and Extremism
<b>25 July 2023</b>	CYPS Performance and Year End performance Rotherham Youth Justice Service Progress Report
<b>12 September 2023</b>	Written Statement of Action Update Rotherham Safeguarding Children's Partnership Annual Report
<b>31 October 2023</b>	Adults Safeguarding Partners Annual Report Elective Home Education Presentation
<b>5 December 2023</b>	Looked After Children's Sufficiency Strategy Update Domestic Abuse Strategy Update (Council Plan Performance)

<b>30 January 2024</b>	Child Exploitation Update Post Abuse Support (Including the Trauma Resilience Service) The Neglect Strategy
<b>5 March 2024</b>	Family Hubs Update Carers Strategy Update RSAB LGA Peer Review

<b>Suggested Review Activity</b>	
Early Years Strategy Workshop- Completed on 27 <sup>th</sup> November 11:30-1:30pm	
Preparation for adulthood Spotlight Review- Completed on 15 <sup>th</sup> February 1:00-4:00pm	
<b>Suggested joint work with Health Select Commission</b>	
Child and Adolescent Mental Health Services Update- Circulated as an off the agenda briefing	

To Schedule:

- Early Help Update
- Pandemic Related Risks to Children's Development