

## CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL

Venue: Town Hall, Moorgate  
Street, Rotherham

Date: Friday, 28 November 2008

Time: 9.30 a.m.

### A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest
5. Questions from the press and public
6. Matters Referred from the Youth Cabinet
7. Communications

### FOR DISCUSSION

8. Rotherham's Sexual Health Strategy - Progress (report attached) (Pages 1 - 5)  
*Mike Brown, Sexual Health Lead, NHS Rotherham to report*
9. Rotherham Teenage Pregnancy Strategy (report attached) (Pages 6 - 11)  
*Melanie Simmonds, Teenage Pregnancy Strategy Co-ordinator, NHS Rotherham to report*
10. NHS Rotherham's Update on current progress against 'Maternity Matters' (report attached) (Pages 12 - 17)  
*Joanne Martin, Project Manager – Strategic Planning, NHS Rotherham and Karen Norton, Head of Maternity Services, Rotherham Foundation Trust to report*

11. Smoking in Pregnancy (report attached) (Pages 18 - 21)  
*Khamis Al-alawy – Tobacco Control Lead, NHS Rotherham to report*
12. Special Educational Needs Funding (report attached) (Pages 22 - 28)  
*Graham Sinclair, Director of Resources and Access to report*

### **FOR MONITORING**

13. Cabinet Response to the Scrutiny Review 'Future Challenges of the Young People's Service' (report attached) (Pages 29 - 34)  
*Simon Perry, Director of Targeted Services to report*

### **MINUTES**

14. Minutes of a meeting of the Children and Young People's Scrutiny Panel held on 31st October, 2008 (copy attached) (Pages 35 - 41)
15. Minutes of meetings of the Performance and Scrutiny Overview Committee held on 24th October, 2008 and 7th November, 2008 (copies attached) (Pages 42 - 56)

**Date of Next Meeting:-  
Friday, 9 January 2009**

#### **Membership:-**

Chairman – Councillor The Mayor (Councillor G. A. Russell)  
Vice-Chairman – Councillor Burton  
Councillors:- Ali, Currie, Dodson, Donaldson, Fenoughty, Hughes, Kaye, License, Sharp and Sims

#### **Co-optees:-**

J. Blanch-Nicholson, Ms. T. Guest,  
M. Hall (Statutory Co-optee), Father A. Hayne,  
and Mrs P. Wade.



**A report to the Children and Young Peoples Scrutiny  
Panel on**

**Progress on**

**Rotherham's Sexual Health Strategy**

**Mike Brown**

**Sexual Health Lead, NHS Rotherham**

**November 2008**

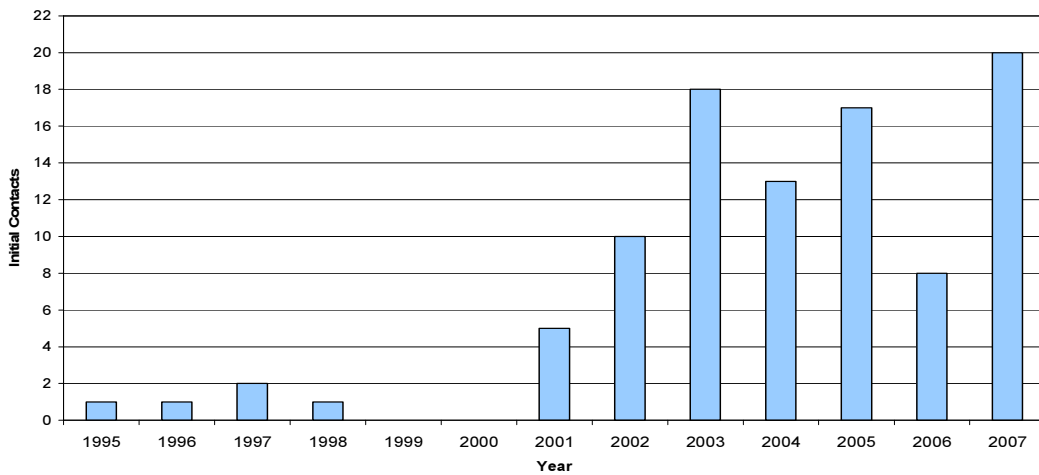
**Sexual Health Update**

(N.B. This paper does not cover Teenage Pregnancy work in detail)

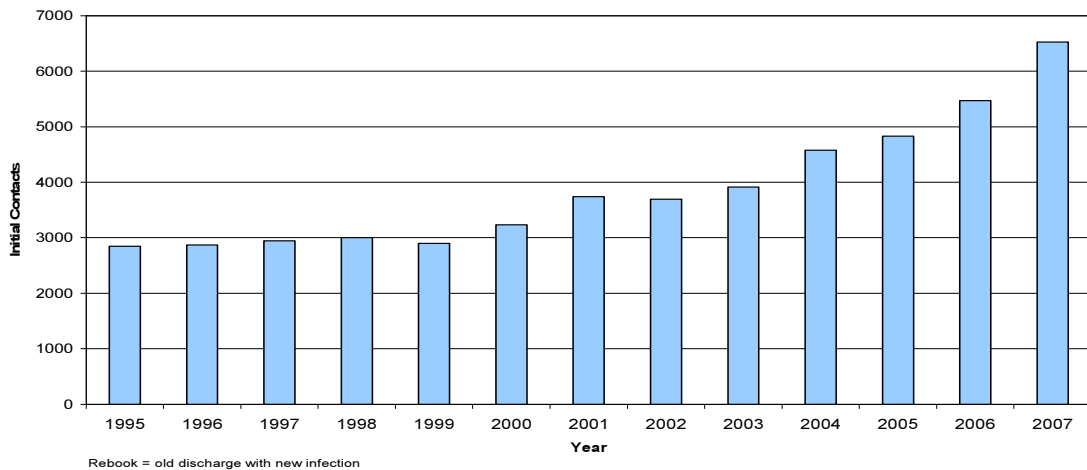
**1.Background**

The rise in rates of Sexually Transmitted Infections (STIs) nationally and regionally has been mirrored in Rotherham.

**Number of HIV/AIDS\* Initial Contacts 1995-2007 (First presentation)**  
**Source: Rotherham Hospital NHS Foundation Trust Genito Urinary Medicine Clinic KC60**



**Number of New Attendances at GUM 1995-2007 (New/Rebook)**  
**Source: Rotherham Hospital NHS Foundation Trust Genito Urinary Medicine Clinic KC60**



**Key Points**

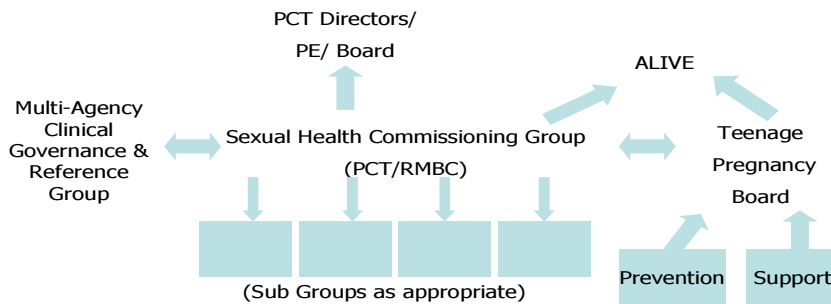
- Unequal impact of STIs and Human Immunodeficiency Virus (HIV), with the most disadvantages groups and deprived communities having the highest levels of infection.
- High rates of unintended pregnancies as witnessed by termination figures in women of all ages and rates of teenage pregnancy.
- An increase in “risky” behaviour due to changes in society and the high rates of partner change. Hand in hand with this are relatively low levels of public awareness about risk and the consequences of unprotected sex.

- Services operating often in isolation and only occasionally linking up with other sexual health services.
- Demand management is often inadequate with services either overstretched or under-utilised.

Locally in Rotherham, the above national trends are reflected but there is also a need to meet national targets, better assess need and to modernise services to deliver improved sexual health services for the local population.

**2. Sexual Health Strategy**

NHS Rotherham’s Draft Strategy has been approved by the Board. A new structure is proposed in order to oversee the implementation of the Strategy (see Figure A below).



**Figure A: Sexual Health Strategy Planning Structure**

The principles of World Class Commissioning will be utilised to ensure high quality services are developed. The aim will be to create an integrated, managed network of services. A 3-tier model of delivery is envisaged (Figure B below). The sexual health care needs of people are often better met by linked and networked services than by a variety of discrete, limited services unable to meet all their needs, e.g. someone accessing family planning may also be in need of STI services and vice versa. Even if full integration is a long-term aim people should be offered as much choice as possible in order to improve access and uptake.

Further Sexual Health Needs Assessment is being commissioned in order to identify gaps and to ensure the pattern of service development reflects need and use.

## 3 Tier Model

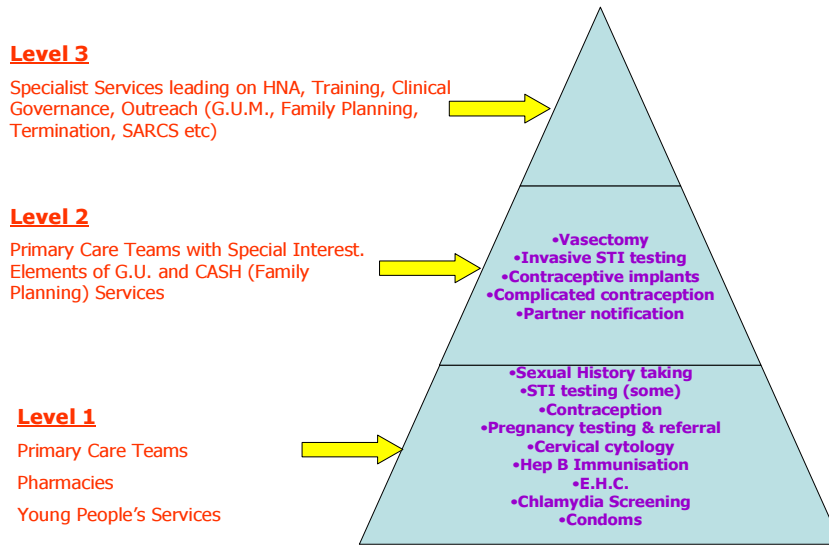


Figure B

### 3. The Sexual Health Targets: Public Service Agreements and Local Delivery Plan

PSA & LDP Targets			
"The PSA is to reduce the under 18 conception rate by 50% by 2010 (from the 1998 baseline) as part of a broader strategy to improve sexual health"			
NHS Local Delivery Plan lines	Targets	Present position	For the future
PSA 11a: Under 18 conception rates (Vital Signs target)	To reduce by 50% the under 18 conception rate by 2010 from the 1998 baseline	Rate of 53.9 (per 1000 girls 15-17yrs) <5% reduction over 1998 baseline	50% reduction 27% 2008-9 39% 2009-10
PSA 11b: Access to GUM clinics within 48 hours	100% offered an appointment within 48 hours 80 % seen within 48 hours	Quarter 2 2008-09 100% offered  78 % seen	Continue working towards targets
PSA 11c: Decrease in rates of new diagnoses of gonorrhoea	Trajectory: Not to exceed 63 cases in a year	Target of 63 for the year. Qtr 1 2008-09 28 cases against a trajectory of 15.	Continued reduction planned.  (Qtr 2 awaited)
PSA 11d: Percentage of young people aged 15-24 accepting chlamydia screening (Vital Signs target)	(2007-8: 15%) 2008-9 17%)	Quarter 2 2008-09 5.64% (c.f. 7.07% on trajectory)	2009-10 17% (May increase to 35% in subsequent years)

(The Local Authority has as part of the 198 National indicators, NI 113 Prevention of Chlamydia in under 25s. Work needs undertaking around this).

#### **4. Chlamydia Screening**

The national screening programme offers opportunistic screening to 15-24 year olds. National studies have shown undiagnosed chlamydia infection in about 10% of the age group. The testing is done via a simple urine test.

At the end of Qtr 2 2008-09 the half yearly target was achieved by the Screening Programme. In order to ensure targets continue to be met NHS Rotherham has agreed further work to support the programme.

- Funding for a Youth worker to co-ordinate activity across the Youth Service and in the Youth Clinics.
- Development of a Locally Enhanced Service (LES) with GPs to ensure further screening.
- An SLA (Service Level agreement) with NHS Rotherham's Provider Service's CASH Service.

#### **5. Other Priorities**

Increase access to, and uptake of, Long Acting Reversible Contraception (LARC) i.e. implants, coils, injections.

Action: Increased funding for LARC (£70k from NHR, £68k from the SHA), Planned Social Marketing Campaign to increase uptake, Locally Enhanced Service (LES) for GPs and the Hospital and development work with Youth Clinics to improve access etc.

Increase HIV Prevention work

Action: LGBT worker funded at SHIELD. SHIELD undertaking survey of Service Users and leading on HIV awareness campaign around World AIDS Day

Emergency Hormonal Contraception in Pharmacy Scheme.

Action: Free to all women over 13. Planned to be launched December 2008

Lesbian Gay Bisexual and Transgender Work: need to action Health needs Assessment

Action: LGBT worker at SHIELD. Multi Agency LGBT Planning Group

Improved Health Promotion and Health education tied in to more Social Marketing

Action: Health Promotion Action Plan to be developed

#### **Recommendations**

- **The relationship to RMBC, (including Children and Young People's Services) and the voluntary sector needs clarifying especially with regard to strategy and commissioning**
- **The Sexual Health and Teenage Pregnancy Strategies need wider ownership within the Borough**
- **Sexual Health must be a high priority: in schools and colleges, RMBC workplaces, in Council publications, with vulnerable groups and communities.**



**A report to the Children and Young Peoples Scrutiny**  
**Panel on the Rotherham Teenage Pregnancy**  
**Strategy**

**November 28<sup>th</sup> 2008**

**Melanie Simmonds**

**Teenage Pregnancy Strategy Co-ordinator**

**October 2008**



## **1. National Context**

Following the Social Exclusion Unit's report into teenage pregnancy, the Prime Minister launched the national Teenage Pregnancy Strategy in 1999. The national strategy has 2 key components and targets:

- To halve the number of under-18 conceptions by 2010 from the 1998 baseline (and to establish a firm downward trend in the rate of under-16 conceptions and;
- To increase the participation of young mothers aged 16-19 in education, employment and training to reduce the risk of long-term social exclusion, with a target of 60% participation by 2010.

The Strategy recognised that teenage pregnancy was both a result and cause of poverty, low achievement, low aspirations and was often associated with poor long term outcomes for young parents and their children.

Although the teenage pregnancy rate is reducing, England still has one of the highest teenage pregnancy rates in Western Europe.

At a national level, the strategy is co-ordinated and overseen by the Teenage Pregnancy Unit (TPU), part of the Department for Children, Schools and Families (DCSF).

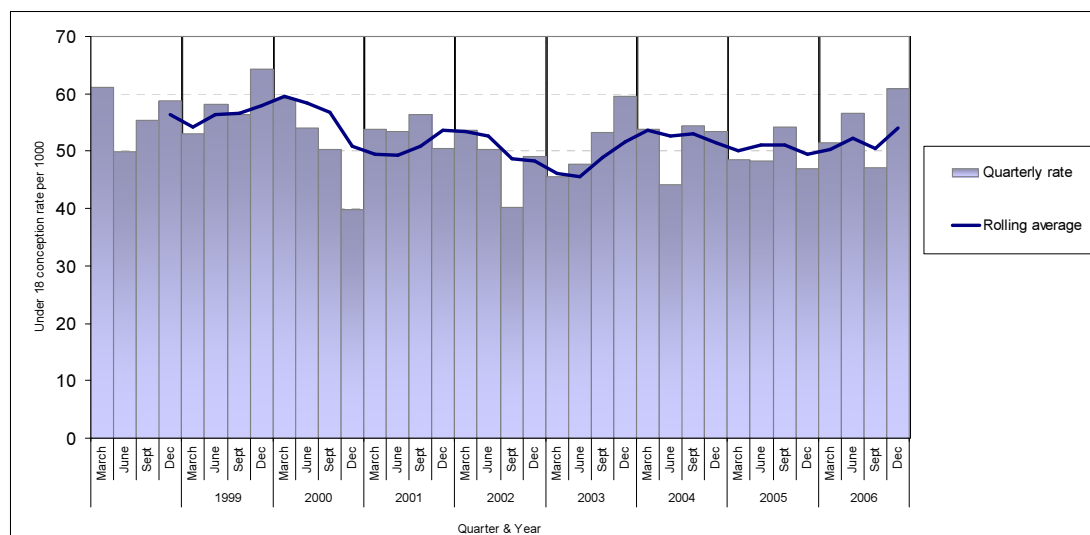
Experience from some European countries shows that teenage pregnancy rates rise again if work and commitment in this area is not maintained.

Rotherham's Teenage Pregnancy Strategy was launched in 2000, in line with the national strategy.

Until 2005, the overall trajectory for under 18 conception rates for Rotherham was downward, with a 2005 final year rate of 49.5 (per 1000 girls aged 15-17), and an overall rate reduction of 12% from the 1998 baseline. This was comparable with the national rate reduction, and that of statistical neighbours.

However, 2006 saw an increase in numbers of conceptions, with a final yearly rate of 54.1, and an overall rate reduction of 4.5%, taking Rotherham off its downward trajectory and out of line with the national rate, and the rate for Yorkshire and the Humber.

**Table 1: Rotherham under 18 conception rate 1998-2006**



1.4 The under 18 conception rate target is a Local Area Agreement top 35 indicator, and included within the Yorkshire and Humber Strategic Health Authority Vital Signs performance measures for Primary Care Trusts (PCTs). These targets would require a 27% reduction for 2008/9 and 39% in 2009/10, which presents a significant challenge. As such, the issue is a local priority.

## 2. Priorities for Action

2.1 A ministerial meeting between the Department of Health (DH) and Department of Children, Schools and Families (DCSF) was held on 7<sup>th</sup> May 2008 with representation from areas with high and increasing teenage pregnancy rates. A Rotherham team attended the meeting and agreed a series of key actions to address poor local progress, based on current gaps in provision and best practice identified through completion of a Self Assessment.<sup>1</sup> The actions identified utilise an Invest to Save model, and were agreed by NHS Rotherham and Rotherham Metropolitan Borough Council (RMBC).

2.2 The following priorities for action were identified:

- Targeted interventions with high risk young people
- Systematic approach to comprehensive contraceptive provision
- Increasing the role of parents in improving outcomes for young people

## 3. Targeted Interventions with high risk young people

3.1 NRF funding for 2006/7 to 2007/8 enabled delivery of a pilot project in Maltby which provided intensive support to young women at high risk of teenage pregnancy using a referral mechanism. Of the 63 young women supported, only one became pregnant in the first year. This is 1.6% of the cohort, compared to 5.4% of all 15-17 year old girls who become pregnant in Rotherham each year.<sup>2</sup> Statistically, the risk in the Maltby cohort was considerably higher than for the borough as a whole. In addition, positive outcomes were achieved for school attendance and attainment, and reducing

<sup>1</sup> DCSF, DH (2006) *Teenage Pregnancy: Working towards 2010- Good Practice and Self Assessment*

<sup>2</sup> Office National Statistics, 2008

the numbers of young women who went on to become NEET (not in education, employment and training).

- 3.2 The model utilised 1.5 whole time equivalent (WTE) Youth Workers providing intensive support, aspiration and self-esteem raising activities and advice on relationships and contraception. The team worked closely with local partners including the school nurses, education welfare officers, children's centre and social services. The outcomes were positive for teenage pregnancy, but also for NEETs, substance misuse and improved mental health.

The Maltby Model located in Wentworth Valley has funding secured from external sources for 2008/9, although longer term sustainability is threatened.

- 3.3 This model will be replicated through provision of early intervention and prevention teams alongside two Children and Young People's locality teams within the highest teenage pregnancy 'hotspots', which are Valley/Rotherham East and Rotherham North. Being located alongside the locality teams, the workers will have access to a skill mix of police, youth inclusion workers, Connexions PA's and senior youth workers. Each area will utilise a replica referral system to the Maltby model, and will be supported through the Connexions early identification system. Such an approach is advocated by the Department for Children, Schools and Families (DCSF) and Department of Health (DH) guidance.<sup>3</sup>
- 3.5 To complement the work to be carried out through the targeted prevention work, locality teams will work together effectively within their teams of specialist skills to achieve a downward trajectory of teenage pregnancy rates within their local area to improve outcomes for young people.
- 3.6 All locality based staff and Connexions Personal Advisors who work with young people will be expected to attend sexual health and condom distribution training offered through NHS Rotherham or other relevant training providers and would be expected to attend unless they are strongly against it for cultural/religious purposes. They will also be required to attend refresher training as necessary.

#### **4. Systematic Approach to comprehensive contraceptive provision**

- 4.1 NHS Rotherham is making significant investment to improve contraceptive services for young people, which includes the following contraceptive interventions:

- 4.1.1 Provision of nursing time to promote the up take of Long Acting Reversible Contraception (LARC), in response to best practice guidance.<sup>4</sup>

- 4.1.2 Provision of dedicated nursing time for young people at high risk of unplanned pregnancy and poor sexual health, in particular those in pupil

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<sup>3</sup> DCSF, DH (2006) *Teenage Pregnancy Next Steps: Guidance for Local Authorities and PCTs on effective delivery of local strategies*

<sup>4</sup> National Institute of Health and Clinical Effectiveness (NICE) (2005) *Long Action Reversible Contraception: the effective and appropriate use of Long Action Reversible Contraception*

referral units, Youth offending services, those who are homeless, young people in care and those at risk of, and partaking in, sexual exploitation<sup>5</sup>.

- 4.1.3 Further provision of Youth Clinics, with Youth Worker and Nurse partnership, in areas of high prevalence but no existing dedicated young peoples contraceptive and sexual health (CASH) service. These are to be developed in Kimberworth, Herringthorpe and Aston.
- 4.1.4 Development of current Youth Clinics to ensure that Long Acting Reversible Contraception methods can be offered at all Clinics.
- 4.1.5 Increased provision of contraceptive and sexual health nursing time at Rotherham Foundation Trust Maternity and Termination services, to reduce numbers of second or subsequent conceptions.
- 4.1.6 Expansion of the Hardwear Condom Distribution Scheme to vulnerable adults up to 25 years old and the development of a 'C-card' scheme to create brand recognition amongst young people.
- 4.2 Additional funding was received through the Operational Plan for the delivery of a Free Emergency Hormonal Contraception Scheme within participating community pharmacies for 13 year olds and over, across the Borough. The aim of this scheme is to increase access to emergency contraception and advice to girls who may not feel comfortable, or do not use, other contraception services. The overall outcome of this scheme is to contribute to the reduction of unintended teenage pregnancies. There are approximately 55 pharmacists within the Borough, of which, 50 have requested the training to gain accreditation to run the scheme.
- 4.3 The launch of a social marketing campaign to increase the uptake of LARC, in particular, amongst 13-19 year olds, will take place around March 2009. The aim of this campaign will be to identify the motivating factors that will encourage girls to use Long Acting Reversible Contraception or the barriers that are preventing them. From this, recommendations will be made and a promotional campaign will take place targeting girls that are hard to reach as well as their influencers.
- 4.4 The DCSF have selected Rotherham as an area where they will pilot a 'Want Respect? Use a Condom' campaign within one of the colleges. This campaign will promote the use of condoms as well as aim to educate the students around sexual health issues within Rotherham College of Arts and Technology. This campaign is expected to launch around January 2009.
- 4.5 Provision of enhanced contraceptive service will focus on year-round provision in young people friendly venues, including Locality centres.

## **5. Increasing the role of parents in improving outcomes for young people**

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<sup>5</sup> NICE (2007) *Prevention of Sexually Transmitted Infections and under 18 conceptions*

- 5.1 Literature will be disseminated to parents in the form of an information advert on folders used to send letters home to all secondary school children. This consists of top tips for talking to your children about sex and relationships. It also gives them a contact number for further advice or to request an information booklet. The same information will be available on the NHS Rotherham website and actions will be taken to work with Family Learning at RMBC to create further awareness of these information sources and identify methods for engaging with parents in this area.
- 5.2 Links will also be made with RMBC's Parenting Strategy to identify methods of joint working to enhance the progress of both strategies.

## 6. SMART Action Plan

Table 3: Action Plan

Activity	Lead Officer	Timescale
<b>Targeted Interventions with at risk young people</b>		
Locality Managers engaged	Simon Perry/Melanie Simmonds	October 2008
Job descriptions for teenage pregnancy prevention workers agreed	Locality Managers/ Simon Perry/ Melanie Simmonds	July 2008
Appointments made	Christine Brodhurst-Brown/Kerry Byrne/Melanie Simmonds	November 2008
<b>Contraceptive provision</b>		
Nurses appointed	Jean McVann/ Mike Brown/ Melanie Simmonds	December 2008
EHC Scheme launch	Jason Punyer/Melanie Simmonds/Mike Brown	December 2008
New Youth Clinics established	Youth Start/ Jean McVann (Family planning)/Melanie Simmonds	January 2009
Launch of C-card	Keri Duffy	March 2009
Want Respect? Use a condom Campaign	Esther-Forsters/Keri Duffy/Melanie Simmonds/RCAT	January 2009
LARC Social Marketing Campaign	Melanie Simmonds/ Steering Group	March 2009
<b>Parenting</b>		
Parents information identified	Keri Duffy	June 2008
Upload information resources to the web	Keri Duffy	January 2009
Develop approach to parent engagement with RMBC Family Services	Melanie Simmonds/Pat Crabtree	February 2009
Build joint working with RMBC Parenting Strategy	Melanie Simmonds/Cath Ratcliffe	January 2009

**Children and Young People's Scrutiny Panel : Friday 28 November 2008**NHS Rotherham's update on current progress against 'Maternity Matters'Introduction

The priority for maternity services is to provide a choice of safe high quality care for all women and their partners. This is to enable pregnancy and birth to be as safe and satisfying as possible for both mother and baby and to support new parents to have a confident start to family life. NHS Rotherham recognises these priorities and is committed to the implementation of Maternity Matters.

Infant mortality rates are higher in more deprived areas across the country and this is the same for the deprived areas across the Rotherham borough. We are committed to improving outcomes for the more vulnerable and disadvantaged families.

The need for patients to make informed decisions is on the increase and support is required, particularly for first time mothers, to enable them to understand the options available so they are empowered to make informed decisions. Rotherham needs to develop flexible maternity and health visiting teams with a mix of skills appropriate to roles to enable clinical and non clinical support to mothers and partners.

Current Status

Following the Health Care Commission Review, Rotherham was scored as 'better performing', with staffing levels, integration and team working achieving top scores. However the review highlighted some areas where we are not performing as well. Choice of appointments, accessing the service and birth need to be improved. We also need to ensure that we are asking and listening to service users and making changes to the services accordingly. The review also identified that we need to provide more supportive postnatal care, making sure new mums are supported in breastfeeding and have the skills to care for their child.

Rotherham's Vision

The vision for Rotherham's Maternity service is clear, to ensure women have easy access to supportive high quality maternity services, designed around individual needs and the needs of their babies, reducing infant mortality and ensuring infants get the best possible start in life.

Needs Assessment

We have undertaken a robust needs assessment of Rotherham, including a health equity audit, a self assessment, and three surveys (a national survey, one undertaken by the voluntary sector focusing on vulnerable groups, and one by an evaluation company), to gain a true picture of how the service presently functions, identifying gaps in the service and patient and staff experiences.

The needs assessment has enabled us to be able to see where good practice is taking place, gaps in the service and areas of high additional needs. We can now start to plan to address these issues, allocating resources and investing further into these areas to ensure

healthy outcomes in the most vulnerable groups, leading to a positive pregnancy experience.

## Priorities

We have developed an action plan, agreed by the partnership network, to be implemented by December 2009. The plan focuses on national guidance and local requirements presented in the needs assessment. Once we have tackled the following priority areas a further needs assessment will be undertaken. To date the plan has been taken to a number of board meetings at the PCT and the LA and we hope to gain sign up form Rotherham Foundation Trust at the next board meeting.

We recognise the action plan is vast and to ensure implementation have broken the plan into manageable sections to be led by selected task groups.

The priority areas for Rotherham are:

### 1. Providing direct self referral to a midwife

We want to enable women in Rotherham to have a choice of how they access Maternity services when they first learn they are pregnant, either via their GP or via a midwife. By 2009, we will have a visible self referral into midwifery teams. The outcome of this initiative will enable a faster response into the service enabling early intervention where appropriate, such as women with long term conditions, support to stop smoking and any other issues where there may be a need to have a team around the family.

We are also looking to provide services in community settings, such as children centres, to enable women to have a choice about accessing antenatal care. To achieve this, maternity teams have been realigned to make sure that areas which presently have poor maternal outcomes have the right staff at the right time to make sure that health outcomes improve. By increasing provision in the community it is anticipated that numbers accessing these important services will increase and we can ensure that mums receive the recommend number of antenatal visits in line with NICE.

A review of the current antenatal classes is taking place and we are looking to have a structured programme from a number of service providers to cover information around pregnancy and birth. This is a direct response to the surveys where women identified that they often received information at inappropriate times to when they need it. We also recognise that women and families need to have a choice of the time of antenatal classes and work is being undertaken to address this, working with midwifery teams and the local authority.

### 2. Enabling mothers and their partners to make informed choices

Rotherham NHS are commissioning 6 support workers to work in the 6 high need wards identified in the health equity audit to support women with additional needs from 16 weeks into their pregnancy, through to 1 year after birth. The support workers will be able to help these vulnerable women to make informed choices around their pregnancy, provide the extra support they need to stop smoking during and after pregnancy and provide additional support in breastfeeding. The outcome will be a reduction in low birth rates and a reduction in infant mortality.

By 2009 we will have a fully working maternity services liaison committee (MSLC), run by the voluntary sector. This committee will be made up of service users and give them a voice to talk about their experiences of the services. We can then look to promote positive experiences and look to make changes in the service. The MSLC will also work with the providers and commissioners when looking how best to get health messages to the population. To date a service specification and contract has been agreed with the provider and September will see the start of the launch and recruitment of members.

To further enhance stakeholder engagement we have developed links with the Patient and Public Engagement team and from September 2008, we will be utilising the electronic survey consoles. These will be placed in the outpatient department and also on the ward (using hand held technology) to enable questions to be asked to women and their partners around present care and what changes they would like to see. The information will be passed onto task groups to support the implementation of maternity matters.

We also are looking to promote the use of NHS choices and the recently released maternity section which is a great source of information. For women without access to this information we are investigating alternative points of access within children centres and community libraries. To date we have established links with the local authority's family information service and NHS choices now appears on their website and will be issuing a press release to local papers to promote the pregnancy planner.

We have also established links with the wider choice strategy and as we develop services further we will utilise these links.

### 3. Supporting breastfeeding and reducing smoking in pregnancy.

Rotherham NHS recognises the need for further investment in supporting women to breastfeed and help them stop smoking in pregnancy, these are two very important factors which can influence infant mortality.

We need to increase breastfeeding in line with regional and national averages and achieve the vital sign targets set by the department of health from initiation through to 6 – 8 weeks postnatally. We are also being supported to achieve high levels of breast feeding through targets set within the local authority, so it is now a Rotherham wide priority.

To ensure that the right messages are going out to women we are commissioning a social marketing campaign, which looks to local women to provide the answers on how to target messages to them. This will focus on both breastfeeding and smoking. It is essential that we understand how messages are received by the population so we can allocate resources to have the greatest impact. This learning will also be used in the delivery of other maternity messages around preconception care and healthy eating.

The social marketing campaign will also provide training to front line staff. The training will focus on how to verbally communicate messages to achieve positive results.

The support workers mentioned in section 2 will be supporting breastfeeding and providing smoking cessation for vulnerable groups, but we recognise that all women need to be supported during this time. We want to work with children centres and health



visiting teams to increase their roles in providing support to women. We recognise the role of peer supporter and aim to utilise these services effectively. We expect to fund a bid to recruit peer support workers from the voluntary sector.

By 2011 we will have achieved UNICEF baby friendly accreditation in the community and hospital settings. This will mean that women will be supported in breastfeeding following recognised standards and be encouraged to breastfeed on the ward and in the community. We want to make breastfeeding the norm in Rotherham and to work with business and community settings to implement breastfeeding policies and empower women to feel they have the right to choose to breastfeed in public areas. We have employed a breast feeding project coordinator to support on delivering these aims.

To support breastfeeding further we have been successful in securing funding for breast pumps scheme (and hygiene kits), to be provided to children centres across Rotherham where they did not have provision. Families will be asked to purchase a hygiene kit and this will be ploughed back into the service to fund further hygiene kits and breast pumps.

Reducing smoking in pregnancy is a high priority area for NHS Rotherham. We want to reduce the numbers of women smoking in pregnancy to 15% by 2010 and where possible reduce the numbers of partners and families from smoking.

To achieve this midwifery teams will refer all women who smoke to smoking cessation where women will receive tailored 1:1 support and signpost family members to self refer into the service.

We recognise that this will place extra pressure on the smoking cessation team and have commissioned the recruitment of staff to respond to the increased capacity.

We want to increase the provision of smoking cessation in community settings and are looking to work with children centres to provide both awareness of the risks associated with smoking in pregnancy and support to quitters.

Over the next 5 years we aim to have undertaken a robust smoking health equity audit to measure the outcomes of the current interventions and identify further areas for improvement.

#### 4. Postnatal care including maternal mental health

The needs assessment together with the Health Care Commission review highlighted the need for improved postnatal care. Women across Rotherham felt supported during pregnancy but from leaving the hospital they felt that their expectations on levels of postnatal care were not met to the same level.

To address these issues Rotherham NHS want to increase communication between midwifery and health visiting teams to provide a more seamless pathway of care. Emphasis will be placed on health visiting teams to provide care in community settings.

Children centres will play a large role in postnatal care. We want to enable women to have access to postnatal groups to encourage peer support to enable new parents to talk to each other and learn from one another.

December 2009 will see a review of postnatal parent support classes and set up structured programmes of support for first time parents in caring for their baby. Topics are dependent on the review, however it is anticipated topics will include, sleeping, loose clothing, bathing and baby massage areas.

By 2009, we will have undertaken a review of out of hours care for health visiting teams and ensure that women who require postnatal support out of hours are easily able to access services.

Maternal mental health remains a priority area. To ensure that women suffering postnatal depression access the current services available we need to educate pregnant women in identifying the signs of postnatal depression. We also need to train health visiting teams in how to recognise symptoms and to refer into the community mental health teams. We are looking to have a maternal mental health team to deliver awareness sessions to the public via antenatal and postnatal classes and also to provide 1:1 care at home and in community settings.

5. Data quality – supported by a robust information systems

To monitor the outcomes of the interventions it is essential that we have robust monitoring systems in place from midwifery teams and health visiting teams. By 2009 it is expected that the maternity team will have arrangements in place to deliver quality data streams.

Services must be planned to meet these challenges and a strong emphasis must be placed on tailoring services to meet the need of families, increasing access to services within community settings, recognising the additional needs of vulnerable and disadvantaged families to ensure that all residents across Rotherham have and are accessing maternity services and reduce Infant mortality rates; closing the gap between the most and least deprived areas of Rotherham. We need to ensure that workforce plans are adhered to achieve 1:1 care on labour wards to achieve better outcomes. Only by increasing capacity within community and on wards can we start to provide more tailored care to families.

Investment

Rotherham FT has to date received an increase of 2.3% on last years tariff. This equates to £690,000, allocated under the heading 'Quality and Reform'.

To date The Rotherham Foundation trust has invested the following to ensure delivery of Maternity Matters:

Investment	Title
£150,000 recurrent	3 midwives
£160,000 recurrent	6 support workers (band 2)
£7,000	UNICEF Baby Friendly Status (on the ward)

In addition to this NHS Rotherham has invested the following to ensure delivery of Maternity Matters:

Investment	Title
£250,000 (recurrent for 3 years)	6 antenatal and postnatal workers (band 3)
£14,000	Breast pumps
£150,000	Infant feeding coordinator and project worker
£30,000	Be a star campaign
£20,000	Social marketing project
£20,000	UNICEF Baby Friendly Status
£80,000	Smoking in pregnancy posts (midwife & adviser)
£5,000	MSLC
£32,000	Peer Support
£72,000 recurrent for 3 years (awaiting approval)	Community Neonatal Nurse
£150,000	3 Ward midwives

### Procurement

To facilitate this further Rotherham NHS are setting up robust service specifications for maternity, health visiting and school nursing, as well as setting up contracts with the voluntary sector.

Each specification sets out the requirements for service delivery linked to key health outcomes following national guidance. Service specifications are focused around delivering services in line with national requirements and also tailored to the local needs of the population to ensure that areas where health outcomes are poor are brought up to or exceed local and national averages. This will ensure that action plans are adhered to and investments made by the services to achieve the targets set.

Rotherham NHS can not achieve the vision alone. We need to ensure that we are involving stakeholders from NHS organisations, local authority and the voluntary sector, to ensure that women accessing maternity services in Rotherham receive seamless care throughout their patient journey, tailored to their needs.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL</b>
<b>2.</b>	<b>Date:</b>	<b>Friday 28 November 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Smoking in Pregnancy</b>
<b>4.</b>	<b>Programme Area:</b>	<b>NHS / Public Health / Provider Services</b>

**Purpose:**

This paper provides an update on progress towards achieving the smoking in pregnancy prevalence (PSA 2010) target and actions required to address under performance against the target.

**Background:**

Smoking accounts for one half of the difference in life expectancy between social classes I and V, thus the burden of smoking related morbidity and mortality falls disproportionately on the most disadvantaged in our communities. Smoking in pregnancy is a crucial health issue, with both immediate and downstream health and social effects. Smoking has serious adverse impacts on foetal, infant and child health as well as ongoing effects on the health of the mother and other people in the household. Pregnancy provides a 'window of opportunity' as many women have high motivation to stop smoking during pregnancy and more contact opportunities throughout pregnancy with health professionals than any other point of their lives.

Although recording of smoking status at delivery has seen significant improvement in the past year (100%), 23.26% of pregnant mothers continue to smoke in Rotherham. Rotherham must achieve a smoking prevalence of 15% by 2010 (PSA). NHS Rotherham Maternity Service and NHS Stop Smoking Services are contracted to raise awareness and deliver brief interventions to support pregnant and child-bearing women to stop smoking. The current structure within the midwifery service allows all community midwives to assess patients smoking during booking (all maternities are captured this way). Health visiting, Practice nurses, Nursery nurses are trained to deliver brief intervention to enable immediate referral of patients.

**Analysis of key issues:**

1. By the end of Quarter 2 (2008/09) smoking in pregnancy prevalence in Rotherham should have been 22.4%. To date (end of Quarter 2) the smoking in pregnancy prevalence in Rotherham is 23.6% (above the national average of 17%).

**Action:** We have detailed prevalence reduction target for each quarter with our providers (Midwifery and stop smoking service), which is expressed in prevalence and numbers of pregnant women quitting. We have specified 156 pregnant smokers quitting per annum to meet smoking prevalence of 20.42% by the end of quarter 4.

2. We have not had a strategic group to over see necessary strategic actions to influence a significant reduction of smoking in pregnancy prevalence.

**Action:** We have set up a strategic smoking in pregnancy group (Chaired by the Joint Director of Public Health) with a detailed action plan to reduce smoking in prevalence rates in line with the PSA 2010 target.

3. The Stop Smoking Service has not had adequate capacity to meet demand and offer extended support to child bearing and pregnant women.

**Action:** We have recruited an additional smoking in pregnancy specialist and advisor to offer extended support to child bearing and pregnant women and undertake development work across children's centres and alongside community midwives. The service will pull in bank advisors staff to ensure the current capacity is not compromised.

4. There are distinct variations of conversion rates and quitters across the borough.

**Action:** We are now monitoring conversion rates and quitter data by neighbourhood and Practice. The Stop Smoking Service has also implemented a series of actions to improve conversion and quitter rates. Community midwives and Health visitors will undertake further specialist training to improve their skills to support child bearing and pregnant women who smoke.

5. Data on smoking status is gathered manually by the Rotherham Foundation Hospital (RFT) Trust and is not readily accessible or robust. We have problems obtaining accurate data from RFT (community midwifery) in relation to smoking at Booking and Delivery.

**Action:** We have asked for a robust IT system to be in place to improve data recording and feedback e.g. smoking status, carbon monoxide readings, at booking and delivery and source of referrals.

6. Opt out scheme and supply of Nicotine Replacement Therapy was not offered at booking.

**Action:** We have asked the midwifery service to implement an opt out scheme, NRT voucher, (through an opt out questionnaire), review and update the antenatal notes on smoking and ensure every smoker is referred through the specialist service. All women who decline help are advised of the benefits of cessation alongside harm reduction strategies. Support will be offered

throughout pregnancy and up to 12 months post partum. Partners will also be referred and supported by the service.

7. Approaches to raising the issue of smoking in pregnancy have not been tested

**Action:** We have commissioned Newcastle University to work with us on social marketing to ensure we gain key information (consumer insight) for service improvement and promotion.

8. High-risk patients were not outlined with in the remit of cessations interventions

**Action:** Diabetics, Intrauterine Growth Retardation, Pre-clampsia patients have been identified as key target groups with over 255 patients attending Green Oaks antenatal clinic per month. The smoking in pregnancy specialists are now attending the antenatal clinic at Green Oaks to support high risk patients.

9. To achieve targets the Rotherham Stop Smoking in Pregnancy Service needs to receive 126 referrals per month for 63 to set a quit achieving 21 quitters per month from November 08 to March 09. This is based on the 33% success rate in Rotherham for pregnancy not the national average of 50%.

**Action:** Along with local actions listed the Department of Health will consider offering incentives for pregnant women and their partner or relatives (significant other) to stop smoking early next year following research from the USA.

**Patient, Public and Stakeholder involvement:**

We are undertaking a social marketing project on health in pregnancy. This will include focus groups with staff and patients to gain consumer insight and allow us to tailor existing services to match patient need and want.

**Health, Economic and Equality Impact:**

The aim, to effectively reduce smoking in pregnancy rates to 15% by 2010. Targeting at risk and deprived populations is a key activity. High smoking in pregnancy rates in the area can be linked to deprivation whilst national rates are averaged across both deprived and affluent areas. The programme to reduce smoking in pregnancy rates is vital to reduce Rotherham's infant mortality rates and improve life expectancy at birth.

**Financial implications:**

There are no additional financial implications over and above the existing NHS Rotherham Budget allocation for the Stop Smoking Service and Maternity Services.

**Risks and Uncertainties:**

Failure to reduce health inequalities associated with smoking in pregnancy will continually lead to above average infant mortality rates

Failure to meet the PSA 2010 smoking in pregnancy prevalence target 15%.

**Recommendations:**

- The panel note the issues in this paper and support actions listed
- Consider additional actions required to improve performance
- Agree to review progress with smoking in pregnancy annually

**Key words:** Smoking in pregnancy, health inequalities, infant mortality

**Further sources of information:**

Eight high impact actions on smoking in pregnancy. Yorkshire and Humber Regional Public Health Group.

Orleans, C., Barker, D., Kaufman, N., Marx, J. , Helping pregnant smokers quit: meeting the challenge in the next decade. Tobacco Control, 2000. 9 ((supple 3)): p. 6-11.

Owen, L., Penn, G., Smoking & pregnancy: a survey of knowledge, attitudes and behaviour 1992-1999. Health Education Authority, 1999

Windsor, R., Boyd, N., Orleans., A meta-evaluation of smoking cessation intervention research among pregnant women. Health Educ Res, 1998. 13: p. 419-38.

**Lead officer:** Khamis Al-alawy – Tobacco Control Lead, NHS Rotherham

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	Meeting:	<b>Children and Young People’s Scrutiny Panel</b>
<b>2.</b>	Date:	Friday 28 <sup>th</sup> November 2008
<b>3.</b>	Title:	<b>Special Educational Needs Funding</b>
<b>4.</b>	Programme Area:	Children & Young People’s Services

## 5. Summary

Rotherham’s approach to secure excellent outcomes and increased opportunities for children, young people and families is based upon development of a network of Learning Communities (LCs) incorporating integrated service provision built around local needs and aspirations. Widespread consultation has established a strategic vision that aims to transform the relationship between special schools and their partner primary and secondary schools. The aim is that special schools be re-designated as a specialist resource for the wider schools system that will add to the broader personalisation transformation. These will provide capacity in each of the four specialist areas:- cognition and learning; communication and interaction; physical and sensory needs; and behavioural, emotional and social needs.

Funding for high incidence SEN is driven through formula factors for each school in addition to the mainstream school budget. Schools who have pupils with low incidence exceptional needs receive a top-up allocation. Some funding is retained centrally for support services and extra district SEN requirements.

## 6. Recommendations

- (a) That the SEN Funding report is received.
- (b) That the impact of the SEN Funding changes implemented from April 2006 be noted.



## 7. Proposals and Details

### 7.1 The developing role of special schools.

Funding for pupils with Special Educational Needs (SEN) is set within the defining principles that have informed the Local Authority's work since 2006:

- We are all responsible for all Rotherham's children and young people.
- All Rotherham learners will achieve; no one will be left behind.
- Learning is the core business: investment, policy and strategy must be driven by opportunities for learners.
- Learning communities will be rooted in and responsive to the needs of local people.

Rotherham's approach to secure excellent outcomes and increased opportunities for children, young people and families is based upon development of a network of Learning Communities (LCs) incorporating integrated service provision built around local needs and aspirations. Widespread consultation has established a strategic vision that aims to transform the relationship between special schools and their partner primary and secondary schools. This ambition to transform the life chances of our vulnerable learners is founded on key principles:

The special schools should be re-designated as a specialist resource for the wider schools system that will add to the broader personalisation transformation;

- There should be capacity in each of the four specialist areas; cognition and learning; communication and interaction; physical and sensory needs; and behavioural, emotional and social needs.
- A lead secondary school and a lead primary school will be identified for the SEN specialisms within each of 3 collaborative partnerships established across the Borough. The lead schools will work in partnership with the SEN specialist schools and specialist services to provide a resource for other schools and organisations within the collaborative.
- The work to devolve leadership and management responsibility for pupil referral arrangements to mainstream Headteachers will be incorporated into this work;
- Schools and LA specialist services will be re-aligned to create a coherent specialist resource for all schools that will be based within and across schools.

The SEN Specialist Schools programme and Building Schools of the Future (BSF) will be used to drive forward this change. New partnerships between primary, secondary and special schools will be created and BSF will be used to build both capacity and co-located learning environments. This approach would provide a continuum of provision extending from a child and family's local primary or secondary school, to an enhanced provision within the local area, and to a specialist facility within the Local Authority (see Table 1). It would provide blended and personalised pathways with choice and flexibility for pupils, parents and carers. The outcomes will include improved parental preference, a more cohesive and tolerant community, improved student outcomes and post 16 progression rates and permanent exclusions reduced to zero.

Governance and leadership models within and across Learning Communities will be redefined to ensure the most effective delivery for our vulnerable learners. The Authority will create a senior post that will take up the challenge as a 'Champion for Vulnerable Learners' using the cross phase pupil progress data to personally track the progress of each child and young person within this vital cohort.

Table 1

School	Specialism	Ofsted Grade
Abbey	Cognition and Learning; Communications and Interaction; Sports	Outstanding
Hilltop	Communications and Interaction	Outstanding
Kelford	Sensory and Physical	Good
Milton	Communications and Interaction	Outstanding
Newman	Cognition and Learning	Outstanding
Willows	Cognition and Learning	Satisfactory

One of the first co-located learning environments will be that at the Maltby campus. The Authority is currently involved in extensive consultation regarding this and other proposals under the Building Schools of the Future (BSF) programme. At Maltby, the existing secondary school would be rebuilt and be redesignated as an Academy and would be co-located on the existing site with an amalgamated primary school (Maltby Hall Infants and Lily Hall Junior) and Hilltop Special School.

## 7.2 Background to SEN funding changes

In 2005 following DfES guidance, Rotherham Local Authority reviewed the way that children with Special Educational Needs (SEN) in mainstream schools were supported. Following consultation and with the support of schools (92% in favour), changes in delegating funding for pupils with SEN were implemented with effect from 1st April 2006.

Prior to 2006, children had to be in receipt of a Statement of SEN for schools to receive a delegated allocation via the Matrix of Need, based only on the identified primary need. The matrix system linked funding to the number of statements and provided a perverse incentive for schools to pursue statements as the means to obtain additional funding. From April 2006, Statements of SEN were no longer linked to the amount of money a school received in Rotherham, so a child did not need a statement to get extra support. The full amount of funding previously linked to statements was delegated to schools via agreed funding formula factors as detailed in section 7.3. Schools who gained under the new system (64) received their full allocation with immediate effect. There were however, 56 schools who 'lost' under the system and for those that lost more than 0.5% of the delegated budget, a transitional protection was applied to a phased reduction of funding over a 3 year period.

National statistics show that there is a strong correlation between high incidence SEN, and social deprivation factors. The DfES support this data and recommend that LAs funding formula include potential impacting factors such as deprivation, mobility and prior attainment levels and to delegate high incidence SEN funding to schools. The benefits include:

- targeting of resources more fairly across schools in the Borough;
- greater autonomy, in line with supporting self-improving schools, to plan and manage provision efficiently and effectively;
- earlier intervention in co-operation with LA support services and other agencies who can target their resources working proactively with children and parents and schools (Over the last five years our Educational Psychology Service has moved towards an Early Consultation model of service delivery without the need for formal referral. As a result, the referral rate reduced by 49% and the downward trend is continuing. In 2000 there were 595 formal referrals reduced to 226 at the end of 2007)
- concentrates greater emphasis on provision and monitoring for pupils with complex needs

- reduced bureaucracy for schools and the LA with regard to the comprehensive and lengthy processes linked to Statutory Assessments, Statements and Annual Reviews
- greater stability, retention and flexibility in the employment and professional development of teaching assistants in line with Workforce Remodelling
- the opportunity to build in flexibility for unplanned expenditure for example when a pupil is admitted onto roll at non standard transfer time
- a more equitable and transparent system to share with parents/carers and increase confidence in a school's ability to meet a wide range of needs within a mainstream setting

Exceptional SEN has a random occurrence that is pupil and needs led and not always linked to general formula factors. Schools who have pupils with low incidence exceptional needs receive a top-up allocation, in addition to the funding generated through the formula for high incidence SEN. Exceptional Needs are assessed against the full range of Descriptors set out in the Exceptional Needs Allocation Chart (not just the primary need as previously under the Matrix system) and are approved via the SEN Panel. The Descriptors were developed by a working group of schools and LA officers.

### 7.3 Total SEN budget

It is important to note that mainstream schools have a whole school budget to meet the needs of all their children and part of this should be used to give extra support for children with SEN. The total SEN budget (outlined below) is one element of the school's whole budget.

Each school receives an identified total SEN budget as follows:

- 5% of the Age-Weighted Pupil Unit funding allocation included within the Individual School Budget allocation for the current year.
- 50% of the Social Deprivation allocation included within the Individual School Budget allocation for the current year.
- Learning Support Service allocation (Primary only).

Delegated Funding Formula for high incidence needs:

Looked After children	£250 per pupil
Free School Meals	30% Budget Allocation
Pupil Mobility	30% Budget Allocation
Prior Attainment- English*	10% Budget Allocation
Prior Attainment- Maths*	10% Budget Allocation
Prior Attainment- Science*	10% Budget Allocation
Index Of Multiple Deprivation	30% Budget Allocation

\* KS1 Results feed into Junior schools and KS2 into Secondary schools.

Any Exceptional Needs low incidence funding linked to an individual child is additional to the above.

### 7.4 Impact of funding changes

The Authority's Inclusion Strategy aims to meet the needs of all children and young people with special educational needs without the need of a statement and within mainstream settings wherever possible. As a result the number of SEN statements has significantly reduced by over 24% since 2005 and the numbers of educated out of the borough, in non-maintained or independent special schools is low. As at January 2008, 52% of all children with a statement of

SEN are placed on the roll of our mainstream schools. Education placements outside the borough have reduced from 61 in 2006/07 to 39 as of November 2008, a reduction of 36%.

*Table 2*  
Number of new statements issued in previous calendar year (January data from SEN2)

2003	2004	2005	2006	2007*	2003-2007 % change
303	46	60	70	98 ↑	-68% ↑

*Table 3*  
New statements issued for children aged under five years in previous calendar year (January data from SEN2)

	2004		2005		2006		2007	
	Number	% of new statements	Number	% of new statements	Number	% of new statements	Number	% of new statements
Eng	6,340	24.4%	5,777	25.4%	5,920	24.6%	n/a	n/a
LA	11	23.9%	25	41.7%	18	25.7%	42* ↑	42.9% ↑

Commentary: The drop in 2004 related to the earlier Matrix delegation scheme and a false impression that the LA was no longer issuing statements of SEN.

\* There has been a significant increase in the number of children at early years who require a statement of SEN to access specialist provision (sld/pmlD).

There have been 81 new statements issued since January 2008 (24 early years = 30%)

*Table 4*  
Total number of statements maintained by the LA (January data from SEN2)

2001	2002	2003	2004	2005	2006	2007	2008
1600	1810	1860	2000	1600	1329	1263	1214 ↓

*Table 5*  
Percentage of the 0-19 population with statements (January data from SEN2)

	2002	2003	2004	2005	2006	2007	2008
Eng	2.16%	2.14%	2.13%	2.05%	1.98%	1.91%	
LA	2.81%	2.89%	3.11%	2.50%	2.08%	1.98%	1.90% ↓

Commentary: The current percentage based upon 1153 statements from a total population of 63,495 shows a reduction to 1.82% The reduction in the number of statements will be a combination of school leavers, movement out of the LA and a reduction in the request for new statements of SEN over time.

## Training linked to SEN delegation

Schools have a duty to be accountable for expenditure on SEN and to ensure best value. LAs have a duty to provide guidance and support to schools but also to monitor and evaluate the deployment and impact of expenditure on SEN.

Training delivered:

- 2006: SEN Funding changes: 128 people from 82 schools
- 2007: Training for New SENCO's (rolling annual programme)
- 2007: Training to a group of Governors in one cluster
- 2007: Leading Teachers on Intervention pilot project

The LA has a provision management review process whereby schools are supported to illustrate their staffing /resource deployment and subsequent expenditure on SEN as a part of their whole school budget. The process, using a bespoke provision management database tool, enables schools to demonstrate:

- Focus on needs, appropriate interventions and deployment of staff
- linked to an audit of projected need using must/should/could principles and preventing over-provision in some classes and under-provision in others
- provision linked to achievement and attainment
- Can be used as a discussion and recording format to evaluate progress / next steps
- cost analysis for each term which supports effective financial management and forward planning
- clear and transparent information at individual, class and year group level for reporting to Governors, parents and for LA monitoring.

Since April 2006, 18 schools have requested direct support with provision management following a stated view that insufficient funds were available to meet the needs of children with SEN creating pressure on their whole school budget. Following further review and investigation, only 2 of the 18 schools were found to require additional lump sum funding as a result of their specific circumstances and overall SEN profile. Where other circumstances impact upon the schools budget, recourse is through application to the local authority under 'Schools in Financial Difficulty' fund.

One school was found to have a disproportionate percentage of low incidence children whose provision was creating pressure on the whole school budget. The school attracted a relatively low allocation via the formula factors and despite individual exceptional needs it was agreed that the school required an additional, central allocation of approximately £9k (07/08 and 08/09). The second school admitted two pupils to its roll with significant physical and medical needs, neither of whom had a statement of SEN at that point in time. Additional funding (£12k) was agreed to allow the school to deploy high levels of support.

In addition to the training sessions delivered, approximately 53 schools have requested individual school-based support to understand and illustrate their SEN expenditure and deployment of resources. This is a service provided free of charge.

## Future developments:

- Review of the impact of delegation on schools: matching /mapping key factors including falling rolls, proportion and complexity of SEN children, size and age range of schools: by January 2009 prior to 09/10 financial year

- Revision of Exceptional needs descriptors to be more specific and representative of the levels of additional support required for a child with low incidence needs: by January 2009 prior to 09/10 financial year
- Rotherham's bespoke Provision Management Database tool used with a group of schools under the Leading Teachers on Intervention pilot project to be rolled out and training planned: Spring 09
- Audit Commission's web based Value for Money Tool to be investigated and support offered to schools: Spring 2009

8. Finance

Notional SEN delegated to mainstream schools (S52 Schools Statements and including unit allocations)					
2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
£5,216,941	£5,874,247	£8,908,332	£9,363,111	£9,870,587	£10,324,623 ↑ (4.6%increase)

The total amount of funding relating to meeting the needs of children with SEN includes the centrally retained funding for support services, extra district budget, special school budgets and transport in addition to the above delegated amounts.

9. Risks and Uncertainties

The funding formula changes have been operational now for over 2 years and so the associated risks arising from those changes reduces over time. The protection factors that were implemented to support schools appear to have been effective with only 2 schools having to draw on the Schools in Financial Difficulty Fund in 2008/09.

10. Policy and Performance Agenda Implications

The proposals support the Council's Corporate Priorities and the Community Strategy. In particular they support those of Rotherham Learning, equity and sustainability. The overall principle of the proposals is to promote a more equitable and sustainable distribution of resources, which should more accurately reflect the needs and cohort of individual schools.

11. Background Papers and Consultation

Schools Forum, 25th January 2006  
 Cabinet Member Lifelong Learning, Culture and Leisure Services, 07 February 2006  
 Cabinet Member Children and Young People's Services, 07 February 2006  
 Children and Young People's Services Scrutiny Panel, 02 November 2007

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## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. **Meeting:** Children and Young Peoples Scrutiny
2. **Date:** Friday 28<sup>th</sup> November, 2008
3. **Title:** Youth Service Scrutiny Review - Cabinet Response
4. **Directorate:** Children and Young People's Services
5. **Summary**

This report lays out Children and Young People's Services Targeted Services' responses to the recommendations of the Youth Service Scrutiny Review, approved by Cabinet on 13th November 2008.

6. **Recommendations**

- (i) That Scrutiny note Cabinet response to the Scrutiny Review.

## 7. Proposals and Details:

Children and Young People's Scrutiny considered a review of the Youth Service entitled, "Future Challenges for the Youth Service", on 6th June, 2008. The trigger for the review was the publication of the Government's, *Aiming High for Young People: A 10 Year Strategy for Positive Activities*, and a recognition that in the fast changing and developing agenda of Children and Young People's Services, there was a need to ensure that traditional core youth service provision was maintained in light of the Government drive to increased targeted intervention and support with young people at risk. The Terms of Reference for the review were:-

- Legal Responsibility
  - What is the statutory responsibility of the Council?
  - National policies and documents.
- Youth People's Service
  - How effective are current services?
  - How does the service meet Council priorities?
  - How will we provide services in both rural and urban parts of the borough?
  - Any examples of successful partnership arrangements.
  - How we engage with private or voluntary sector providers.
  - What are the Council's future plans, including area based working?
- Involving Young People
  - How do we involve young people in an ongoing dialogue to help shape and inform current and future provision?
- Financial Issues
  - What is the available Young People's Services' budget?
  - What are the findings of the Base Budget Review?
  - Is external funding available to help young people's services and has the Council been successful in accessing it?
  - How do we meet the challenge of future demand?

The review report was endorsed on 6th June, 2008, by the Children and Young People's Scrutiny and also on 27th June, 2008, by Performance and Scrutiny Overview Committee.

The recommendations and Cabinet's responses are attached (Appendix 1).

## 8. Finance

The Youth Service traditionally accesses considerable amounts of external funding, via grants, tendering to provide services etc. In many ways, the extended range of responsibilities for the Youth Service, those associated with an increased targeting of vulnerable young people, have been funded from these external sources. A number of the grant streams from which the Youth Service currently provides services are within the Area Based Grant (A.B.G.).



In addition, the Youth Service administers a grant on behalf of young people - the Youth Capital Fund and the Youth Opportunity Fund - who determine the spend.

Detailed service planning is taking place currently and will be reviewed annually to ensure that the "balance" between the provision of core services and those which are targeted services is the correct one. This planning will ensure full consultation with key partners, most notably, young people and area based partnership.

## **9. Risk and Uncertainties**

A reduction in external funding streams, whether from the centre or by local determination of the A.B.G., would result in a reduction of the provision of services within universal or targeted services. The provision of youth services, the philosophy and importance of its role and the key part it plays in ensuring the voice of children and young people, are absolutely key to the successful integration of **all** children and young people's services.

Increasing demands to participate in or provide more and more services - even when those demands have money behind them - places considerable risk on the capacity of the service, not least because quality, skilled and experienced youth workers and, even more so, skilled and experienced managers in youth work are becoming an increasingly scarce and valuable resource. An expanding agenda of service delivery risks stretching such limited and valuable resources thinner.

## **10. Policy and Performance Agenda Implications**

Wide cross-cutting implications including:-

- Community Strategy
- All outcomes of the Children Plan/Every Child Matters
- 14 - 19 Strategy
- Public Health Strategy
- Several of the L.A.A. key indicators

## **11. Background and Consultation**

- Future Challenges for the Youth Service - Scrutiny Review - May 2008
- Aiming High for Young People - Government Strategy Document

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## ***Cabinet's Response to Scrutiny Review of Youth Services***

<b>Recommendation</b>	<b>Cabinet Decision</b> <i>(Accepted/ Rejected/ Deferred)</i>	<b>Cabinet Response</b> <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	<b>Officer Responsible</b>	<b>Action by (Date)</b>
<b>1. That Children &amp; Young People's Services develops a vision for Young People's Services as part of integrated teams, reflecting the importance of retaining a balance of non-formal education and generic working as well as providing targeted services to those most in need.</b>	Accepted	Young People's Services are an integral part of Children and Young People's Services and as such are part of the broader vision as endorsed within Rotherham's Children Plan and Young People's Services Plan	Simon Perry	April 2009
<b>2. That the current level of support given to Young People's Services is maintained.</b>	Deferred	Whilst we welcome the recommendation, the issue of resource allocation is subject to the annual budget setting process.	Simon Perry	March 2009
<b>3. That the Cabinet member for Children &amp; Young People's Services commissions a strategy to modernise youth service facilities in the Borough reflecting the need to provide facilities across each locality. The strategy should address:</b> <i>3.1) how we maintain the balance of generic and targeted services at current resource level</i> <i>3.2) how we will meet the Government's proposals around developing an Integrated Capital Strategy and potential partnerships with voluntary or private</i>	Accepted	Strategy to be produced. Where appropriate, incorporate the strategy into the BSF initiative, and Children & Young People's Services Locality Plans.	George Simpson	June 2009

<p><b>sector.</b>  <b>3.3) whether access to facilities can be widened to ensure that there is provision at peak times and during holiday periods.</b>  <b>3.4) the feasibility of maintaining the current number of buildings or whether services can be provided in localities in other ways.</b>  <b>3.5) the accessibility of facilities via public transport.</b></p>				
<p><b>4. As part of the Youth Offer Young People's Services conduct an audit at Area Assembly and Parish Council level to identify gaps or duplication of services.</b></p> <p><b>Each locality team should develop relationships with the Parish Councils in their area to establish whether services are being provided, the level of need and if there is scope for greater partnership working.</b></p>	Accepted	<p>Audit in conjunction with Area Assembly Managers, Extended Services Partnership Officers, Parish Councils and the Voluntary Youth Work Sector with regard to the identification of positive activities within each of the 7 localities.</p> <p>Young people will present the findings to schools, Locality Managers, Area Assembly Officers, Elected Members, Parish Councils, NHS Rotherham and Local Strategic Partnership.</p>	George Simpson	March 2009
<p><b>5. That further work is undertaken to integrate the Area Planning Process in Area Assemblies with the work of the Locality Teams to identify needs, circumstances and the aspirations of children and young people in their area. On the basis of their views, agree priorities, plan provision and identify the resources available across the partner agencies and the contributions they will make.</b></p>	Accepted	<p>Children &amp; Young People's Services' Joint Leadership Team will request Locality Managers, Area Assembly Officers, Parish Council Representatives and Youth Officers organise an annual conference(s) in the first quarter of each year and use the information from the audit as a platform for young people in their respective areas to identify their needs and aspirations.</p> <p>The young people's feedback from the conferences and other supporting events such as the work of the Youth Cabinet, Rotherham's National Youth Parliament representatives, school councils and other fora responding to the needs of young people ie BME Youth Forum and Looked After Young People's Council, can then be used to agree priorities, plan provision, identify resources and the roles within partnership working.</p> <p>The results would be documented in Locality and Area Assembly plans for the forthcoming year.</p>	George Simpson	June 2009

<p><b>6. Agreement sought with partners and Directorates to address how youth work interventions to respond to issues of anti-social behaviour are funded.</b></p>	<p>Accepted</p>	<p>The establishment of Targeted Early Intervention Teams in each locality – whose role is to address the issues of socially excluded young people – signifies a partnership approach which includes staff from Police, Youth Offending Services, Connexions, Substance Misuse Services and NHS Rotherham as well as Youth Services. The work of these teams is informed By Youth Work principles. Joint ownership of anti-social behaviour agenda between SRP and CYPS, ensures that funding streams from a variety of sources are consistently applied, with C&amp;YPS [Targeted Services] taking the lead.</p>	<p>Simon Perry</p>	<p>Ongoing</p>
<p><b>7. The focus of the service should remain on the 13-19 age group. Recognising that there is a need and desire for work with younger children, that Children and Young People’s Services assess the feasibility of working in partnership with voluntary sector and Parish Councils to provide services for children and young people.</b></p>	<p>Accepted</p>	<p>Youth Services work with target age range of 13-19 year olds.  Targeted Services are currently leading on a review of services to 8-13 year olds in partnership with the VCS, the police and schools, particularly those children at risk of various aspects of social exclusion. This is on behalf of the Proud Theme Board and will inform the commissioning of services from NRF Transitional funding.</p>	<p>Simon Perry</p>	<p>March 2009</p>
<p><b>8. That work is undertaken to develop a Youth Work ‘Quality Charter’ to benchmark provision in the voluntary and community sectors. Local groups would be awarded the Charter after being assessed as meeting minimum standards in terms of curriculum, health and safety and safeguarding. The Charter could be advertised in the Directory of Services.</b></p>	<p>Accept in principle.</p>	<p>Children &amp; Young People’s Services and VCS reviewing the resource implications in the context of added value.</p>	<p>George Simpson</p>	<p>September 2009</p>
<p><b>9. That resources are identified to support the further development and maintenance of the Directory of Services.</b></p>	<p>Accept in principle.</p>	<p>Review resource implications with partners including any potential contributions and sources of funding. There is a need for the Local Strategic Partnership, Local Authority, PCT, Voluntary and Community Sector and Children and Young People’s Services to identify the capacity to maintain, update and develop the directory of services.</p>	<p>George Simpson</p>	<p>March 2009</p>

**CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL**  
**Friday, 31st October, 2008**

Present:- The Mayor (Councillor G. A. Russell) (in the Chair); Councillors Ali, Burton, Currie, Hughes, Kaye and Sims.

Also in attendance were:- Mrs. J. Blanch-Nicholson (co-opted member)

Apologies for absence were received from:- Councillors Dodson, Donaldson, Fenoughty, License and Sharp and from co-opted members Mr. M. Hall, Father A. Hayne, Mrs. D. Booth and Mrs. P. Wade.

**49. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

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

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

**51. MATTERS REFERRED FROM THE YOUTH CABINET**

The Scrutiny Panel noted that the Youth Cabinet had launched its new manifesto during October 2008, which included the following issues:-

- launch of the Student Council Principles
- Fair Trade information
- promotion of anti-fascism
- promoting diversity and inclusivity

**52. COMMUNICATIONS**

Scrutiny Panel members were reminded of the forthcoming visits of inspection to the newly-established Locality Teams, scheduled to take place during December, 2008 and were asked to respond to the Senior Scrutiny Adviser with their availability.

**53. UPDATE ON PERFORMANCE IN RELATION TO PSA 14 AND NPI 117  
- 16 TO 18 YEAR OLDS WHO ARE NOT IN EDUCATION  
EMPLOYMENT OR TRAINING (NEET) AND CONNEXIONS SERVICES  
ACTIVITY WITHIN ROTHERHAM**

Further to Minute No. 79 of the meeting of the Children and Young People's Scrutiny Panel held on 8<sup>th</sup> February, 2008, consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the progress with the proposed action to achieve the LPSA NEETs target (PSA14) for November 2008 of

**CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL - 31/10/08 2C**

7.1% (including the stretch element) and the Not Knowns target of less than 5%.

Subsequently, the Cabinet Member for Children and Young People's Services had endorsed the following areas for prioritisation to address the NEET (Not in Education, Employment or Training) target:-

- working with schools to reduce the percentage of young people leaving year 11 to NEET from the 2007 target of 8% (8.4% achieved or 321 young people) to 4.2% (161) in 2008;
- improving systems to identify leavers from post 16 learning and secure a follow on destination - to reduce entrants into the NEET cohort;
- increasing the range and number of learning and employment, with learning opportunities to meet the needs of NEET young people; including the development of public sector apprenticeships (an increase of 50 by November 2008).

The report stated that the overall objective is to try and reduce the NEET cohort by 350 young people (reduction of 161 school leavers and 136 leavers at age 17 from learning and creating 50 apprenticeships).

Members noted that the focused September Guarantee meetings have been held with post 16 learning providers, Connexions providers and with the Learning and Skills Council to plan and monitor support to achieve the 100% target for the September Guarantee for 16 and 17 year olds. As at 30<sup>th</sup> September, 2008, 99% of Year 11 leavers from Rotherham schools had received an offer of a guaranteed place in post 16 learning in line with the September Guarantee requirements. This equates to a 4 % improvement on the position at the same time in 2007.

The Scrutiny Panel also discussed:-

- issues causing NEETs within the black and minority ethnic community;
- the need to increase the availability of public sector apprenticeships;
- the development of Entry to Construction programmes within Entry to Employment (E 2 E) programmes.

Resolved:- (1) That the report be received and the progress being made against targets be welcomed.

(2) That the Cabinet Member for Children and Young People's Services be asked to pursue, at the Children's Board meetings, the development and provision of public sector apprenticeships for young people.

**54. 14 TO 19 STRATEGY (INCLUDING LSC DEVELOPMENTS) - UPDATE**

**3C CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL - 31/10/08**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the 14-19 Learning Plan and the 14-19 Strategy and Resources Board which are now in place following extensive consultation with all partners and key stakeholders within Rotherham. The report stated that this development provides Rotherham with a firm foundation to deliver the changes set out in the Government White Paper 'Raising Expectations: enabling the system to deliver'. This White Paper details the transfer of responsibility for 16-19 education from the Learning and Skills Council to local authorities, by the end of the decade.

The rationale for the transfer is that local authorities should provide strong, local leadership for all aspects of learning up to the age of 19 and act as the accountable body for all outcomes for young people up to that age (and to age 25 years for those with learning difficulties and disabilities).

The proposed legislation should be in place by December, 2008 and would confer a number of responsibilities on local authorities.

Resolved:- (1) That the report be received and its contents noted.

(2) That this Scrutiny Panel be informed, at regular intervals, of progress with this item.

**55. IMPACT ASSESSMENT OF YOUNG RUNAWAYS AND MISSING FROM HOME PROTOCOLS**

Further to Minute No. 21 of the meeting of the Children and Young People's Scrutiny Panel held on 7<sup>th</sup> September, 2007, consideration was given to a report presented by the Director of Targeted Services describing the impact over the past twelve months of the South Yorkshire Runaways Joint Protocol and the Rotherham Safeguarding Children Board 'Action Plan for Services to Runaways'. The report provided up to date information on the scale of the problem in Rotherham, what the analysis of the data says about young runaways and what the multi-agency responses and plans are for prevention and support.

The Government's Social Exclusion Unit defines a runaway as '*a child aged under 18 who spends one night or more away from home or care without permission, or who has been forced to leave by their parents or carers*'.

The Action Plan for services for runaways was appended to the report submitted. A new performance indicator (NI 71) would be included in the National Indicator Set from April, 2009. The data for this indicator would be collected on a quarterly basis and the indicator reviewed in 2009/10 to ensure that it is driving better collections of data about young runaways and improvements in local services for young people.

The Scrutiny Panel discussed the following salient issues:-

- the distance spread of the children running away;
- the incidence of running away by Looked After Children;
- the reasons for running away;
- whether the rurality of the Rotherham Borough is a factor;
- preventative work with parents;
- work being undertaken with schools;
- evaluation of Safe@Last;
- the financial cost of dealing with runaway children and young people.

The Scrutiny Panel also welcomed Mrs. Tracy Haycock who answered questions about the role of the Safe@Last organisation.

Resolved:- (1) That the report be received and its contents noted.

(2) That the details of the Action Plan for services for runaways be noted.

(3) That a further report be submitted to the Children and Young People's Scrutiny Panel, in six months' time, detailing the progress made against the Action Plan for services for runaways.

**56. CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION - IMPACT ASSESSMENT OF ACTION PLAN**

Consideration was given to a report presented by the Director of Targeted Services providing an update on progress across Rotherham around arrangements to protect children and young people from sexual exploitation.

The report stated that Working Together (April 2006), states that '*The LSCB (Local Safeguarding Children Board) should actively enquire into the extent to which children are involved in prostitution in the local area. They should assume that it is a local issue unless there is clear evidence to the contrary*'. There has to be a recognition that sexual exploitation of young people is a national issue and its management requires both a national and local strategic response.

Rotherham's response to the issue was to develop a Multi Agency Action Plan and to consider robustly and revise where appropriate, arrangements and processes between key agencies in dealing with children and young people at risk. The Scrutiny Panel had originally reviewed the Action Plan in 2006 (Minute No. 23 of the Scrutiny Panel's meeting held on 8<sup>th</sup> September 2006 refers). Reports to the LSC Board and monitoring by the Sexual Exploitation Steering Group has required regular updates of the Action Plan and the latest of these, from March 2008, was attached to the report submitted. The most recent meeting of the Sexual Exploitation Steering Group has confirmed that a further update is to be prepared and submitted to its next meeting. Additional or updated notes to those contained within the Action Plan were referenced



in this report, where pertinent.

Key areas of note in relation to protecting children and young people from sexual exploitation were:-

- structures in place to take forward the Action Plan (eg: the multi-agency Sexual Exploitation Steering Group);
- the function of the Risky Business Project;
- various activity in response to the requirements of the Action Plan (eg: a text messaging service for young males who may be caught in sexual exploitation).

Members noted that there would be a further opportunity to discuss the detailed implementation of the Action Plan during the visits to the Locality Teams in December 2008.

Resolved:- (1) That the report be received and its contents noted.

(2) That the details of the Action Plan for sexual exploitation be noted.

(3) That a further report be submitted to the Children and Young People's Scrutiny Panel, in six months' time, detailing the progress made against the Action Plan for children and young people who are vulnerable to sexual exploitation.

**57. SECONDARY SCHOOL LIFESTYLE SURVEY 2008 (BOROUGH WIDE)**

Consideration was given to a report presented by the Policy, Planning and Commissioning Manager about the Lifestyle Survey, which enabled Children and Young People's Services to determine the views of children and young people about various subjects such as being healthy; their current levels of fitness and activities; how they feel about school; whether they are a carer; whether they feel safe or are being bullied; how often they may smoke, drink or take drugs; plus what their views are about sex and relationship education. The survey also included questions about their neighbourhood in general.

The survey, conducted in Secondary Schools, had been completed by Year 7 and Year 10 pupils (2,248 pupils in total) during the Summer Term in 2008, with ten schools out of sixteen taking part. The report stated that similar surveys had also been conducted in 2006 and in 2007 and it was the intention to undertake surveys each year in the future. Pupils complete the questionnaire online, often in ICT lessons in school.

The 2008 Lifestyle Survey for Primary Schools began on 20<sup>th</sup> October 2008 and would last until 19<sup>th</sup> December, 2008. The report on the findings of this survey, which is aimed at Year 5 pupils, will be available during March, 2009.

The survey summary, attached as an appendix to the report submitted, provided a brief analysis of the results of the 2008 Secondary Lifestyle Survey. The Borough-wide report which includes the findings from the 2008 Secondary School Lifestyle Survey will be made available on the Council's Intranet. A summary version of the report will be made available on the Council's Internet website.

The Scrutiny Panel considered that the results of the Lifestyle Survey ought to be used to inform the future delivery of services for young people, both by the Borough Council and by all statutory agencies.

Resolved:- (1) That the report be received and the summary survey results be noted.

(2) That, in an endeavour to ensure that all Secondary Schools participate in future years' pupil lifestyle surveys, a report be submitted to the next meeting of the Forum of Chairs and Vice-Chairs of School Governing Bodies.

(3) That the results of each years' surveys be examined for comparative purposes and in order to identify trends in behaviour which may be used to inform the future delivery of services for young people.

(4) That the results of the 2008 lifestyle survey be made available for School Councils and for the Youth Cabinet, in order to link into the citizenship curriculum in schools.

(The Mayor (Councillor G. A. Russell) left the meeting during the Scrutiny Panel's consideration of this item; the Vice-Chair, Councillor J. Burton, assumed the Chair for the remainder of the meeting)

**58. MINUTES OF A MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON 3RD OCTOBER 2008**

Resolved:- That the minutes of the previous meeting of the Children and Young People's Services Scrutiny Panel held on 3<sup>rd</sup> October, 2008 be approved as a correct record for signature by the Chairman.

**59. MINUTES OF A MEETING OF THE LOOKED AFTER CHILDREN SCRUTINY SUB-PANEL HELD ON 24TH SEPTEMBER 2008**

Resolved:- That the contents of the minutes of the meeting of the Looked After Children Scrutiny Sub-Panel held on 24th September, 2008 be noted.

**60. MINUTES OF A MEETING OF THE CHILDREN'S BOARD HELD ON 8TH OCTOBER, 2008**

Resolved:- That the contents of the minutes of the meeting of the

Children's Board held on 8th October, 2008 be noted.

**61. MINUTES OF MEETINGS OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE HELD ON 26TH SEPTEMBER 2008 AND ON 10TH OCTOBER 2008**

Resolved:- That the contents of the minutes of the meetings of the Performance and Scrutiny Overview Committee held on 26th September, 2008 and on 10th October, 2008 be noted.

**PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE**  
**24th October, 2008**

Present:- Councillor Whelbourn (in the Chair); Councillors Austen, J. Hamilton, Jack, McNeely and Swift.

Also in attendance were Councillors Clarke, Hughes and Sims for item 99 below (Budget).

Apologies for absence were received from The Mayor (Councillor G. A. Russell), Councillors Boyes, Burton and P. A. Russell.

**97. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

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

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

**99. BUDGET**

Andrew Bedford, Strategic Director of Finance, gave a presentation relating to the above entitled 'Medium Term Financial Strategy – Moving Rotherham Forward to Our Future'.

The presentation covered :-

- Agenda
  - The Medium Term Financial Strategy (MTFS)
  - Budget Issues
  - Budget Process
  - Next Steps
- Developing the MTFS
- General Fund Balances
- Budget Issues
- Prevailing Economic Climate
- Inflation Projections 2008-2012
- Job Evaluation and Equal Pay
- Pensions
- Emerging Capital Expenditure Issues

- Capital Investments : Revenue Impact
- “Restructuring the Budget” – Extent
- Budget Process
- Savings Targets
- “Our Future” : Key Outcomes
- Bridging the Gap
- Restructuring the Budget
- Next Steps
- Timetable

Discussion and a question and answer session ensued and the following issues were covered:

- impact of reduced interest rates
- likelihood of redundancies
- impact of redundancies/early retirements on the Pension Fund
- progress with regard to shared services and the commissioning of services
- budget reflecting Member priorities
- job evaluation/equal pay and the need to publicise the benefits to employees from the swift action of the Council with regard to national insurance payments
- scrutiny involvement in the budgetary process
- presentation of budgetary information to scrutiny in an easily understood standard format (need for a common template across directorates)
- reference in template as to whether or not a service could be provided in a different way
- submission of a pilot template to scrutiny

Resolved:- (1) That the information be noted and Andrew be thanked for the presentation.

(2) That detailed budgetary information be submitted to respective scrutiny panels in an easily understood standardised format as now discussed.

(3) That the relevant Cabinet Member be invited to respective scrutiny panels when considering such budgetary information.

(4) That this Committee holds an half day session to consider specifically the Budget with a view to finalising scrutiny's response as part of the budget process.

#### **100. LOCAL AREA AGREEMENT 2008 - 2011**

Further to Minute No. 22 of the meeting of this Committee held on 13th June, 2008, Vince Roberts, Partnership Manager, presented the submitted report summarising the current position regarding the development of Rotherham's Local Area Agreement 2008-2011 (LAA).

Vince introduced David Warmesley who had been seconded for six months from Government Office to assist in the process.

Highlighted were:

- current position review/refresh process 2008/09
- key deadlines
- following three major elements in approach to developing plans to meet deadlines:
  - partnership performance report
  - refresh
  - improvement and efficiency planning

Submitted as appendices to the report were:

- summary of the questions raised by scrutiny panels and the responses
- designated targets to be discussed as part of the process

It was noted that the focus was on moving away from technical indicators

Discussion and a question and answer session ensued and the following issues were covered:-

- financial implications and reward grant system
- target setting

- NI 53 : Prevalence of breastfeeding at 6-8 weeks from birth and availability of information from the scrutiny review of breastfeeding
- area plans to add value and inform the LAA
- impact of the changing economy
- partner awareness of Comprehensive Area Assessment (CAA)

Resolved:- (1) That the current position regarding the development of Rotherham's Local Area Agreement 2008-2011 be noted.

(2) That Vince Roberts and Angela Power look at how the issue of area plans potentially adding value to the LAA could be taken forward and a further report be submitted to the Democratic Renewal Scrutiny Panel.

(3) That future monitoring reports to this Committee include a brief snapshot of the position regarding Comprehensive Area Assessment.

#### **101. RESPONSE TO SCRUTINY REVIEW OF CORPORATE COMPLAINTS**

Mark Evans, Customer Services Client, presented the submitted report outlining Cabinet's response to the scrutiny review of Corporate Complaints and also the progress being made on implementing the recommendations of the review.

The review made 19 recommendations and the response and progress made on each of the 19 was set out as an appendix to the report.

It was noted that Recommendation 13 (to involve complaints officers in the early stages of the complaints handling process, to ensure appropriate handling of the complaint) was rejected on impractical grounds in that Complaints Officers serve to act as the reviewing body if the complaint reaches Stage 2.

It was also noted that Recommendation 18 (Members to receive training on complaint handling as part of their induction process) was referred back for progression with the Members' Training and Development Panel.

Discussion and a question and answer session ensued and the following issues were covered:-

- progress regarding Recommendation 2 (reframing of complaints procedures to 'feedback' and ensure robust procedures are in place to capture all learning for service improvement)
- Siebel system

**24T PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE - 24/10/08**

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

(2) That monitoring reports be submitted to this Committee as appropriate.

**102. POST OFFICE CLOSURES - FEEDBACK FROM POST OFFICE LTD**

Cath Saltis, Head of Scrutiny Services, reported that Post Office Ltd. had not amended its decision to close the six post offices in Rotherham.

Concern and disappointment was stressed that Post Office Ltd. in their decision booklet gave no mention of the additional information provided by the Council and local residents.

A draft letter expressing disappointment at the decision and apparent disregard of the representations made was submitted.

Resolved:- (1) That the letter, as now discussed, be sent to Post Office Ltd.

(2) That the letter be printed in the Community Newspaper.

(3) That copies of the letter be sent to the local M.Ps., attendees (where known) at the meeting with representatives of Post Office Ltd. on 12th September, 2008 and to scrutiny chairs in the other affected local authority areas.

(4) That efforts be made to ascertain the basis on which the Post Office in Sheffield was withdrawn from the closure programme.

**103. 11 MILLION TAKEOVER DAY**

Further to Minute No. 81 of the meeting of this Committee held on 26th September, 2008, Cath Saltis, Head of Scrutiny Services, reported the latest position following discussions with the Youth Cabinet, regarding the takeover of this Committee's meeting on 7th November, 2008.

It was proposed that a report be submitted following last year's work regarding reducing the use of plastic bags. The Youth Cabinet also wished to discuss recycling issues and hold a political speed dating session with Committee members.

Resolved:- (1) That the programme for the day be as follows:-

9.00 a.m. Meeting commences to deal with routine business (Council Members only)

10.00 a.m. Speed dating session with Youth Cabinet

11.00 a.m. Meeting reconvenes to be chaired by Youth Cabinet



(2) That Cabinet Members be invited to attend the speed dating session followed by reconvened Committee meeting chaired by the Youth Cabinet.

**104. MINUTES**

Resolved:- That the minutes of the meeting held on 10th October, 2008 be approved as a correct record for signature by the Chairman.

**105. WORK IN PROGRESS**

Members of the Committee reported as follows:

(a) Councillor McNeely reported that the review entitled 'The Customer Experience of Choice Based Lettings' was about to begin. The review would look at what it felt like from the tenant point of view and how easy and transparent it was. The review would draw on the experiences of the tenants of Chesterhill Avenue but would also be interested in any cases Members were aware of where the process of choosing, bidding etc was not as straightforward as it could have been for constituents.

(b) Councillor Swift reported that further meetings of the PE/School Sport Review were scheduled for 3rd and 5th November, 2008 and it was hoped the latter meeting would complete the review.

(c) Councillor Jack reported

- continuing work of the review relating to breastfeeding
- the last meeting of the Adult Services and Health Scrutiny Panel had received (i) a presentation in relation to the consultation on proposals to improve mental health services and (ii) a report in relation to the consultation on the proposed NHS constitution

(d) Cath Saltis reported, on behalf of the Mayor, that

- the next meeting of the Children and Young People's Services Scrutiny Panel would be considering:

(i) NEETs and developments in 14-19 education

(ii) impact of plans and strategies – young runaways and sexual exploitation

(iii) report on the Lifestyle Survey (a survey conducted in secondary schools and completed by Year 7 and 10 pupils over the Summer Term – 10 schools out of 17 took part including over 2248 pupils)

**26T PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE - 24/10/08**

- the November agenda of the Panel would focus on health issues, primarily around reducing infant health inequalities
- the review of support to newly arrived children was well under way
- Panel members were involved in the reviews relating to breastfeeding and provision of PE and sports in schools

**106. CALL-IN ISSUES**

There were no formal call in requests.

**PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE**  
**7th November, 2008**

Present:- Councillor Whelbourn (in the Chair); The Mayor (Councillor G. A. Russell), Councillors Austen, Barron, Boyes, Burton, J. Hamilton, McNeely and P. A. Russell.

Also in attendance for items 116 onwards below were Chris Cox, John D'Silva, George Foster, Liam Laughton, Charlotte Scothern and Melissa Waterworth (representatives of the Youth Cabinet) and Lydia Catterall (Young People's Adviser).

Councillors Akhtar (Cabinet Member for Neighbourhoods), R. S. Russell (Cabinet Member for Streetpride) and Councillor Smith (Cabinet Member for Regeneration and Development Services).

Apologies for absence were received from Councillors Hussain, Jack, Stone, Swift and Wyatt.

**107. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

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

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

**109. PAYMENT OF INVOICES WITHIN 30 DAYS (FORMER BVPI 8)**

Further to Minute No. 69 of the meeting of this Committee held on 12<sup>th</sup> September, 2008, Sarah McCall, Performance Officer, presented the submitted report which detailed BVPI 8 and how it measured the payment of undisputed invoices within thirty days.

The Council had agreed the following average annual targets for performance of BVPI 8 with RBT:-

2007/08	96.3%
2008/09	97.0%
2009/10	97.5%

Outturn performance for 2007/08 achieved 94% which demonstrated an improvement on the 2006/07 outturn performance of 91%.

Performance against BVPI 8 was not as consistent as it should be and it was recognised that the Council should act to instil and embed good practice in this area and work was ongoing to that effect. Recent performance had achieved:-

April	95%
May	92%
June	88%

July	90%
August	91%
September	91%

Average performance against BVPI 8 for the year to date was 91.16%.

Discussion and a question and answer session ensued and the following issues were covered:-

- Effective start time of the thirty day period.
- Reasons for the drop in performance in June.
- Rationale behind payment to small to medium enterprises within ten days.
- Clarification regarding tracking the impact of performance of BVPI 8 against early payment discount savings and breakdown of information by Directorate.
- Proposed activity regarding how the Council could help individuals and businesses in respect of the credit crunch.
- Impact of champions and buddies.

Resolved:- (1) That the current position in respect of BVPI 8 be noted.

(2) That, with regard to future reports and any Directorate falling below expected standards, the respective Cabinet Member and Strategic Director be requested to attend this Committee to discuss the position.

#### **110. PROCUREMENT STRATEGY ACTION PLAN OUTTURN**

Further to Minute No. 67 of the meeting of this Committee held on 12<sup>th</sup> September, 2008, Sarah McCall, Performance Officer, presented the submitted report detailing how the Council's Corporate Procurement Strategy was based around the four key visions of the National Procurement Strategy:-

- Vision for leadership, management and capacity.
- Vision for partnering, collaboration and supplier management.
- Vision for systems that allow business to be done electronically.
- Vision for stimulating markets and achieving community benefits.

Implementation of the Strategy was via four action plans corresponding to the visions and the report provided the outturn position against those action plans.

In order to demonstrate progress against action plans, a percentage complete figure had been incorporated.

The four Strategy Action Plans had delivered the objectives of the Procurement Strategy, which were:-

- Value for Money.
- Legal Procurement.
- Governance.
- Sustainable Procurement.
- Stimulated Markets.

Discussion and a question and answer session ensued and the following issues were covered:-

- Implementation of e-invoicing within Cedar to accept XML invoices directly in the Cedar Application.
- Monitoring of non-catalogue items regarding the introduction of framework supplier agreements.
- Training with regard to the implementation of e-tendering and e-evaluation.
- Clarification regarding the potential for regional or multi-authority contracts for care provision.
- Target setting for the member led Procurement Panel.
- Measuring the impact of the action plans.
- Clarification of no training needs being identified in relation to APR 1.08 and the self assessment survey undertaken.
- Elimination of barriers to compete with regard to the review of tendering processes.
- Economic viability of meet the buyer events.

Resolved:- That the outcomes of the four action plans be noted.

**111. PROCUREMENT LPI'S**

This item was deferred to the 5<sup>th</sup> December, 2008 meeting of the Committee.

**112. RAY BUY RECYCLED PROJECT**

This item was deferred to the 5<sup>th</sup> December, 2008 meeting of the Committee.

**113. MINUTES**

Resolved:- That the minutes of the meeting held on 24<sup>th</sup> October, 2008 be approved as a correct record for signature by the Chairman.

**114. WORK IN PROGRESS**

Members of the Committee reported as follows:-

- (a) Councillor McNeely confirmed that the review entitled “The Customer Experience of Choice Based Lettings” had begun.
- (b) Councillor Austen indicated that it was hoped that the report of the review of the Parish Charter would be submitted to the Democratic Renewal Scrutiny Panel on 4<sup>th</sup> December, 2008.
- (c) The Mayor reported that the latest meeting of the Children and Young People’s Scrutiny Panel had considered:-
  - Update on Performance in relation to PSA 14 and NPI 117 – 16 to 18 year olds who are Not in Education, Employment or Training (NEET) and Connexions Services Activity within Rotherham.
  - 14 to 19 Strategy (including LSC developments – Update).
  - Impact Assessment of Young Runaways and Missing from Home Protocols.
  - Children and Young People at Risk of Sexual Exploitation – Impact Assessment of Action Plan.
  - Secondary School Lifestyle Survey 2008 (Borough wide).

**115. CALL-IN ISSUES**

There were no formal call in requests.

**116. MEMBERS OF THE YOUTH CABINET TO INTERVIEW ELECTED MEMBERS ABOUT BEING A COUNCILLOR**

At this point in the proceedings, the meeting was adjourned to facilitate a political speed dating session between representatives of the Rotherham Youth Cabinet and members of this Committee and Cabinet.

The meeting reconvened together with members of the Cabinet and representatives of the Rotherham Youth Cabinet and, as part of 11 Million Takeover Day, Charlotte Scothern (Youth Cabinet) chaired the remainder of the meeting.

(Charlotte Scothern in the Chair)

Charlotte welcomed everyone to the meeting and thanked all those that had taken part in the political speed dating session.

**117. REDUCTION/REMOVAL OF SINGLE USE PLASTIC BAGS AND RECYCLING IN SCHOOLS - UPDATE**

The Committee noted the submitted report relating to the above which updated the meeting on meetings, discussions and actions that had taken place since the issue was first raised by the Youth Cabinet at the respective meeting in November, 2007.

Charlotte welcomed Hugh Long, Partnership and Development Co-ordinator, who gave a presentation entitled "Plastic Bag Reduction and Recycling in Schools".

The presentation covered:-

- Format of talk:-
  - Some quiz questions.
  - Plastic bag reduction.
  - Recycling in schools.
  - Some statistics about Rotherham's recycling.
- How many fridges did Rotherham recycle last year?
- Plastic bag reduction – what has been done so far.
- Future options.
- How many newspapers and magazines did Rotherham recycle last year?
- Recycling in schools – what has been done so far.
- Paper banks.
- Future options.
- Future barriers.
- How many trees did Rotherham save from being chopped down last year?
- How much did Rotherham recycle in 2002?

- How much did Rotherham recycle in 2007?
- What can schools do?

Discussion and a question and answer session ensued and the following issues were covered:-

- Modbury Project feedback one year on.
- Views of the Youth Cabinet regarding progress over the last year covering:-
  - Positive awareness raising.
  - Paying for plastic bags a positive move.
- Consultation with other local authorities regarding plastic bag free initiatives.
- Possibility of a letter from the Youth Cabinet to shopkeepers regarding reduced plastic bag usage.
- Influencing Government to provide reduced packaging.
- Creative use of packaging materials.
- Recycling fashion shows.
- Viability of an initiative to return packaging.
- Potential Youth Cabinet resolution to the three local M.P.'s regarding the Government putting pressure on manufacturers to reduce packaging.
- Utilising Youth Cabinet links into the Youth Parliament to reinforce the initiatives.
- Sourcing alternative products that were not packaged as much.
- Paper bank tonnages from existing participating 49 schools.
- Funding levels and external funding opportunities.
- Effectiveness of school councils to promote recycling initiatives.
- Reluctance of some schools to site a paper bank.
- Database of existing 49 schools utilising paper banks and tonnages collected.



- Need for school governors to raise the profile of recycling initiatives in schools.

Resolved:- (1) That Hugh Long be thanked for his informative and interesting presentation.

(2) That feedback be sought on the Modbury Project one year on and it also be provided to the Youth Cabinet.

(3) That joint meetings between this Committee and the Youth Cabinet continue to be scheduled.

(4) That Hugh Long provide the database of schools utilising paper banks, including tonnages collected, to:-

- (a) The Youth Cabinet.
- (b) Members on school governing bodies, through Cath Saltis, to facilitate efforts to raise the profile of recycling awareness at such meetings.

(5) That Elected Members on school governing bodies raise the issue of school councils and their effectiveness at their respective governing body meetings.

(6) That Joyce Thacker arrange for recycling issues to be discussed at future meetings of the Chairs and Vice-Chairs of school governing bodies.

(7) That Youth Cabinet members be invited to attend relevant steering group meetings to raise recycling issues.

(8) That support, as necessary, be made available to the Youth Cabinet should they decide to write to the three local M.P.'s urging the Government to bring pressure to bear on manufacturers to reduce the levels of packaging of goods.

## 118. WASTE AND SCHOOLS

The Committee noted the submitted report relating to the above which provided an overview of the work that had been undertaken specifically within Rotherham schools over the last few years to highlight the need for sustainable waste management and the current issues around delivering sustained education initiatives.

Charlotte welcomed David Wilde, Local Agenda 21 Community Worker, who gave a brief presentation expanding on the waste issues in schools.

The presentation covered:-

- Introduction to GreenCheck/EMAS.
- How does it work?

- What happens in school?
- Auditing process.
- What do we offer schools?
- Themes or 'doorways'.
- The value of GreenCheck as an educational tool.
- More information.

David was thanked for his presentation, but unfortunately there was insufficient time for discussion and questions.

Charlotte thanked everyone for their attendance and participation and closed the meeting.