

CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham

Date: Friday, 24 July 2009

Time: 1.30 p.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

Joint work with Scrutiny Panel, PHSE Curriculum – request for Scrutiny Review (Senior Scrutiny Adviser to report)
7. Communications
8. Aiming High for Disabled Children - Short Breaks Services (report attached) (Pages 1 - 52)
9. Review of Children and Young People's Services (report attached) (Pages 53 - 124)
10. Minutes of a meeting of the Children and Young People's Scrutiny Panel held on 3rd July, 2009 (copy attached) (Pages 125 - 130)
11. Minutes of a meeting of the Looked After Children Scrutiny Sub-Panel held on 25th March 2009 (copy attached) (Pages 131 - 137)

12. Minutes of a meeting of the Performance and Scrutiny Overview Committee held on 26th June 2009 (copy attached) (Pages 138 - 143)

**Date of Next Meeting:-
Friday, 4 September 2009**

Membership:-

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

Co-optees:-

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

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Children and Young People’s Scrutiny Panel
2.	Date:	Friday 24 July 2009
3.	Title:	Aiming High for Disabled Children – Short Breaks Services
4.	Directorate:	Children & Young People’s Services

5. **Summary:** Aiming High for Disabled Children (AHDC) is the Government’s transformation programme for disabled children’s services in England. This report identifies the key purposes of AHDC and its implications for families of disabled children in Rotherham.

The AHDC programme focuses on four areas:

- improving short break services;
- providing accessible childcare;
- ensuring transition support for children and young people;
- establish parent forums

While work has been undertaken in all of these areas, it is the transformation of Short Break services that has received the most attention. It has been targeted by the Department for Children, Schools and Families (DCSF) and the Department of Health (DH) with significant funding and timescales for completion. This report identifies the work undertaken to ensure that the readiness criteria for receiving AHDC funding for Short Breaks were met and how we now propose to improve Short Break services for families and children with disabilities in Rotherham.

6. Recommendations:

**To receive the Report and provide comment on the proposals.
To provide scrutiny to the spending proposals and monitor the achievement of the Short Breaks Spending Plan.**

7. Proposals and Details:

AHDC is particularly focussed on meeting the needs of those children with the most severe learning and/or physical difficulties. Families with a disabled child can face significant difficulties that can prove to be stressful and increase the potential for family breakdown. Families of disabled children identify the difficulties that can be experienced in maintaining a work life balance; supporting the competing needs of their other children as well as maintaining their own social life. This can lead to families becoming socially isolated. To address these issues AHDC places greater emphasis on supporting families through a range of short break activities.

A short break is an opportunity for the child or young person to spend time away from their parent/carer. These include day, evening, overnight or weekend activities and can take place in the child's own home, the home of an approved carer, or a residential or community setting.

Short breaks normally occur on a regular and planned basis and should be part of an integrated programme of support which is regularly reviewed. Short break provision can however, also be provided on an emergency basis.

The AHDC programme requires Local Areas to put families and their children at the heart of short break developments so as to ensure that short breaks are comprehensive in scope and provide more personalised opportunities. To ensure this occurs AHDC requires Local Areas to provide the National Core Offer.

The National Core Offer comprises 5 elements grouped under 3 headings:

- **Information and Transparency**
- **Assessment**
- **Participation and Feedback**

A steering group has been formed to ensure that the National Core Offer is available to families in Rotherham and to ensure the readiness criteria for AHDC Short Breaks funding have been achieved. This has required the development of a Strategic Vision for AHDC (see Appendix 1) and a Commissioning Strategy (see Appendix 2).

The AHDC Short Breaks programme also requires local areas to provide a Full Service Offer.

The Full Service Offer seeks a radical expansion in the availability, quality, content and experience of short term breaks for disabled children and their families. It seeks to enhance and expand existing residential and family based overnight short break services to include breaks which may last a few hours or a few days and could be delivered in a variety of settings at home, in the community or in specialist provision.

Through audits of need and through consultations with families we have identified the areas that we now need to develop in Rotherham. Details of these areas are identified in Appendix 3, as are the financial projections to achieve these proposals.

8. Financial Implications

Significant additional funding has been allocated to Local Areas to support the extension and improvement of short break provision. This consists of both revenue and capital funding as shown in Table 1.

Table 1: AHDC Short Break Funding Allocation for Rotherham

Revenue			Capital		
2008/09	2009/10	2010/11	2008/09	2009/10	2010/11
£60,000	£345,100	£1,113,300	0	£171,600	£400,500

The 2008/09 financial year was identified by the DCSF as the preparatory phase for the AHDC Short Breaks programme. All Local Authorities were tasked with meeting the Readiness Criteria for which a £60,000 revenue allocation was received. Having met these criteria, the 2009/10 grant has now been received and the 2010/11 grant is now anticipated.

The year 2009/10 and 2010/11 see a significant uplift in both revenue and capital funding and this is outlined below as Appendix

In addition, NHS Rotherham has been awarded an additional £100,000 for developing AHDC Short Break provision. While it has not yet been confirmed it is anticipated that a similar allocation will be made to NHS Rotherham in 2010/11.

The close working partnership between RMBC and NHS Rotherham were a key feature of meeting the readiness criteria and consequently a joint commissioning strategy was developed to ensure continued working together to meet the Full Service Offer.

9. Risks and Uncertainties

To maintain our funding for Short Breaks requires continued approval that RMBC is working towards achieving the Full Service offer. The national charity Together for Disabled Children has been appointed to monitor the implementation of AHDC Short Break plans in local areas. Failure to implement our proposals would jeopardise 2010/11 funding.

There has been no indication of what funding will be available to sustain short break funding after 2011.

10. Policy and Performance Agenda Implications

Delivery of the Aiming High for Disabled Children Core Offer will be monitored through the new National Performance Indicator 54 – Services to Disabled Children.

11. Background Papers and Consultation

Aiming High for Disabled Children National Core Offer, DCSF May 2008
Aiming High for Disabled Children Overview, DCSF May 2008
Aiming High for Disabled Children Settlement Letter, DCSF May 2008
Aiming High for Disabled Children Needs Assessment Letter to LAs, DCSF May 2008
Short Break Questions & Answers DCSF May 2008
Sure Start, Early Years & Childcare 2008-2009 Memorandum of Grant, DCSF February 2008
Rotherham AHDC Needs Assessment 2008
Rotherham AHDC Consultation Report August 2008
Rotherham AHDC Local Area Implementation Plan
Joint Commissioning Strategy for Short Breaks 2009 – 2012 (see appendix 2)
Rotherham AHDC Strategic Vision Statement (see Appendix 1)
Paper to Cabinet Member meeting on 26th November, 2008
Paper to Cabinet Member meeting on 25th February, 2009
Together for Disabled Children Progress Review, 24th February 2009

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Appendix 1

AIMING HIGH FOR DISABLED CHILDREN IN ROTHERHAM

Strategic Vision

2009 - 2011



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Aiming High for Disabled Children in Rotherham Strategic Vision

1. Introduction

One of the most important challenges in the improvement of services for children, young people and their families is the development of a fully integrated strategy for disabled children and young people. The need for improvement has been recognised nationally and initiatives have been introduced to address the issue. The legislative imperative for an integrated strategy for disabled children is provided by the Children Act, 2004. This has been supported through programmes including Early Support, the National Service Framework for Children, Young People and Maternity Services, 2004, the Disability Discrimination Act, 2005 and, most recently, Aiming High for Disabled Children which defines the National Core Offer to be available for disabled children, young people and their families. A new National Performance Indicator (NI54) will be introduced in 2009 which will be informed by a survey of service user satisfaction in the five areas of the National Core Offer – information, transparency, assessment, participation and feedback.

2. Vision

A key component of an integrated strategy for disabled children will be the strategic vision for the implementation of the Aiming High for Disabled Children agenda. Rotherham's AHDC strategic vision is based on the principle that disabled children and young people in Rotherham should not encounter barriers to services and facilities and have the same entitlement as all children to be healthy and safe; to enjoy and achieve; to make a positive contribution, and; to economic well being. It is also based on the principle that, as service users, they should influence the design and delivery of the services which support them.

Disabled children and young people are among the most vulnerable in the community and this strategic vision statement aims to draw existing initiatives and services together and to ensure that there are no gaps in provision. The strategic vision sets out the requirements which we are committed to meeting locally to ensure that disabled children, young people and their families:

- have their needs assessed promptly and accurately
- are fully informed at all times
- are active and valued partners in decision making and service delivery
- experience improved and enhanced access to appropriate services
- are supported to maximise their potential in all 5 Every Child Matters outcomes

3. Definition of Disability

National Service Framework Standard 8 requires that “children and young people who are disabled or who have complex health needs receive coordinated, high quality child and family-centred service which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives.” This requirement is taken as the basis for this strategy. The NSF Standard 8 relates to children and young people who are disabled and / or those with complex health needs, including children and young people with learning disabilities, autistic spectrum disorders, sensory impairments, physical impairments and emotional / behavioural disorders.

This is a broad and inclusive definition and NSF Standard 8 acknowledges that many disabled children will have no need for ongoing interventions. Whilst adopting the NSF Standard 8 definition as the basis of this strategy on behalf of all children & young people who might be considered to be disabled, therefore, a further distinction needs to be made in respect of the children with the most significant and complex needs so that clear and transparent criteria are in place and services targeted effectively.

The definition of disability used throughout this strategic vision statement as the basis for eligibility to targeted specialist services and planned, ongoing interventions as a Child in Need within a social care framework is, therefore, that of the Children Act 1989 which states that a child is disabled if he is substantially or permanently disabled”.

This definition of disability is amplified in the Disability Discrimination Act, 2005 to indicate that a disabled person is someone who has “a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities”. Under the Disability Discrimination Act the effect must be substantial, adverse and long-term and this definition is specifically applied in the eligibility criteria for the Children’s Disability Social Work Team.

Throughout this strategic vision statement the term “disabled children and young people” is used, rather than “children and young people with disabilities”. This terminology is used in support of the social model of disability which takes the view that an insufficiently inclusive society disables children and young people.

4. National Core Offer

This AHDC strategic vision sets out the proposals of the Local Authority and its partners to ensure that the Aiming High for Disabled Children National Core Offer is delivered to disabled children & young people and their families in the Borough. The National Core Offer has five elements: information; transparency; assessment; participation and; feedback. It requires that:

- the information provided should be tailored to the individual needs of children and their parents and be readily accessible in a range of formats
- disabled children and young people receive child-centred multi-agency coordinated services from the point of referral through identification and assessment to delivery
- disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services

4.1 Delivering the National Core Offer

4.1.1. Information

This AHDC strategic vision statement requires that clear information and guidance is available, in a range of formats, to families of disabled children and young people on all relevant local services.

Disabled children & young people themselves will also be provided with information appropriate to their age and understanding on the services to which they have access.

In order to achieve this, this strategic vision will be underpinned by a Children's Disability Communications Strategy which will ensure that:

- there is a sound information base and robust and accurate data on which to draw
- this information informs the development of a local set of performance indicators which supports and enhances NI54
- there is an agreed target population & information gathering methods between partner agencies
- all information made available meets agreed standards of clarity & quality
- the principles and practices of Early Support are applied across agencies
- families are actively encouraged to join the voluntary Disability Register and are able to see the benefits of doing so

AHDC funding will be allocated to support the Children's Disability Communications Strategy, including dedicated posts and a budget for resources to implement the strategy

4.1.2. Transparency

This AHDC strategic vision statement requires that there will be clear evidence of:

- more accessible mainstream services & facilities
- increased support for families included in the NSF Standard 8 definition of disability
- high quality, targeted support for those with the most significant and complex needs
- clear eligibility criteria for access to all relevant services
- increasingly integrated and, wherever possible, co-located services
- explicit links between, and signposting to, relevant agencies
- improved arrangements at stages of transition
- monitoring & evaluation at strategy, service and team level
- prompt and meaningful responses to feedback from service users
- clearly defined and consistently applied commissioning arrangements
- improved outcomes for disabled children & young people in all of the Every Child Matters priorities

Fundamental to successful implementation of the strategy will be the ability of staff within services to adopt the role Lead Worker when appropriate. This will require ongoing workforce development and inter-agency communication but local guidance, which has been endorsed by the Care Coordination Network UK (CCNUK), is in

place and is incorporated within the implementation of both the Common Assessment Framework and Early Support in Rotherham.

4.1.3. Assessment

The National Core Offer requirement that disabled children and young people receive child-centred multi-agency coordinated services from the point of referral through identification and assessment to delivery is also a marker of good practice within the NSF Standard 8. Disabled children, young people and families in Rotherham can expect assessments to be:

- holistic, multi-agency and co-ordinated, undertaken as far as possible in the same place at the same time, and be provided as early as possible with minimum waiting times
- proportionate to the apparent need, guided by the views of the child and family, and centred on the meeting needs rather than current services
- based on the family's consent to share information and an understanding of the purpose and possible outcomes of the assessment
- based on shared information, increasingly the Common Assessment Framework, as a platform for more specialist assessments, ensuring that families do not have to provide the same information time and time again.
- focussed on promoting the welfare of the child in the family context and recognising that needs of the family change over time
- undertaken by staff with the right skills for onward referral or diagnosis, assessment, treatment and ongoing care and support.

and to cover:

- consideration of inclusive options as well as specialist services including the offer of direct payments and support to manage direct payments
- family support plan in Early Support for 0 – 4, and person centred transition planning for young people from 14
- consideration of the need for a key worker or lead professional.

To achieve this, Rotherham will ensure that:

- specialist, multi-agency assessments of young children with suspected special needs are conducted at the Child Development Centre (CDC)
- information and support, consistent with Early Support principles and practice is provided alongside the assessment process at the CDC
- families receive appropriate post diagnosis support
- status as a nationally accredited Early Support is maintained & that all agencies promote the use of Early Support principles and practice
- the Common Assessment Framework is implemented without delay where it is unlikely that single agency support and intervention is unlikely to meet a child's needs
- the implementation of the Common Assessment Framework results in an appropriate action plan which enables needs to be met wherever possible within universally available services with resources & support targeted at preventive work & building family resilience
- there are clear criteria for assessment of eligibility for specialist services and that these are consistently and fairly applied

- that all statutory assessments are completed within prescribed time scales and result in appropriate actions to improve the outcomes for the child or young person in the 5 Every Child Matters priority areas
- there are joint scrutiny & funding arrangements for specialist equipment & communication aids

4.1.4. Participation

The National Core Offer requirement that disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services is also a marker of good practice within the NSF Standard 8. Disabled children, young people and families in Rotherham can expect participation through:

- choice over the support provided to them through full involvement in assessment and design of their packages of care
- the option of participating from the beginning in decisions about local service development, in particular drawing up the C&YPP
- arrangements for parents of disabled children so that they can fully participate in shaping local universal and specialist services at both strategic and operational levels
- tailor-made opportunities using a creative range of methods to ensure disabled children and young people can meaningfully participate in service planning and development
- opportunities for involvement in drawing up the disability equality scheme and monitoring its effectiveness in eliminating discrimination
- the survey of a representative sample of parents on their experience of services (NI54)

To achieve this, Rotherham will ensure that:

- a Parents Forum / Participation Group is established and systematically supported to fulfil an active and meaningful role in shaping services
- an effective Parent Partnership service is maintained
- there is a range of local performance indicators to supplement and inform the data provided by the NI 54 Survey
- all services for disabled children, young people and their families conduct annual user surveys and provide evidence of meaningful response to the outcomes
- a disabled children & young people's Rights Group is maintained and supported in making an active and meaningful contribution to shaping services by the Voice & Influence Unit
- Parent Participation is supported by the Children's Disability Communication Strategy
- the use of Person Centred Reviews is developed and promoted
- this strategy relates directly to the C&YPP in reflecting the wishes, aspirations and concerns of disabled children and young people and their parents / carers;
- disabled Children & their families are meaningfully involved in the development of all strategy – for example the Play Strategy – not only developments specific to their disability so that the Integrated Children & Young People's Disability Strategy dovetails with and permeates local planning and policy

4.1.5. Feedback

The National Service Framework for Children, Young People and Maternity Services Standard 8 paragraph 5.10 states that disabled children want staff to listen to them, ask them for their ideas, take notice of what they say and give them choices and that the involvement of children and their parents in planning services leads to more appropriate services.

Disabled children, young people and families in Rotherham can expect feedback to be routinely and systematically:

- sought from all children and families regardless of impairment
- analysed by socio demographic factors and by nature of impairment
- reported in everyday language to local parents forums and to meetings which develop the C&YPP
- acted upon so that the views of families requiring support demonstrably influence future provision

and for:

- support to be available to enable disabled children and young people to provide feedback
- a clear and well-publicised complaints procedure for all families who are not happy with the services they are receiving
- complaints to be dealt with promptly, fully, fairly and at an appropriate level, with findings fed back to parents and carers

To achieve this, Rotherham will, in addition to the actions to ensure participation outlined above, require services for disabled children, young people and their families to provide evidence that they provide feedback to, and effectively respond to feedback from, service users

5. Short Breaks Services

In developing the National Core Offer locally, local areas are required to deliver the Full Service Offer for Short Breaks Services. The transformation of short breaks services for disabled children, young people and their families is a key element of Aiming High for Disabled Children and will be supported by the most significant allocation of additional funding to be made available through the AHDC programme.

Short breaks, as defined by the DCSF, usually provide opportunities for disabled children and young people to spend time away from their primary carers. These include day, evening, overnight or weekend activities and take place in the child's own home, the home of an approved carer, or a residential or community setting. Short breaks can however also be provided through a temporary carer relieving the primary carer of their caring responsibilities without their being separated from the disabled child or young person.

Short breaks normally occur on a regular and planned basis and should be part of an integrated programme of support which is regularly reviewed. Short break provision

can however, also be provided on an emergency basis. No short break should exceed 28 days continuous care and total provision over a year should not exceed 120 days.

Short break services are specialist additional services required to support disabled children and their families; in other words, short breaks services are over and above the universal services available to all families.

Short breaks range from supporting disabled children and young people to access universal leisure-time services, through to providing specialist services at a local and regional level. In this context specialist services are services accessed by a particular group of children, i.e. disabled children. The Full Service Offer for the provision of short breaks under Aiming High for Disabled Children requires that there should be:

- sufficient provision that meets the needs of severely disabled children and their families, including those with complex health needs;
- age appropriate provision that ensures the following groups are not disadvantaged in accessing short breaks:
 - a) children and young people with Autism Spectrum Disorder;
 - b) children and young people with complex health needs, including the technology dependent child and those requiring palliative care;
 - c) children and young people up to 18 with moving and handling needs that will require equipment and adaptations;
 - d) children and young people with challenging behaviour as a result of their impairment;
 - e) severely disabled young people 14+.
- a wide range of short breaks, tailored to families' needs and including:
 - a) overnight breaks, with care available in both the child's own home and elsewhere;
 - b) breaks during the day, with care available in the child's own home and elsewhere;
 - c) breaks in universal settings, delivered through the support of a befriending, sitting or sessional service;
- culturally appropriate provision that is sympathetic to the racial, cultural and religious background of disabled children and their families;
- provision that is available at the times when families and young people, need breaks - this should include evenings, weekends and holiday provision, and be capable of responding to urgent care requirements;
- well-promoted information regarding the short break provision available in the area.

To achieve this, Rotherham will ensure that the local short break service offer will:

- significantly increase the range and volume of provision available from the 2007 – 2008 baseline
- be based on a comprehensive needs assessment which is informed by extensive consultation with children with disabilities and their families
- accurately reflect the identified wishes of children with disabilities and their families in the development & delivery of service
- use fair, understandable and transparent eligibility criteria
- provide specialist support for the most complex needs whilst promoting increased access to universal provision
- ensure that no groups are disadvantaged in accessing service

- support and promote independence & resilience as well as provide respite at periods of crisis
- promote positive social experiences
- contribute to an integrated package of care and support
- be delivered in partnership between statutory and third sector agencies
- be delivered within the Joint Commissioning Framework and provide best value
- be responsive to evaluation by service users

Through the Aiming High for Disabled Children programme, the government will allocate significant additional funding to local areas in order to transform short breaks services. Subject to DCSF approval of the Local Area Implementation Plan, Rotherham will receive £354100 revenue and £171600 capital funding during 2009 – 2010 and £1113300 revenue and £400500 capital funding during 2010 – 2011. An extensive consultation with service users and stakeholders has been undertaken and Rotherham's Local Area Implementation Plan and Short Breaks Commissioning Strategy are well advanced.

The additional funding available through Aiming High for Disabled Children will be deployed through a Commissioning Strategy in two phases from April 2009. Resources during 2009 – 2010 will be targeted mainly to consolidate, extend and improve existing provision to ensure that the best quality service is available to those with the most substantial and / or complex needs. There will also be investment to extend provision for a wider range of needs, which might fall within the NSF 8 definition of disability referred to in Section 2 of this strategy. Significant further investment will be made to extend this area of provision during the second phase of AHDC additional funding in 2010 – 2011.

6. Management, Implementation and Review

This AHDC strategic vision statement will:

- require the endorsement and approval of elected members
- be reviewed on a regular basis and revised as necessary
- be reported at least annually to Joint Leadership Team (JLT), Cabinet Member & Advisers and NHS Rotherham Directors

In order to take this forward, a Steering Group will be designated by JLT, under the leadership of Director of Inclusion Services. The Steering Group will formulate an AHDC Action Plan with clear priorities, timescales, responsibilities, monitoring arrangements, and success criteria. The Steering Group will then keep progress under review and co-ordinate joint priorities and targets across services and agencies

The Steering Group will identify & receive the necessary data, information & feedback required to monitor & evaluate progress on the strategy and will be supported by specialist officers where necessary.

Successful implementation of the strategic vision will require:

- identified managers working collaboratively & co-located where possible
- dedicated management time to AHDC Strategy implementation

- performance monitoring using specific local indicators & service self evaluations as well as NI 54
- application of Joint Commissioning Framework to identified work streams
- formulation and application of a Children's Disability Communications Strategy within the remit of a responsible officer
- a Workforce Development Strategy specific to AHDC

Implementation will, subject to approval, take effect from April 1st 2009 to coincide with the implementation of Aiming High for Disabled Children. It will be reviewed annually following receipt of NI54 information from DCSF and the outcomes reported to JLT, Cabinet Member and NHS Rotherham Directors

7. Making the Strategy Available

This AHDC strategic vision statement will be made available in different formats and languages on request. A full version will also be made available on the RMBC website. Particular attention has been paid to the readability of this document. No acronyms or abbreviations, for example, have been used without full explanation.

PR/C&FSNS/6.2.09

Annex 1 Glossary of Terms

Aiming High for Disabled Children (AHDC)	The Government's programme to transform services for disabled children and their families
National Core Offer	The statement of the standards which families with disabled children can expect across the country from local services
Full Service Offer	The statement of what should be provided by short breaks services
Local Area Implementation Plan	The plan developed by each local area, supported by Together for Disabled Children, to meet the readiness criteria for allocation of AHDC funding
Early Support	The government's preferred approach to supporting families with very young disabled children

Lead Worker	The worker acting as a single point of contact for a family and coordinating agreed actions
National Indicator 54	The performance measure for services for disabled children which will be based on a survey of a sample of parents' satisfaction with the services they receive
Child Development Centre (CDC)	The multi-agency assessment clinic at Rotherham General Hospital
Every Disabled Child Matters	The national campaign to secure the rights of disabled children and their families to the services and support they need to lead ordinary lives

Annex 2 References

Children Act 1989

Children Act, 2004

Special Educational Needs Code of Practice 2001

National Service Framework for Children, Young People and Maternity Services, 2004

Common Assessment & Lead Worker Guidance, Rotherham, 2004

Disability Discrimination Act, 2005

Aiming High for Disabled Children Implementation Guidance, 2008

Aiming High for Disabled Children National Core Offer, 2008

Aiming High for Disabled Children Full Service Offer, 2008

Rotherham Children & Young People's Plan

Rotherham Aiming High for Disabled Children Communications Strategy 2009 - 2011

Rotherham Aiming High for Disabled Children Action Plan 2009 - 2011

Rotherham Aiming High for Disabled Children Workforce Strategy 2009 - 2011

Eligibility Criteria – Children’s Disability Social Work Team

Eligibility Criteria – Short Breaks Panel

Annex 3 Aiming High for Disabled Children Steering Group

AHDC Short Breaks Commissioning Group (SBCG)

TERMS OF REFERENCE

1. Purpose

1.1 The Aiming High for Disabled Children Short Breaks Commissioning Group (SBCG) will act as an Advisory Forum to the Strategic Commissioning Group on all issues relating to the provision of disability shorts breaks for young people aged 0-19 years.

1.2 The Short Breaks Commissioning Group has the dual function of:

- Strategic Planning for short breaks, with the responsibility for making recommendations on the AHDC Short Breaks Local Area Implementation Plan.
- Joint Commissioning, with the function of a formal commissioning body with final responsibility and ratification of decisions remaining with the Children & Young People’s Strategic Commissioning Group.

2. Objectives

2.1 Strategy Planning

2.1.1 To develop local strategic plans to reflect the Aiming High for Disabled Children agenda at a local level whilst addressing local gaps and priorities identified by continuously updating and analysing maps of local service provision compared to local need.

2.1.2 To co-ordinate and monitor the locally agreed strategic plans across the multi-agency partnership.

2.1.3 To promote quality standards and best practice throughout local short breaks service provision.

2.1.4 To identify and address the training and development needs of the workforce.

2.1.5 To establish short term, multi-agency working groups to plan and implement actions around specific issues and pieces of work.

2.2 Commissioning

- 2.2.1 To develop the commissioning of short breaks through consultation with key agencies and with local young people and parents/carers.
- 2.2.2 To receive financial information relating to short break budgets and allocate resources to meet the current needs and priorities identified in the local Short Breaks Commissioning Strategy.
- 2.2.3 To develop a Service Specification for all service provision, this will be reviewed annually and revised as required.
- 2.2.4 To follow the commissioning standards detailed in the service specification.
- 2.2.5 To ensure implementation and performance management of the commissioned services.

3. Membership

- 3.1 The Short Breaks Commissioning Group will be chaired by a member of the Children & Young People's Joint Leadership Team.
- 3.2 Membership will reflect the multi-agency nature of providing short break services to young people with disabilities.
- 3.3 Members will be at an appropriate professional and decision making level within their representative agency to contribute to the development and implementation of strategic plans and to commission appropriate services. Members will be expected to ensure appropriate representation of their agency at meetings.
- 3.4 Members of the Commissioning Group may invite members to join or be co-opted to complete specific tasks or pieces of work and to receive minutes/papers from meetings.

4. Meetings and Reporting

- 4.1 The Commissioning Group will meet at least every quarter and agree a calendar of meetings (i.e. forthcoming year April – March). Essential information/work will be shared with members via e-mail in the interim periods.
- 4.2 The Commissioning Group will be quorate when at least three members are present.
- 4.3 The Commissioning Group will review the work of all commissioned services, requiring submission of quarterly figures by the service

providers, and making recommendations for improvement where appropriate.

4.4 The Commissioning Group will submit a comprehensive progress report, including increased funding/resources, reallocation of resources, continuation of funding/resources, remedial measures and disinvestments, to the Strategic Commissioning Group/Joint Leadership Team every six months.

4.4.1 Individual members will be responsible for bringing issues from and reporting to the agency that they represent.

5. Review

5.1 Terms of reference and membership to be reviewed on a six monthly basis, following agreement of this document.

February 2009

Proposed Membership

<i>Short Breaks Commissioning Group Membership</i>	
Director, Inclusion Voice & Influence (CHAIR)	Tom Kelly
RMBC C&YPS AHDC Short Breaks Lead (VICE CHAIR)	Peter Rennie
NHS Rotherham AHDC Short Breaks Lead (VICE CHAIR)	Ian Atkinson
JLT Member, Voluntary and Community Sector	Paul Robinson
Resource Mgr, C&F Special Needs Service, RMBC	Alan Jevons
Complex Care Co-ordinator Children's Disability Team	Rachel Clarke
Team manager – Children's Disability Team	Marie Noon
Team Manager, Complex Needs Service, NHS Rotherham	Julie Devine/ Gail Smedley
Service Manager, Provider Services, RMBC	Sue May/Andy Simcox
Commissioning Officer, C&YPS, RMBC	Paul Theaker
Parent/Carer representative 1	Andrew Badger
Parent/Carer representative 2	Jane Fitzgerald

Young People's representative and/or advocate	<i>TBC</i>
Project Support Officer, NHS Rotherham	Lisa Gash
Capital Projects Officer, RMBC	Andrew Parry
Communications Strategy Co-ordinator, RMBC	Jackie Parkin
Parent Partnership Service Manager, RMBC	Pip Wise
Head Teacher representative	<i>TBC</i>
Voluntary Sector Provider representative	<i>TBC</i>
Training & Quality Assurance Co-ordinator	Paula Williams

Appendix 2

AIMING HIGH FOR DISABLED CHILDREN

COMMISSIONING STRATEGY FOR SHORT BREAKS SERVICES

2009 to 2012



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1. INTRODUCTION

This is the first three year Commissioning Strategy for extending and improving Children and Young People's Disability Short Break services in Rotherham.

The Strategy has been developed through a partnership between NHS Rotherham and Rotherham MBC and sets out Rotherham's joint health and social care commissioning and decommissioning intentions for 2009-2012, to meet our obligations under the Aiming High for Disabled Children (AHDC) Short Break Transformation Programme.

The Government is committing significant additional funding to support the Aiming High agenda during the period of the Comprehensive Spending Review 2008-2011. The majority of this funding will be to support the extension and improvement of short break provision.

This document focuses on how Rotherham will achieve a transformation in the quality, quantity and range of provision, through meeting the standards set out in the Full Service Offer (FSO). In addition, meeting the FSO will involve ensuring that specific groups of disabled children are no longer disadvantaged.

1.1 WHAT THE STRATEGY IS ABOUT

The scope of the Commissioning Strategy

The function of this Commissioning Strategy is to identify how to use the resources available to best meet the short break needs of disabled children and young people and their parents/carers.

There is no single definition of the word "disability" and the strategy adopts the definition from the Disability Discrimination Act 1995: "A physical or mental impairment that has a substantial and long-term impact on the ability of a person to carry out normal day-to-day activities".

This strategy encompasses the provision of short breaks for children and young people in Rotherham with:

- Severe Learning Disabilities
- Physical Disabilities
- Severe Developmental Delay
- A diagnosis of Autistic Spectrum Disorder
- Multiple Disabilities
- Challenging behaviour as a result of their disability
- Complex health needs

Vision for Short Break provision during 2009 to 2012

The joint vision of NHS Rotherham and Rotherham MBC is to transform the way in which short breaks are provided to ensure a future where disabled children and young people and their parent/carer can access a quality and diverse range of short break provision that is available at a time and place of their choice and meets their individual needs.

It is a fundamental aim that children and young people and their parent/carer will be **active participants** rather than **passive recipients** of services.

Achieving the Full Service Offer of extended and improved short breaks for children with disabilities and their families will be a key component of an integrated strategy to deliver the National Core Offer under Aiming High for Disabled Children

The short break service offer will:

- significantly increase the range and volume of provision available from the 2007 – 2008 baseline
- be based on a comprehensive needs assessment which is informed by extensive consultation with children with disabilities and their families
- accurately reflect the identified wishes of children with disabilities and their families in the development & delivery of service
- use fair, understandable and transparent eligibility criteria
- provide specialist support for the most complex needs whilst promoting increased access to universal provision
- ensure that no groups are disadvantaged in accessing service
- support and promote independence & resilience as well as provide respite at periods of crisis
- promote positive social experiences
- contribute to an integrated package of care and support
- be delivered in partnership between statutory and third sector agencies
- be delivered within the Joint Commissioning Framework and provide best value
- be responsive to evaluation by service users
- Partners will work together to ensure a skilled, dedicated and professional workforce.

1.2 LOCAL AND NATIONAL CONTEXT

In the context of the implementation of the Every Child Matters: Change for Children agenda, NHS Rotherham and Rotherham MBC have developed strong partnerships and are implementing children's trust arrangements, which includes the integration of front line services. They have been working in partnership to implement Standard 6 and 8 of the Children's National Service Framework since 2004, and within the Single Children's Plan, the 'Be

Healthy' section details developments required with regard to children with disabilities and particular those with complex health care needs.

Both NHS Rotherham and Rotherham MBC are fully committed in transforming disability short break provision and ensuring that the 'full service offer' is achieved.

The national context for transforming short break provision is outlined through the Aiming High for Disabled Children (AHDC) Short Break Transformation Programme. In addition, further Government priorities for disabled children are contained within:

- Every Child matters – Next Steps
- National Service Framework
- Together from the Start – Early Support Services for Disabled Children
- Youth Matters
- Early Years Strategy
- Removing Barriers to Achievement
- Safeguarding Children

Each local area's delivery of the AHDC National Core Offer will be monitored through a new national performance indicator, NI 54, and the government has announced plans to introduce legislation to make provision of short breaks a statutory responsibility.

1.3 RESOURCE ASSUMPTIONS AND IMPLICATIONS FOR COMMISSIONING

Both NHS Rotherham and Rotherham MBC currently commit a significant amount of resources into the provision of short break services. These are as follows:

Provision		Funded jointly?	Funding body	Funding total
Residential Unit Services	Overnight stays	Yes	NHSR/	
	Day care or sessional visits	Yes	RMBC	£1,183,750
	Outreach service	No	RMBC	£216,140
Family based overnight care	Contract carers	No	RMBC	£722
	Overnight sitting services	No	RMBC	£11,332
	Family Link services	No	RMBC	£49,055
Family based day care	Contract carers	No	RMBC	As above
	Sitting or sessional services	No	RMBC	£31,070
Other short break services	Sitting or sessional services	No	RMBC	£174,781
	Nursery provision	No	RMBC	£39,620
	Child Minders Respite at Residential Schools			

The total expenditure on the provision of short break provision in 2007/08 was £1,706,470.

The Government is committing significant additional funding to support the extension and improvement of short break provision, which consists of both revenue and capital funding. The current 2008/09 financial year is seen as the preparatory phase with a small revenue allocation to aid the process. The years 2009/10 and 2010/11 see a significant uplift in both revenue and capital funding and this is outlined below:

Revenue			Capital		
2008/09	2009/10	2010/11	2008/09	2009/10	2010/11
£60,000	£345,100	£1,113,300	0	£171,600	£400,500

The receipt of the above allocations will be dependent on satisfying Government Office that Rotherham has a robust plan for meeting the Full Service Offer.

Both existing allocations from RMBC and NHS Rotherham and the new additional short breaks monies should not be seen in isolation and therefore commissioning will be based on the totality of these allocations.

1.4 CONSULTATION WITH YOUNG PEOPLE AND CARERS AND OTHER STAKEHOLDERS

Disabled young people and their parents/carers are 'experts by experience'. Their perspectives are not only essential to the planning and delivery of their own short breaks, but also required in all aspects of service planning, development, delivery and evaluation of short break services.

This was most clearly shown in the information which was gained for the Short Breaks Needs Assessment, through consultation with young people in Rotherham's special schools in July 2008 and also a significant number of one-to-one interviews with parents over the summer and early autumn of 2008.

This strategy is committed to the meaningful and effective involvement of disabled young people and their carers and is a clear priority which underpins its successful implementation.

This strategy will support the enhancement of current involvement and development of a structure which will ensure the delivery of several key outcomes:-

- Involvement in planning decisions to ensure that services, systems and structures meet the needs of disabled young people and carers
- Involvement in service developments
- Participation in service review and audit
- Representation in the overall Governance agenda

- Involvement in staff recruitment and induction and training
- Involving disabled young people and carers in evaluation and feedback

A number of mechanisms are already available to people to help support the delivery of these objectives, some are already being implemented, and others will be adopted throughout the life of this document.

2. NEEDS AND ASPIRATIONS – FUTURE DEMAND

The accompanying Rotherham Needs Assessment for Extending and Improving Short Break Services provides detailed information around the background demographics. The following sections give a snapshot of this information:-

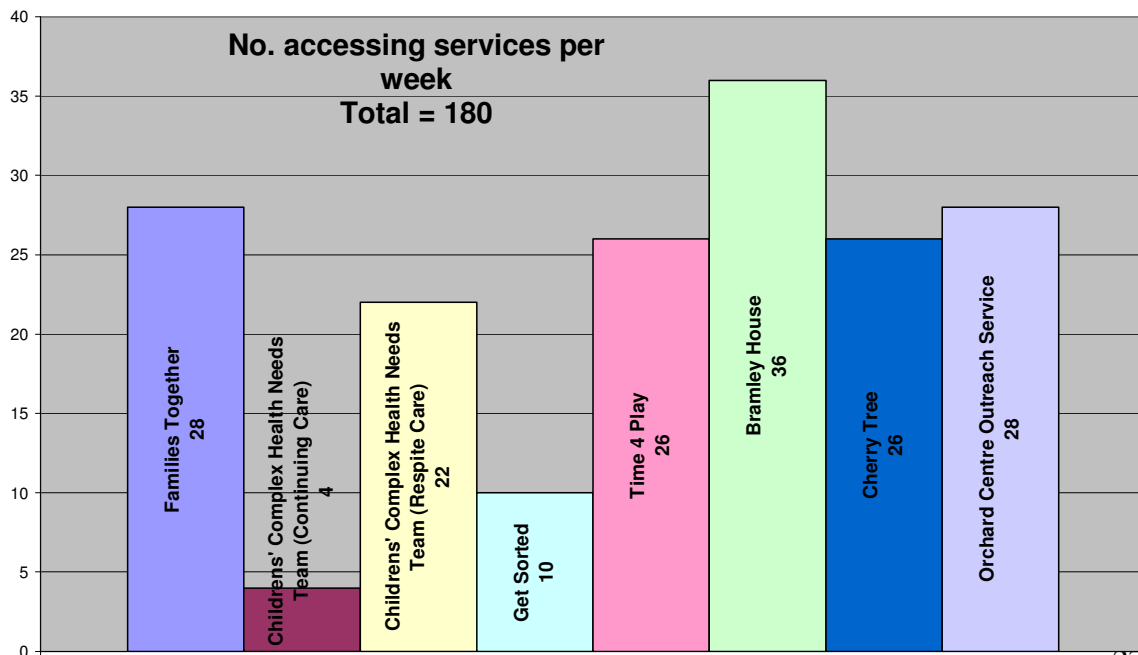
2.1 DEMOGRAPHIC TRENDS

It has been difficult to calculate the actual numbers of C&YP in Rotherham who have a disability as little whole service research and data collection has taken place.

Locally gathered service data has been used to establish a picture of children & young people with disabilities requiring short breaks/respite care within Rotherham. Information from the Disability Living Allowance team estimates that there are around 4,000 C&YP in Rotherham with a disability although there are currently only 430 children (10.8%) registered on the Voluntary Children’s Disability Register.

2.2 REFERRAL/DEMAND TRENDS

As outlined in the previous section, Rotherham currently has 430 children registered on the Voluntary Children’s Disability Register. Data collated from the service provider questionnaire shows the number of children and young people accessing current services per week at 180.



These figures will be shown broken down into areas of gender, age, ethnicity and complexity of need later in this needs assessment.

Based on the Together for Disabled Children Implementation Tool, projected future demand is as follows:

	2007/08	2008/09	2009/10	2010/11
Number of Disabled Children & Future Demand	326	430	500	650
% increase in demand				

2.3 PROFILE OF YOUNG PEOPLE ACCESSING CURRENT PROVISION

As previously stated, there are currently 180 service users per week. These figures are now broken down into areas of gender, age, ethnicity and complexity of need.

Gender Specific Information

Service	%male	% female
Families Together	60	40
Continuing Care Team	50	50
Respite Care Team	46	54
Get Sorted	40	60
Time 4 Play	51	49
Bramley House	50	50
Cherry Tree	90	10
Orchard Centre Outreach Service	75	25

According to the recent survey of local authorities (Report DCSF-RR042) boys are twice as likely to be recorded disabled as girls. This is consistent with the 2005 Children in Need Census and the 2007 SEN statement figures. These findings are also consistent with secondary analysis of the Family Resources Survey (FRS) (2004-5) and the Families and Children's Study (FACS) (2004-5), which shows that prevalence of disability is higher among boys than girls.

Rotherham service provider figures only show a slight increase overall of boys accessing services to girls, although the above trend can be found in a couple of services (one service has 90% male service users and another 75%).

Age appropriate provision

Relative to the 2001 Census, children under five are unlikely to be known to be disabled. This is also consistent with CIN and SEN figures.

However, relative to these figures, the TCRU survey found, on average, equal numbers of disabled young people in the age range 5-11 and the range 12-18: this is consistent with the 2001 Census, but the CIN and SEN figures both show higher numbers in the oldest age group.

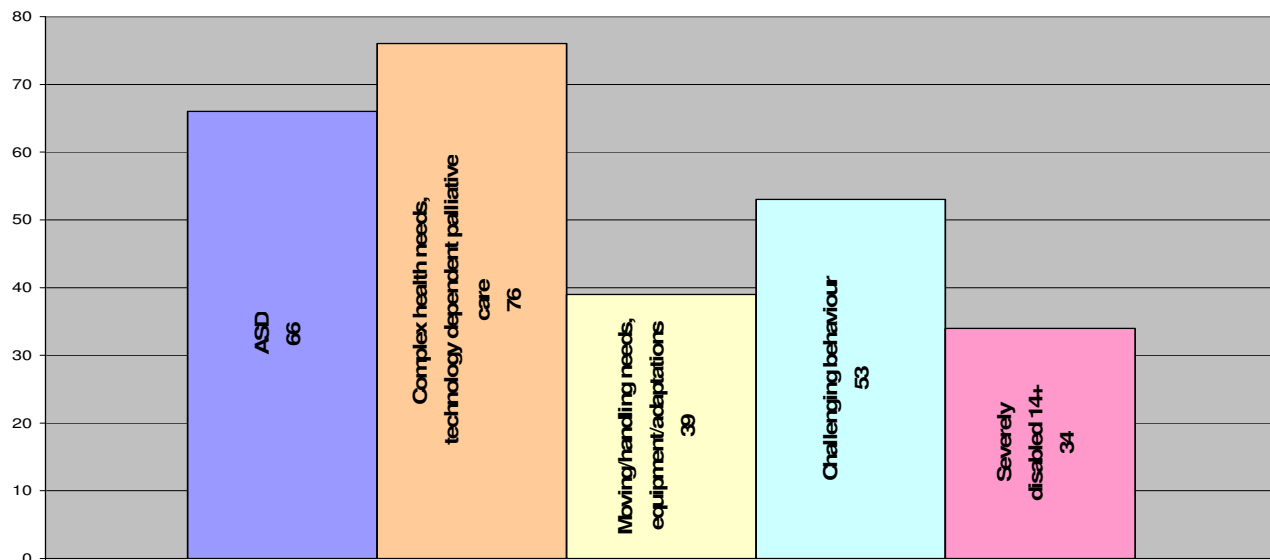
The information in the table below indicates Rotherham has relatively comparable figures to those held nationally although Rotherham ages were captured from slightly different ranges.

Service	Age of Children Accessing Service				
	0-4	5-9	10-14	15-19	20-24
Families Together	1	9	6	12	0
Childrens' Complex Health (Continuing Care)	3	1			0
Childrens' Complex Health (Respite Care)	13	7	1	1	0
Get Sorted			5	5	0
Time 4 Play		3	20	3	0
Bramley House		5	19	12	0
Cherry Tree			10	16	0
Orchard Centre Outreach Service		7	12	9	0

Complexity of need

Rotherham has a Short Break Panel which meets regularly to ensure that short breaks are allocated and that Direct Payments are used to enable families to access a range provision with the maximum flexibility possible. Appropriate use of Direct Payments is monitored by the Children's Disability Team.

The chart and table below shows complexity of health needs catered for within current services. Numbers shown are higher than the 180 reported service users throughout Rotherham as some children will present with more than one complexity.



Service	Complexity of Need				
	ASD	Complex health needs technology dependent palliative care	Moving/handling needs, equipment/adaptations	Challenging behaviour	Severely disabled 14+
Families Together	8	5	6	9	12
Childrens' Complex Health Needs Team		4	2		
Childrens' Complex Health Needs Team (Respite Care)	1	7	10	4	2
Get Sorted	1			5	4
Time 4 Play	7	7	5	7	
Bramley House	10	35	13	18	14
Cherry Tree	8	18			
Orchard Centre Outreach Service	31		3	10	2

Culturally appropriate provision

When looking at Children & young peoples ethnic origin, data is collected on a much more regular basis for the 0 -16 age range (and up to 18 if a school has a sixth form), through the annual pupil level school census. In January 2006 the ethnic breakdown amongst Children and Young People was 91.5% White and 7.5% Black or Minority Ethnic (of which 4.4% were Asian Pakistani).

Data captured from current service providers shows that 96% of service users are White British and 5% BME. This would suggest that in Rotherham although the number of BME children accessing services seems low, it does reflect the national average.

Findings reported in Thomas Coram Research Unit Report (*DCSF-RR042*) were also consistent with secondary analysis of the Family Resources Survey (FRS) (2004-5) and the Families and Children's Study (FACS) (2004-5), which shows although the numbers of disabled children from Black and Minority Ethnic (BME) groups were small in both the FRS and FACS, the chance of being disabled was greater for children from white ethnic groups than those from BME groups (Read et al., 2007: Table 9).

Service	Ethnicity			
	White	Asian/ Asian British	Black/ Black British	Other
Families Together	27	1	0	0
Childrens' Complex Health Needs Team (Continuing Care)	4	0	0	0
Childrens' Complex Health Needs Team (Respite Care)	19	3	0	0
Get Sorted	9	1	0	0
Time 4 Play	24	2	0	0
Bramley House	34	1	0	0
Cherry Tree	26	0	0	0
Orchard Centre Outreach Service	28	0	0	0

2.4 THE NEEDS OF YOUNG PEOPLE AND THEIR PARENTS/CARERS

The development of the Short Breaks Needs Assessment included extensive consultation with young people in Rotherham's special schools in July 2008 and also a significant number of one-to-one interviews with parents over the summer and early autumn of 2008. In addition, there was a Stakeholder event in August 2008, which elicited the views of current service providers, colleagues in the statutory and voluntary sector, and parents/carers.

The key responses from consultation on the future needs of young people and their parents/carers in respect of short break provision is detailed in the table below:

AHDC Requirement

Offer a significantly greater volume of short break provision set against a 2007 – 08 baseline, and which reflects the additional funding levels available from government

Use fair, understandable and transparent eligibility criteria that enable short breaks to be used as a preventive service and which do not restrict provision to those threatened by family breakdown or other points of crisis

Offer a wide range of short break provision, tailored to families' needs and including:

Children & Young People's Responses

Youth House
Increased access to mainstream activities
More age & ability appropriate group activities
Independence & transition support

Age & ability appropriate groupings

Disabled children & young people want access to all the same mainstream activities as others
They also want their own dedicated facilities & activities

Parents' & Carers' Responses

School holiday provision
Longer breaks to enable a holiday
Breaks to be more widely available
Staffing

Transport
Consultation indicates a range of awareness and satisfaction with eligibility criteria

All points were raised in consultation with parents as requiring improvement & extension
Flexible arrangements to meet the families needs

Stakeholders' Responses

Audit of existing provision & new possibilities
Commission vehicles to overcome transport difficulties

Improve access to mainstream to ensure specialist services can prioritise most complex needs

Regional focus beyond Rotherham
Need for improved knowledge base regarding target groups

Provide positive experiences for children by promoting friendships and by encouraging social activities, new experiences and supportive relationships with carers

Services are for young people not only to give parents a break
 Youth House – places to hang out
 More age & ability appropriate group activities

Provide culturally appropriate provision that is sympathetic to the racial, cultural and religious background of disabled children and their families

No specific information from consultation

Ensure that provision is available on a planned and regular basis and at the times when families, and young people, need breaks - this should include evenings, weekends and holiday provision, and have the capacity to respond to urgent care requirements

More age & ability appropriate group activities
 Outdoor activities
 Trips – including longer & residential
 Outdoor & indoor play facilities

Availability of appropriately skilled workers to support

Audit of existing provision & new possibilities

Transport

Accessible facilities

Independency / Life Skills training / experiences

No specific information from consultation

No specific information from consultation

School holiday provision

Longer breaks to enable a holiday

Flexible arrangements to meet the families needs

Provide age appropriate provision which ensures the following groups are not disadvantaged in accessing short breaks

More age & ability appropriate group activities

Re-establish Time Out or similar

Availability of appropriately skilled staff

Transport

Disability training / awareness programme for all employees / volunteers

Utilise the service provider that offers the best possible combination of skills and experience to deliver services of the highest possible quality to meet individual needs at the most efficient cost

Youth House

Increased access to mainstream activities

More age & ability appropriate group activities

Independence & transition support

Increased access to mainstream activities

Accessibility

Transport

Need to work with mainstream providers to increase accessibility – beyond DDA compliance – and identify new possibilities

Promote information about available provision to the public, including details of eligibility – including threshold criteria – and routes to accessing the service

Consultation indicates a range of awareness and satisfaction with eligibility criteria

Clarity of information

Promotion of partnership working families and providers

2.5 ASSESSMENT OF NEEDS, STRENGTHS AND ASPIRATIONS

Although it is not possible to ascertain the exact number of disabled children and people and those who would be eligible for short break provision, there are nonetheless 430 children and young people who are registered on the voluntary disabled children's register. This provides a baseline from which we can project a significant percentage increase in the number of young people accessing short breaks and to set targets accordingly.

Feedback from consultation and forecasted numbers of disabled children and young people, backs up the knowledge that we are not engaging with a significant number of families who are eligible for short breaks, but do not wish to be on the voluntary disability register.

The profile of the children and young people accessing current provision highlights that we are providing a range of services to meet the varying complexities of need. However, there are a relatively low number of young people accessing certain types of service and there are significantly more children and young people over the age of ten accessing services.

The aspirations outlined by children and young people, parents/carers and stakeholders with regard to how they would like to see short break provision develop, are comprehensive. Whilst there are some aspirations that are challenging, they are achievable and are wholly appropriate in terms of the Aiming Higher of Disabled Children requirements.

2.6 IDENTIFICATION OF OBSTACLES TO ACHIEVING DESIRED OUTCOMES

One of the key current obstacles is that a significant number of families are not accessing short break provision. In order to achieve the desired outcomes, the communication of the short break offer is a key priority.

The lack of accurate information on the number of disabled children and young people has proved problematic and in order to ensure that this does not pose an ongoing issue and obstacle to achieving the desired outcomes, the development of recording and monitoring systems is critical.

2.7 IMPLICATIONS FOR COMMISSIONING

The key responses from consultation on the future short break needs of young people and their parents/carers, as detailed in the table under section 2.4, provides a framework for the commissioning of future provision. In line with the key principle of this commissioning strategy, we will implement all of the responses from young people, their parents/carers and stakeholders that are summarised in the table.

We will also ensure that the short break offer is effectively communicated to children and young people and their parents/carers and that there are robust information and monitoring systems in place.

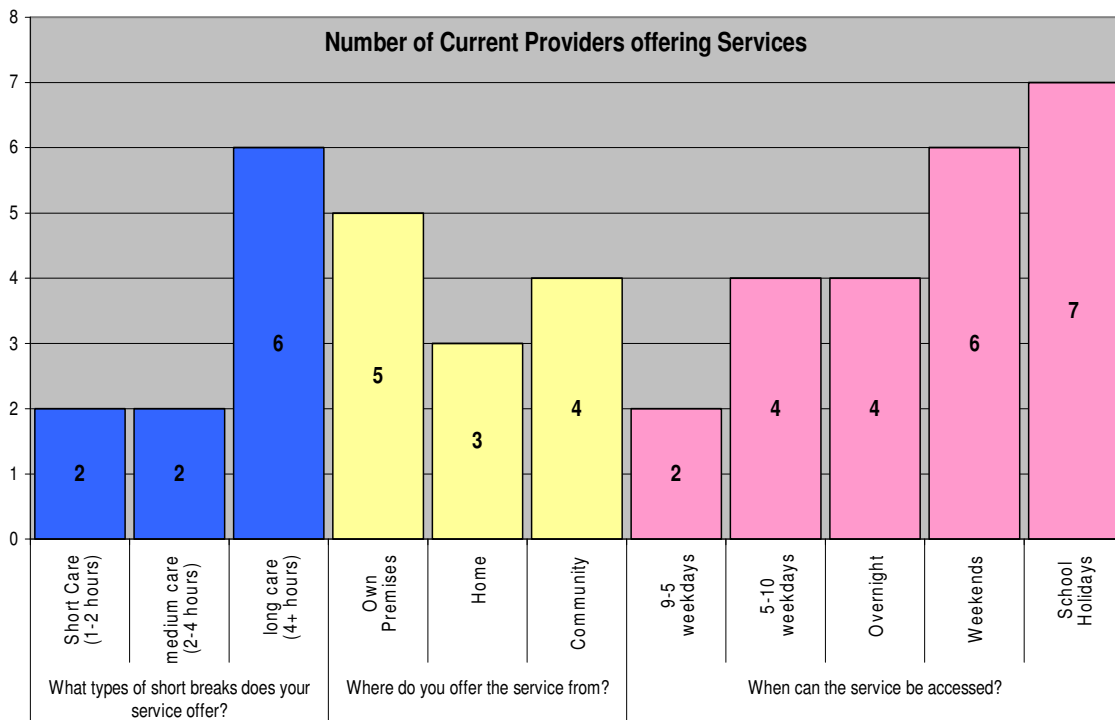
3. MARKET ANALYSIS

3.1 CURRENT SERVICE PROVISION

In Rotherham there are a range of existing services which are tailored to families' needs and include:

- a) overnight breaks, with care available in both the child's own home and elsewhere;
- b) breaks during the day, with care available in the child's own home and elsewhere;
- c) breaks in universal settings, delivered through the support of a befriending, sitting or sessional service;

Provision is available at the times when families and young people need breaks and the number of current service providers offering specific types of services is outlined below:



Current service provision, the type/s of provision that they provide and the gaps in their provision is as follows:

Early Years and Childcare Services - The Disabled Children's Information Officer empowers parents by giving them information, guidance and advice about relevant services and at a crucial point in their child's life which assists them to make informed choices. This helps families to connect with services e.g. Parent Partnership, Home Start, Children's Centres and Welfare Rights

who are then able to assist and engage with families prior to school exclusion, family breakdown or financial crisis.

Parents are also informed of Children's Centre services and specifically of the Webster Stratton and Positive Parenting sessions.

Time 4 Play - Summer playscheme for children with disabilities for 1 - 2 weeks during the summer holidays, with parents having the option to leave their children for a morning or afternoon session or all day.

Identified Gap - Provision only operated for one week last year and not at all in 2006. Ideally they would like to run the playscheme over a two week period in the summer holidays and for a couple of days during the Spring Bank and Easter holiday periods.

Get Sorted – Provide regular Tuesday evening sessions for children and young people with disabilities to learn music and related topics.

Continuing Care Team – Continuing care package children receive between 9 and 12 hour shifts plus 6 hours per week respite care during the day.

Identified Gap - Need recurrent funding agreed to enable timely response and meet requirement re palliative care/end of life. Ring fenced monies and equity alongside adult counterparts re continuing care access and processes would improve patient and family experience and make service easier to manage in terms of flexibility, timely access thereby meeting need more effectively.

Respite Care Team - Service is provided throughout the day until 10pm at night and also during holidays and weekends

Identified Gap - Respite Care service could be opened out to many others if it had its own funding. Currently provided by income generation.

Families Together – Service is provided 1-2 hours (short term support) to enable a parent to complete a task for this time span such as shopping or brief meetings; 2-4 hours where carers offer this frequency on an ongoing basis as an agreed level or to build familiarity toward the possibility of an overnight stay; 4+ hours which can still be day-care short breaks, but most overnights stays will fall into this category.

(Orchard Centre) Cherry Tree House - A Short Break service which offers over night stays, primarily 24hr/7days a week (not operational during Bank Holidays and Christmas periods unless an EMERGENCY placement is required). Full available capacity of the centre is 5 beds + 1 emergency per night (5 x7 plus 1x7 = 42 beds per week).

Identified Gap - Cherry Tree House flexibility is restricted due to present structure and does not cater for post diagnosis. It is felt that there should an early intervention support service available at the post-diagnosis stage, which would reduce the difficulties parents encounter. Current age range is 8-18.

(Orchard Centre) Bramley House - A short term break unit which provides short breaks for six young people with physical and/or sensory disabilities with the provision of one emergency bed. Bramley House provides a valuable and enjoyable experience for young people who are supported to be pro-active in decisions regarding their care by consultation.

The service provides an opportunity for the young person to spend time away from home in an environment which is appropriate to their needs, where they can develop their potential by experiencing new and stimulating activities.

Identified Gap - Bramley House Service does not have the capacity to offer weeks respite to allow parents/cares to take an holiday by themselves or with other siblings. On occasion care through the day would be beneficial. The service's present structure is too rigid and does not allow for flexibility to meet individual needs as and when they occur.

(Orchard Centre) Outreach Service - Provides respite care from their own premises and out in the community of between 2-4 hours a day. The Outreach Service is available to the young people on weekdays after school hours and during weekends. During the school holidays the service has the flexibility to ensure that young people can access facilities during the day time.

Young people accessing the Outreach Service are encouraged to make choices about the activities that they access. This can vary greatly between each young person, from going to indoor playareas, to shopping, bowling, cinema, visiting farms and animal sanctuaries, visiting museums, arts and crafts. Outreach sessions are planned to ensure that each young person has the opportunity to expand on their independence in as many areas as possible.

Identified Gap - Parents surveys carried out by Orchard House Outreach Service highlighted the need for longer Outreach sessions and an increase in the frequency of sessions. Parents also suggested full day care provision for young people during school holidays as this is a pressured time for families. There is a need for a sibling support group for the families who already access service and also for those that don't.

Outreach Service feel existing clients are in need of life skills and transition support in order to enable them to move on from the service comfortably and to be equipped with the skills needed.

Direct Payments

Direct payments are used to pay for help to meet assessed needs. Examples of how people can use direct payments to meet their needs include appointing a personal assistant to support/ help with every day living skills and help with caring (eg respite care and taking a break from caring)

Direct Payment figures for Child Disability for 06/07 are shown below.

	Nursery funded places	Nightsits/nights	Remaining Direct Payments for Child Disability
April 06 to March 07	£544.20 (4 cases)	-	£141,941.40 (85 cases)
April 07 to October 07	£9023.40 (11 Cases)	£12,250.52 (6 Cases)	£80,785.08 (74 cases)

3.2 FEEDBACK FROM YOUNG PEOPLE AND PARENTS/CARERS ON CURRENT PROVISION

There has been recent feedback on current service provision at the Orchard Centre and also feedback on the Newman Bungalow Summer Play Scheme. The feedback is as follows:

Orchard Centre

What parents said they were doing well:

- their child enjoyed coming to the centre or receiving the outreach service
- they were either very satisfied or satisfied with the service
- they found the staff either very good or good
- they were aware of their child's care plan and risk assessment and understood what was in it

Suggestions for improvements that parents thought could be made –

- parents/carers could be consulted more and asked for their opinions on the service
- if possible, respite should not be cancelled
- all parents/carers should know how to complain if they need to

Newman Bungalow Summer Play Scheme

The Complex Health Needs Team provide a respite service during the school holidays, through utilising the bungalow at Newman School to accommodate several children at any one time and to give the children the chance to interact with each other.

15 families who all took advantage of the school holiday scheme during Summer 2008 completed a survey and the results were as follows:

- The scheme scored 111 out of 120 for enjoyment (93%)
- 100% of families said they coped better and just over a third of these families felt that their child showed positive changes in behaviour after their time at the bungalow
- 91% of families would like more respite throughout the school holiday s and just under half would like to utilise the bungalow at a weekend. Just one family indicated that they would benefit from using the bungalow in the evening, confirming that they are currently meeting the needs of the majority of families during the evening
- 91% of families said they would like to/maybe access events that would include siblings. The same percentage of families also said they would like to/maybe access family days.

3.3 APPRAISAL OF QUALITY, PERFORMANCE AND OUTCOMES ACHIEVED

The main driver for the appraisal of quality, performance and outcomes is the annual OFSTED inspection of provision. In addition, in line with Minimum Care Standards (Regulation 33), an independent designated person visits RMBC Orchard Centre provision at least once a month in order to carry out checks to ensure that the home is being managed and performance managed against its statement of purpose and in accordance with the Minimum Care Standards.

There is currently no standard appraisal of quality, performance and outcomes across all short break provision.

3.4 STRENGTHS, POTENTIAL AND AREAS FOR DEVELOPMENT

It has been demonstrated through consultation that current service provision is held in high regard by both young people and their parents/carers. In addition, it performs well against national performance targets/standards, it represents value for money, and utilises existing capacity in a way that allows services to be as flexible as possible in order to meet need.

As part of the Needs Assessment, services were asked to describe the gaps in service provision and a real strength was the fact that they were keen to consider the re-configuration of service in light of changing need.

The gaps in service provision as described in section 4.2, demonstrate some of the key areas for development via the commissioning strategy. In addition to those outlined by services, the following additional gaps were highlighted through consultation:

- Loss of the Time Out project means that there are fewer opportunities for disabled children and young people to get together in a supported social setting. Whilst it is important to include disabled young people in mainstream activities, it is equally important to provide specialist support and activities so disabled young people can share experiences with others in a supportive environment.
- Rotherham Transport said that they were concerned that they do not see more families or under eighteens making use of their services. They felt that it was important that consideration of travel and mobility needs should be included when looking at strategies to improve the provision of short breaks and respite care services, as problems with transport can be a significant barrier to participation.

In particular, they feel it would be useful to identify ways of providing greater flexibility in home to school transport arrangements to facilitate disabled children's involvement in any extended school programmes being brought forward.

3.5 IMPLICATIONS FOR COMMISSIONING

It is clear from analysing the current market that short break services are almost exclusively provided by NHS Rotherham and Rotherham MBC. Whilst these providers are keen to re-configure and transform services to meet the Aiming High agenda, it is important that the market is developed in order to provide a diverse range of short break activities outside of the specialist service arena.

The gaps that have been identified by current service providers and potential service providers are all pertinent and as such, have implications for the composition of the commissioning plan.

It is evident from the level of performance information available, that there needs to be more consistent and detailed local performance monitoring across services. In addition, it is important to develop an outcomes framework against Every Child Matters, to demonstrate the impact of the new Aiming High monies.

The information gained from parents/carers demonstrates that the commissioning plan needs to ensure that there is a consistent and ongoing process for eliciting the views of Children and Young people and parents/carers.

4. COMMISSIONING PROPOSALS

4.1 THE DESIGN OF FUTURE PROVISION

The consultation feedback from young people, parents and key stakeholders gave a very clear message in terms of the key themes that we would need to address as part of the short breaks transformational challenge.

When specifically considering the model of service provision, stakeholders came back with broadly similar visions, which can be summarised as follows:

- Ensure mainstream provision is more accessible – including sports facilities
- Develop a Youth House – young people’s own space
- A clear and well publicised eligibility criteria – keep it simple
- A brochure of the short breaks available – both online and in paper format
- Support families – build capacity to support access to provision – mentor to build confidence
- A wide range of service providers and a diverse choice of short breaks that are available all year round
- Opportunity for the whole family to go on holiday for a week
- Short breaks that are appropriate for a range of needs
- More age appropriate provision
- Challenge current mainstream provision – charter mark for disability

- Ensure a positive experience for young people and their parents/carers
- Joined up thinking between service providers
- Use existing capacity more creatively and think beyond Rotherham
- Better co-ordinated transport to make the transformational change happen
- Transition to adulthood is addressed through short breaks
- Ensure children, young people and parents are engaged in the process and ensure a focus on outcomes. A feedback loop for young people and parents around the service/s that they have received and a mechanism to ensure that services evolve as per their need
- Training, support and identification of the new workforce

4.2 COMMISSIONING PROPOSALS

The Aiming High for Disabled Children Short Breaks Programme Plan, which Rotherham has to submit to Government for approval and the subsequent release of monies, outlines key features of service where we have to demonstrate a transformational change.

The feedback from consultation and subsequent discussions around the enhancement of short breaks has been translated into the following commissioning objectives under the various strands of Programme Plan delivery:

Engagement with parents and disabled children & young people

1. There is a clear and understandable eligibility criteria for short breaks
2. There is a sustainable parents forum in Rotherham, which has direct influence on shaping short break provision
3. Young people have a direct influence on shaping short break provision
4. Recruit an AHDC Information / Communication Officer
5. Implement a short breaks communication strategy and commission a branded short breaks brochure and associated literature
6. Commission a web designer to develop a website that communicates the short break provision on offer

Offer a significantly greater volume of Short Break Service Provision

1. Disabled Children and young people have equal access to mainstream/ universal provision
2. Ensure that residential overnight stays are effectively targeted, through re-configuring Orchard Centre provision
3. Successfully increase the number of family based overnight stays
4. Successfully increase family based day care provision

5. Successfully increase group based short breaks during the day through specialist provision
6. Successfully increase group based short breaks during the day through non-specialist provision
7. Ensure that services are available at all times (24 hours) and are able to respond to emergencies

Direct Payments

1. Maximise the uptake of direct payments/ individualised budgets
2. Ensure that services purchased through Direct Payments are of a high quality

Capital Projects

1. There are suitable premises in a central location that provide a resource for undertaking age appropriate short break activities and have dedicated space for young people to develop a Youth House
2. There is a dedicated facility where transitional work with young people can take place (YEAR 2)
3. There is a facility for groups of young people and families to take a residential break during school holidays (YEAR 2). This may be a revenue project depending on feasibility and best value

Workforce

1. Ensure that the first tranche of essential posts are in place in early 2009/2010
2. Ensure that there is a competencies/training framework in place
3. Ensure that inclusive working practices are further developed

Commissioning and Market Development

1. Ensure there is a Short Breaks Commissioning Group in place
2. Ensure that there is a robust Short Breaks commissioning process in place, including performance monitoring arrangements
3. Ensure that there is a diverse range of service providers

The specific commissioning proposals under each objective are detailed in the following Action Plan:

Commissioning Strategy Action Plan (To date 9.3.09)

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
Developing the Capacity to Deliver Aiming High for Disabled Children Agenda					
To ensure that there is a sustainable parents forum in Rotherham, which has direct influence on shaping short break provision	<ul style="list-style-type: none"> Parents have a facilitated event where they decide on the form and constitution of a parents forum (February 2009) Parents decide whether they wish to be an independent forum with voluntary group status There is parent representation at a short breaks commissioning group, Fund established to meet parent forum running costs and parent expenses 	<p>Parents are directly influencing the shape of provision through a parents forum that is constituted as per their wishes.</p> <p>Parental satisfaction with the above process</p>	<p>Pip Wise</p> <p>Voluntary Action Rotherham</p>	<p>£2,000</p>	<p>April 2009 onwards</p>
To ensure that young people have a direct influence on shaping short break provision	<ul style="list-style-type: none"> Consider how the current in-service (e.g. Orchard Stars) and youth service groups can be developed to ensure that they have a voice in shaping provision There is young person (or advocate) representation at a short breaks commissioning group, 	<p>Young People are directly influencing the shape of provision through an appropriate mechanism</p> <p>Young People's satisfaction with the above process</p>	<p>Lynn Grice-Saddington</p> <p>YPS Voice & Influence</p>	<p>Staff time</p> <p>£10,000</p> <p>(75% RMBC 25% Health)</p>	<p>April 2009 onwards</p>
To ensure that there is sufficient infrastructure and management capacity to deliver the full service offer	<ul style="list-style-type: none"> Communications Co-ordinator Information Officer Project Officer (TDC Requirement to meet readiness criteria) Lead Officer Time – Management (RMBC / NHSR) Ongoing TDC Consultant / Project Management Support Resources to deliver communications strategy 	<p>There is up-to-date/accurate information and advice, with a marked increase in the number of people accessing short breaks</p> <p>Evidence that full service offer is delivered</p> <p>National Indicator 54. Fully implemented communication strategy</p>	<p>Short Breaks Commissioning & Implementation Group</p>	<p>Communication Co-ordinator- £20,000</p> <p>Information Officer £25,000</p> <p>Project Officer £35,000</p> <p>Resources £10,000</p> <p>(Total £90 000)</p>	<p>April 2009 – June 2009 (Existing posts re-structured through AHDC)</p>

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
To implement an IT system that communicates the short break provision on offer	<ul style="list-style-type: none"> Commission a web design service to translate key AHDC information into a web based source of information, which is a sub-element of the RMBC Service Directory website Ongoing review of information 	<p>Web design service commissioned</p> <p>Quality web based source of information in place, with evidence that it has increased the number of information requests and take-up of short breaks</p>	Information / Communication Officer	£10,000	Implemented by September 2009
Offer a significantly greater volume of Short Break Service Provision 2009 - 10					
To ensure that residential overnight stays are effectively targeted	<ul style="list-style-type: none"> Re-configure Orchard Centre provision to cater for the most complex cases in line with AHDC criteria Re-focus Orchard Centre provision to undertake more preventative measures to mitigate placement breakdown 	The Orchard Centre caters for the most complex cases in line with AHDC criteria Placement breakdowns are mitigated by the focus on preventative measures	Short Breaks Commissioning & Implementation Group Peter Rennie Alan Jevons Julie Devine Steve Carr	<p>Workforce Development to meet the need of those with complex health care needs Cost £4,000</p> <p>Capital Costs to make service accessible to be determined</p>	<p>April 2009 – March 31st 2010</p> <p>April 2009 – March 31st 2010</p>
To successfully increase the number of family based overnight stays	Commission RMBC Families Together to increase capacity by at least 100% (from 15 to 30 carers, increasing number of young people cared for from 34 to at least 70) :	Additional Social Worker in post by end of June 2009	Short Breaks Commissioning & Implementation Group		April 2009 – March 31 st 2010
To successfully increase family based day care provision	<ul style="list-style-type: none"> Employ an additional 1 WTE Social Worker to meet demand Agency/ Qualified Social Workers employed as Form F Assessors to manage the increase in Carers provide short breaks Payments to carers budget increased in 	Through performance measures, it is evidenced that: the increased number of carers and placements are realised	Sue May Simon Dewick	<p>£38,000</p> <p>£6,000</p> <p>£45,000 (YR 1)</p>	

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
To successfully increase group based/ Individual based short breaks during the day through specialist provision	<ul style="list-style-type: none"> light of increased number of carers Through the employment of 3 additional Family Support workers, increase the number of group activities in accordance with young people's/parents requests Maximise the use of new dedicated space within the Kimberworth building (see Capital section) Increase the uptake of short breaks, through age specific provision 	<p>Increase in outreach short break delivery by 27% above baseline increasing weekly contact from 28 to 36 (baseline from needs assessment)</p> <p>Increase in uptake of short breaks evidenced</p> <p>YP/ parent satisfaction with provision</p>	Peter Rennie Alan Jevons Short Breaks Commissioning & Implementation Group	£90,000 (YR 2) £50,000	April 2009 – 2010
To successfully increase group based short breaks during the day through non-specialist provision	<ul style="list-style-type: none"> Formulate a specification for the provision of flexible group based short breaks that responds to young people's and parents requests. To include school holiday activities, sibling support and befriending Invitation to tender issued (March 2009) framework agreement for short break provision in place with a number of providers 	<p>There are a range of providers delivering high quality short breaks as per the wishes of young people and their parents/carers.</p> <p>Increased activity above baseline for groups of C&YP with Autism and Complex Health Care</p>	Paul Theaker Ian Atkinson Short Breaks Commissioning & Implementation Group	£100,000 (commissioning exercise) £15,000 School Holiday Play Scheme Support for complex Health Care	September 2009 April 2009
To ensure that there is flexible transport provision to meet the increase in short break provision	<ul style="list-style-type: none"> Scope out the current pressure points within transport arrangements Produce an options paper for increased and flexible transport provision Paper submitted to JLT for consideration Commissioning of agreed option (if required) 	<p>Transport to and from Short break provision is integral part of LA offer including school transport.</p> <p>Leasing arrangements in place for fit for purpose vehicles to facilitate short break activities</p>	Peter Rennie Craig Ruding Short Breaks Commissioning & Implementation Group	£5,000 £30,000	April 2009

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
Offer a significantly greater volume of Short Break Service Provision 2010 – 11					
To implement any action required to ensure that disabled children and young people have equal access to mainstream / universal provision	<ul style="list-style-type: none"> • Training and workforce development • Service Capacity 	Improved access to mainstream services with measurable outcome of specialist services being able to prioritise most complex needs as a result of capacity being freed-up	Short Breaks Commissioning & Implementation Group	To be determined	April 2010
To extend the opportunity for whole families of children with the most complex disabilities to have the opportunity to go on a facilitated holiday	<ul style="list-style-type: none"> • Research the various holiday provisions available • Consider whether we could commission holiday provisions, attracting discounted rates • Consider the level of contribution that would be made 	There are a range of quality holiday break options for families to access	Peter Rennie Ian Atkinson Paul Theaker Short Breaks Commissioning & Implementation Group	To be determined	April 2010
To further enhance services that are available at all times (24 hours) and are able to respond to emergencies	<ul style="list-style-type: none"> • Commission services that allows for flexible short breaks to be accessed at short notice 	Families are able to access flexible care at short notice	Short Breaks Commissioning & Implementation Group	To be determined	April 2010
To further increase of group based / individual based short breaks	<ul style="list-style-type: none"> • Aligning short breaks with those offered through extended schools • Expand the range of services on offer and enhance the allocated time for individual Children and Young people 	Increased opportunities for families to access community-based activities	Short Breaks Commissioning & Implementation Group	To be determined	April 2010
Capital Projects Phase 1: 2009 - 2010					
To deliver the AHDC Capital Project	<ul style="list-style-type: none"> • Confirm designated Capital Projects Officer • Capital Projects Officer to join Steering Group & liaise with EDS in taking project forward 	Plan is delivered without delays	Short Breaks Commissioning & Implementation Group Andrew Parry	Staff time	January 2009
To ensure that current	<ul style="list-style-type: none"> • Prioritise transformational refurbishment 	Children & Young People's	Short Breaks	To be	On-site

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
specialist short break facilities, especially those providing overnight stays, are of the highest quality	<p>of Orchard Centre in order to extend and improve provision and plan for work to coincide with completion of the existing Capital Programme to re-roof the building and replace heating system</p> <ul style="list-style-type: none"> • Keep date for re-roof and Heating system replacement under review & urge progress • Consult children & young people, staff, parents and other stakeholders to develop plan • Costed plans to EDS for incorporation into Capital Programme • Plan in place and refurbishment commences 	<p>views Parents' surveys Inspection reports</p>	Commissioning & Implementation Group	determined – up to £125,000 to complement existing capital programme commitment	<p>meeting February 19th 2009 Follow-up meeting 26th February 2009 Ongoing from September 2008 From March 31st 2009 April / May 2009 Within Financial Year 2009 - 2010 April / May 2009</p>
To ensure that services are available at all times (24 hours) and are able to respond to emergencies	<ul style="list-style-type: none"> • Provide mobile hoist for the Out of Hours Team and emergency carers • Scope requirements for adaptations to carers' homes to increase capacity for emergency placements 	Increased capacity and use User satisfaction	Short Breaks Commissioning & Implementation Group Simon Dewick Julie Devine Phil Nartey Ian Atkinson	To be determined - up to £40,000	<p>April / May 2009 April / May 2009</p>
To monitor related projects and plans which have a bearing on planning for Phase 2	<ul style="list-style-type: none"> • Monitor progress of former Kimberworth Comprehensive School refurbishment project • Check outcome of My Place funding application • Review list of building stock available for consideration • Ascertain the cost of refurbishing Habershon House at Filey for providing Summer breaks or other short break 	Full readiness to implement Phase 2	Peter Rennie Andrew Parry Michael Harrison Short Breaks Commissioning & Implementation	Staff time	<p>January – December 2009 February 27th 2009 April – December 2009 Site visit March 11th 2009</p>

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
To prepare, and keep under review, plans for Phase 2	<ul style="list-style-type: none"> activity Consider the Short Breaks allocation to be pooled with RMBC monies, based on potential demand Compare VFM against potential for discounted rates from specialist providers Standing item at Project Steering Group meetings Feasibility studies of potential for refurbishment of identified premises Phase 2 plan prepared, costed & approved 		Group		Ongoing April – December 2009 Ongoing April – December 2009 February – March 2010
Capital Projects Phase 2: 2010 - 2011					
To ensure that there are suitable premises in a central location that provide a resource for undertaking group short break activities and have dedicated space for young people to develop a Youth House or similar facility	<ul style="list-style-type: none"> Identify and agree areas within the old Kimberworth Comprehensive building for Short Break provision – accessible and stand alone area Young people to design their own youth space (emphasis on under 13 provision) Staff, parents and other stakeholders to contribute to design of the designated areas Pool 2010/11 capital monies with other RMBC and NHS Rotherham monies to enable the refurbishment of the building Plan in place and refurbishment commences 	Project proceeds Take up of facilities User feedback	Short Breaks Commissioning & Implementation Group	To be determined	In progress To be confirmed To be confirmed April 2010 April 2010 - to be confirmed
Option 1: assuming former Kimberworth Comprehensive School refurbishment project proceeds					

Objective	Actions	Performance Indicators/measures	Responsibility	Resources	Timescale
<p>To ensure that there are suitable premises in a central location that provide a resource for undertaking group short break activities and have dedicated space for young people to develop a Youth House or similar facility</p> <p>Option 2: assuming former Kimberworth Comprehensive School refurbishment project does not proceed</p> <p>To provide a dedicated facility where transitional work with young people can take place</p>	<ul style="list-style-type: none"> • Research feasibility of alternative and / or additional premises for transition / independent living / emergency placement facility • Young people to design their own youth space • Staff, parents and other stakeholders to contribute to design of the designated areas • Pool 2010/11 capital monies with other RMBC and NHS Rotherham monies to enable the refurbishment of the building • Plan in place and refurbishment commences • Consider requirements for further improvements of existing provision • Develop a plan for converting property to be identified from existing stock into a home style environment to teach life skills / independent living or as a potential specialist emergency / crisis intervention facility • Submit plan to JLT for consideration • Refurbishment of the property • Consider other possible premises 	<p>Project proceeds Take up of facilities User feedback</p> <p>Project proceeds Take up of facilities Successful transitions User feedback</p>	<p>Short Breaks Commissioning & Implementation Group</p> <p>Short Breaks Commissioning & Implementation Group</p>	<p>To be determined</p> <p>To be determined</p>	<p>April – December 2009</p> <p>April – December 2009</p>

5 IMPLEMENTATION AND REVIEW OF THE STRATEGY

This Short Breaks Commissioning Strategy with its vision and key objectives is a long term plan to be carried out over the next three years. The actions contained within the strategy are based on the key priorities to be achieved or commenced throughout the life of this document. It sets specific targets in terms of service, strategic and process developments. The Short Breaks Commissioning Group will be the key forum to monitor and review the progress of the implementation of this strategy and will submit regular progress updates to the Joint Leadership Team.

It is recognised that needs and supply within Disability Short Break services are ever changing. Accordingly, this strategy will be subject to yearly review following an annual refresh of the Short Breaks Needs Assessment. This will be overseen by the Joint Leadership Team and the RMBC and NHS Rotherham Commissioning Leads on this strategy will ensure that the outcomes of this review are circulated to all relevant parties.

March 2009

Appendix 3

AIMING HIGH FOR DISABLED CHILDREN SPENDING PLAN

Revenue Income

AHDC	NHSR	Total	AHDC	NHSR	Total
2009/10	2009/10	2009/10	2010/11	2010/11	2010/11
345100	116500	461600	1113300	TBD	1113300

Revenue expenditure and associated increase in numbers of young people accessing short breaks

Project	Baseline YP	Increase in YP	Increase in YP	AHDC	NHSR	Total Cost	AHDC	NHSR	Total Cost
		2009/10	2010/11	2009/10	2009/10	2009/10	2010/11	2010/11	2010/11
Developing capacity to deliver the Full Service Offer									
Support the Parents Forum - to achieve FSO				2500	2500	5000	5000	TBD	5000
Support YP involvement - to achieve FSO				7500	2500	10000	10000	TBD	10000
Information Officer - NI54 and ensure take up of FSO				15000	10000	25000	25750	TBD	25750
Project Officer - TDC requirement				36972	0	36972	38,000	TBD	38,000
Information materials & events				10000	2500	12500	20000	TBD	20000
Flexible transport - improve SB access				20000	15000	35000	50000	TBD	50000
Equal access to mainstream - to increase FSO				0	0	0	50000	TBD	50000
Workforce development				5128	0	5128	10000	TBD	10000
SUB- TOTAL				97100	32500	129600	208750		208750
Enhancing current provision and developing the market to significantly increase the number of short breaks									
Residential Specialist									
Cherry Tree & Bramley - increase capacity for most complex needs	63	75	84	0	4000	4000	0	TBD	0
Newman Bungalow - complex care needs								TBD	
Outreach Short Break									
3 WTE Family Support Workers - increase FSO	55	75	85	50000	0	50000	51500	TBD	51500
Family based overnight stays									
Families Together - increase capacity / support to Fostering and Adoption								TBD	
1 WTE Social Worker - support to families	34	50	70	38000	0	38000	39140	TBD	39140
Payments to Foster Carers - increased recruitment				45000	0	45000	90000	TBD	90000
Complex Care Nursing Team - increase capacity	5	6	7	0			0	TBD	
Group based Short Breaks									
Complex Care Nursing Team - increase capacity	19	21	23	0	30000	30000	0	TBD	
(i) Summer Holiday Schemes; (ii) Weekend Day Care; (iii)	0	88	120	115000	50000	165000	566910	TBD	566910
Family Holidays									
Whole family facilitated holidays	0	0	10	0	0	0	37000	TBD	37000
Emergency Short Breaks									
Flexible short notice care	15	50	100	0	0	0	120000	TBD	120000
SUB-TOTAL	191	365	499	248000	84000	332000	904550	TBD	904550
OVERALL NUMBERS OF YP	191	365	499						
OVERALL REVENUE SPEND				345100	116500	461600	1113300		1113300
VARIANCE				0	0	0	0		0

CAPITAL PROGRAMME

Capital Income

AHDC 2009/10	AHDC 2010/11
171600	400500

Capital Expenditure

Projects identified as priorities via consultation	AHDC Year 1	AHDC Year 2
	Up to	Up to
Short Break Activities Facility & Group Based Activity (Town Centre)	£171,600	£171,600
Re-Configure Orchard Centre to cater for the most complex cases & improve physical environment	£171,600 (TBC)	£171,600 (TBC)
Transitional Facility - linked to TRL; linked to AHDC Transitions		£150,000
Adaptations/equipment for carers homes - linked to 'Families Together' initiative as above	£50,000 (TBC)	£50,000 (TBC)
Other Potential Projects	Year 1	Year 2
	Up to	Up to
Eastwood Adventure Playground - linked to Play Strategy. Specialist care and indoor play.	£50,000 (TBC)	£50,000 (TBC)
Family Holiday Offer - Feasibility study: Habershon House - contribution to improve family facilities ; Purchase of Adapted Caravans/Chalets; -	£50,000 (TBC)	£50,000 (TBC)
	£171,600	£400,500

NOTES

Revenue

NHS Rotherham 2010/11 allocation not determined at this point

Capital

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Children and Young People’s Scrutiny Panel
2.	Date:	Friday 24th July, 2009
3.	Title:	Review of Children and Young People’s Services
4.	Directorate:	Chief Executive’s

5. Summary

Following the publication of the 2008 Annual Performance Assessment (APA) Letter and the subsequent deterioration in the overall judgement for children’s services the Council and NHS Rotherham commissioned an in-depth independent assessment of children and young people’s services. This assessment has been conducted by Children First Mouchel.

The review findings have now been reported and an action plan has been developed to assist in addressing the recommendations from the review.

This report was considered by the Cabinet on 15th July 2009.

6. Recommendations

That Cabinet note and discuss the review findings and proposals in relation to the subsequent action plan.

7. Proposals and Details

Background

The Annual Performance Assessment (APA) conducted annually by Ofsted, contributes to the Council's overall Comprehensive Performance Assessment (CPA) rating. In 2008 the Council has experienced deterioration in scores with five of the six outcome areas reducing. The overall service is now judged as a two overall, "adequate". As a result the Council and NHS Rotherham commissioned a review to provide an in-depth, speedy and independent assessment of the situation using the DCSF Children's Services Improvement Framework.

The review was conducted by ChildrenFirst Mouchel following a comprehensive tendering process as an independent review was considered essential in order to provide an objective assessment of the service, and has been overseen by the Children's Review Board representative of:

Cllr Roger Stone – Leader, RMBC
Mike Cuff - Chief Executive, RMBC
Matthew Gladstone - Assistant Chief Executive, RMBC
Cllr Shaun Wright - Cabinet Member, CYP, RMBC
Joyce Thacker - Strategic Director, CYP, RMBC
Andy Buck - Chief Executive, NHS Rotherham

Scope of the Review

In essence the review looked at all aspects of the service drawing upon the Annual Performance Assessment from 2008 and other information.

The review scope enabled an assessment of the effectiveness of the following within the service:

- Management arrangements in terms of structure, leadership, capacity and decision making throughout the service
- Resource management in terms of workforce, financial and asset utilisation/management
- Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people
- Performance management arrangements and a review of actual performance compared to other authorities
- Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services

In essence the review covered all aspects of the service. It drew on the Annual Performance Assessment from 2008 and other information but did not repeat the APA. Instead a diagnostic assessment of the issues and an independent view based upon a detailed examination of key aspects of service delivery was sought.

Review Findings

A review report has now been received and circulated to the review board. A copy of the review report can be found at Appendix 1.

The review report is structured around five key areas highlighted above and recommendations have been produced for each area and categorised for implementation as immediate or medium term.

To summarise the main review recommendations include:

- **Management arrangements in terms of structure, leadership, capacity and decision making throughout the service**
 - There needs to be a review of the vision, purpose, function and delivery of Children's trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations
 - Restructure of JLT and further development of locality teams, including the establishment of new locality boards
 - The separate management of health staff in locality teams needs to be reviewed
 - Building Schools for the Future Project Board should work more closely with Integrated Services development Board to shape a collaborative structure that supports both the transforming of learning and the wellbeing of children and families
- **Resource management in terms of workforce, financial and asset utilisation/management**
 - CMT and NHS Rotherham review actual and projected costs of the work of the locality teams
 - Budgets - Future real term increases in school improvement support and individual school budgets need to reflect expectations in relation to standards agenda, joint working with the locality teams and other priorities set out in the APA action plan and the council needs to consider whether the level of funding is sufficient in some of the high risk services
 - Consider increase in future demands by the increase in Slovakian/Roma children and families when conducting annual review of budget
 - Need to calculate how many health visitors are required to bring health visitor caseloads in line with Unite requirements
- **Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people**
 - Ensure a social work qualified manager of the Access Team is in post at all times and giving them responsibility to carry out initial screening decisions to improve consistency and relieve some pressure on locality team managers

- The level of resources in the Childcare Legal Team is limiting the legal service's contribution to the child protection conferences and Serious case reviews and should be reviewed urgently
- Increase fostering recruitment activity in line with analysis of need
- A more detailed audit of cases on the boundary between children in need, S20 accommodation and care orders should be undertaken to better understand the application of thresholds and determine future action
- Communication with and support for foster carers should be improved
- The process of responding to children in need should be re-evaluated to ensure it is robust and well resourced
- **Performance management arrangements and a review of actual performance compared to other authorities**
 - Performance monitoring across all integrated services and the voluntary sector, reporting and action should relate increasingly to local direction of travel, relative progress compared with statistical neighbours and to the narrowing of any gaps with best performing services nationally
 - Data inputting must be timely and data monitoring needs to be translated into determined management action with clear accountabilities set out at each level
 - Consistently applied quality assurance and self review processes should lead to relentless management challenge for improvement cross all services and partners
 - Tightly monitored accountabilities for each individual and head of service should be reinforced through consistently applied supervision and PDR's based upon specific action plans derived from CYP priorities and targets
- **Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services**
 - Current partnerships, Children's Trust arrangements and the initial progress made by locality teams should be reviewed in the light of new legislation on Children's Trusts and Lord Leming's report and re-engineered accordingly
 - New locality boards should be established under the joint chairmanship of universal service stakeholders
 - A tight change management programme structure needs to be applied to integrated services developments
 - The current work on joint commissioning and the understanding of the commissioner / provider relationship between NHS Rotherham and RMBC needs to be continued, particularly with regard to its implications for localities

- The present dislocation between the strategic activities of the Central Attendance Team and the work of locality teams based Education Welfare Officers with pupils, schools and families needs to be resolved
- Attendance Strategy should be used to re-launch and reintroduce the concerted and seamless action on pupil absence so valued by schools in the past

An action plan has been developed to ensure key actions are developed further and the correct people are assigned to all recommendations contained in the report. This, along with the arrangements for its development, was discussed at the CYP Joint Leadership Team on 30th April 2009 and Corporate Management Team on 23rd June 2009.

The final action plan will be monitored through the existing corporate inspections and recommendations monitoring on a quarterly basis. The action plan is attached at Appendix 3.

The Way Forward

It is proposed the review report and Action Plan is being presented to the following meetings.

23rd June, 2009	Corporate Management Team Meeting
14th July, 2009	Special Leaders Meeting
14th July, 2009	Children's Board Meeting (extra ordinary meeting)
15th July, 2009	Cabinet
20th July, 2009	NHS Rotherham PCT Board
24th July, 2009	Children's Scrutiny Panel (special meeting)

The review findings are to be communicated to a number of stakeholders including:

- Rotherham Citizens – via the website and Rotherham News
- CYP and PCT staff – via written briefing and holding briefing sessions
- Member of the Review Board to attend each Directorate Management Team to cascade review finding as they may impact on other directorate services.
- RMBC Staff - to be cascaded to other RMBC staff through usual internal communications process - M3 Managers Briefing and UNITE

An interim statement of the progress with the review has already been distributed to CYP and NHS Rotherham staff week commencing 27th April 2009.

8. Finance

The total cost for this review to date is £66,790. £20,000 of this has been funded by the Regional Improvement and Efficiency Programme and the remainder from Rotherham MBC and NHS Rotherham.

Appendix 2 refers to a resource benchmarking activity that was undertaken as part of the review. The findings from this are referred to in the recommendations and the action plan.

9. Risks and Uncertainties

Failure to address the issues identified within Children and Young People's Services could ultimately result in government intervention. This has already been evident in a number of other local authorities following the results of the 2008 Annual Performance Assessments (APA).

10. Policy and Performance Agenda Implications

Children's Service is a key contributor to the Comprehensive Area Assessment judgement which is expected in November 2009. Failure to address key issues within Children's Services will impact on both the Area Assessment and the Organisational Assessment judgements.

11. Background Papers and Consultation

APA Letter 2008, Ofsted – December 2008
Review Invitation to Tender Document
Review Report – Children First Mouchel
Resource Benchmarking Report – Children First Mouchel

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Rotherham Review of Children's Services

April 2009



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Organisation	Contact	Copies
RMBC	Matt Gladstone, Assistant Chief Executive	1

ROTHERHAM CYPS REVIEW REPORT

This Report is presented to the Review Board in respect of the Rotherham CYPS Review and may not be used or relied on by any other person or by the client in relation to any other matters not covered specifically by the scope of this Report.

Notwithstanding anything to the contrary contained in the report, Children First is obliged to exercise reasonable skill, care and diligence in the performance of the services required by the Review Board and Children First shall not be liable except to the extent that it has failed to exercise reasonable skill, care and diligence, and this report shall be read and construed accordingly.

This Report has been prepared by Children First. No individual is personally liable in connection with the preparation of this Report. By receiving this Report and acting on it, the client or any other person accepts that no individual is personally liable whether in contract, tort, for breach of statutory duty or otherwise.

Introduction - background and review process.

The 2008 Annual Performance Assessment (APA) Letter indicates deterioration in the overall judgement for children's services. As a consequence, the Council and Rotherham NHS have commissioned a review of Children and Young People's Services to provide an in-depth and independent assessment of the situation.

The Council recognises that its children's services face significant challenges but is determined to bring about rapid and sustained improvement in outcomes for children and young people.

The increased attention being given to the quality of multi-agency work relating to the safeguarding of children and the greater scrutiny also being applied by Ofsted and the other inspectorates to serious case reviews in particular, present challenges in all local authority areas.

The 2008 APA score represented a sudden and significant decline from previous years, with reduced scores in the majority of outcome areas, and an overall judgment of 'adequate'. Although this may be attributed partly to greater rigour on the part of Ofsted following the Haringey judgement and the Doncaster report, there is major cause for concern in the light of previous good inspections and JAR evaluation.

There is a rapidly changing national picture in terms of children and young people's services and the demands upon Councils and their partners. It is also increasingly important for Councils to be sure that the integrated links between other services and agencies involved in children's services, such as the health and police are as strong and effective as possible. Partnership working on behalf of vulnerable children will clearly be an area of particular focus major within the new CAA inspection framework for all agencies providing services for children and young people.

Children*First*, a joint venture between Mouchel Management Consulting and Outcomes UK, was appointed to undertake the review of Children's Services. The Project Director is responsible to the Rotherham Children's Services Review Steering Group for an assessment of the effectiveness of:

1. Management arrangements in terms of structure, leadership, capacity and decision making throughout the service
2. Resource management in terms of workforce, financial and asset utilisation/management
3. Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people
4. Performance management arrangements and a review of actual performance compared to other authorities
5. Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services

Children*First* consultants have therefore undertaken an objective, critical analysis of the current situation in the Council and NHS Rotherham, focusing on the issues identified in the 2008 APA and Ofsted inspections carried out in 2008. The assessment has probed whether weaknesses in the local APA self-evaluation result from poor processes and procedures or from more underlying reasons within the culture of the Council and NHS Rotherham.

This report places before the Council and NHS Rotherham recommendations on what needs to be done to bring about the necessary changes to improve outcomes for children and young people in Rotherham, and specifically to ensure their safety. Recommendations for action will enable Rotherham Council, in partnership with NHS Rotherham, to improve performance to 'good' and better within the shortest possible amount of time.

The identification of the necessary targeted priority initiatives and further developments in partnership working, at both strategic and locality team levels, that will best secure value for money for Rotherham MB Council, NHS Rotherham, partner agencies and children and families.

1. Management arrangements in terms of structure, leadership, capacity and decision making throughout the service.

Overall findings and judgements

1.1 The Children's Services strategic management has been subject to significant change in the past two years. The previous Director of Children's Services had invested considerable energy into restructuring the senior leadership teams and boards to deliver highly ambitious, but cost neutral plans for more integrated working with partner services and agencies around the Change for Children agenda.

1.2 The focus was on the delivery of co-located services and the management required to establish and embed them. There was a focus, as the leadership team came together, on the structural changes. With changes in senior personnel there was a loss of focus on the strategic aim and clarity of message. There now needs to be a review of the vision, purpose, function and delivery of Children's Trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations.

1.3 There is a clear and joined-up member/officer/schools 'Transforming Rotherham Learning' strategy vision in the Building Schools for the Future, Academy and primary capital proposals. This strategy will be supported by highly structured programme management and strong governance arrangements. However, the connections between the locality teams, the emerging vision for learning communities and the overall Change for Children programme in Rotherham are not yet fully developed.

1.4 An equivalent project management framework has not been in place to support the move towards integrated working. This is urgently required for what is one of the most important change management programmes initiated by RMBC and NHS Rotherham.

1.5 There is widespread appreciation of the strong commitment of senior elected members, the Corporate Management Team and senior managers within the Joint Leadership Team to the achievement of improved outcomes for children and young people.

1.6 Consistent and high quality operational practice across Rotherham will depend upon strong strategic direction from the centre backed up by agreed practical procedures and protocols that staff, especially in the new locality teams, can follow in their day to day work.

1.7 Foundations have been laid for innovative and well embedded integration with some examples of outstanding practice. Partnership working, specifically with NHS Rotherham, has been well developed and represents highly advanced and ambitious practice. In particular, this is down to highly effective engagement and leadership provided by the Chief Executives of RMBC and NHS Rotherham.

1.8 The previous DCS moved to another post at a critical point in the development of the integrated agenda. However, her successor was appointed against national competition from within Rotherham senior team and was immediately able to bring to bear her detailed knowledge of local issues.

1.9 With expertise in managerial delivery, the current DCS has a clear sighted approach for the development of the next phase of localities. Consultants found clear evidence of improvements, particularly around performance management and supervision, over the previous six months. The timing of the current review, however, did not enable consultants to find impact evidence for the improvements found.

1.10 The current Joint Leadership Team reflects integration with cross-service membership and cross-cutting agendas. In order to sharpen the focus and clarify the accountabilities *ChildrenFirst* consultants have recommended the splitting of JLT and the establishment of two-tier accountability with a small “top-tier” responsible for safeguarding, school standards, health outcomes and Localities. In addition to the key strategic accountabilities, this tier might also take on the commissioning function.

1.11 A separate, extended, JLT would then ensure business support, performance management, partnership and locality management function in order deliver the agenda, provide challenge, quality assurance and effective performance management across all services.

1.12 The current review has therefore taken place against a backcloth of change and improvement. The RMBC Action Plan and its underpinning strategies, plans and structures are still in the process of implementation. They are appropriate, well constructed and ambitious but have been insufficiently embedded and followed through.

1.13 *ChildrenFirst* consultants are confident that, with the recommendations in this report those systemic and strategic changes will lead to the required performance improvements and embedded integration.

1.14 The further integration of services for children and young people urgently requires a strong project management structure. This is essential if the Children and Young People’s Board is to secure effective implementation of priority tasks, improved communication of the programme plan to all concerned and much needed staff development and team building opportunities.

1.15 There are widespread uncertainties about future developments in the integration of services for children. Too many staff across all sectors do not feel that they know the vision and direction of travel for the future of their services.

1.16 Headteachers from clusters of schools from all phases are keen to work closely with the Local Authority and NHS Rotherham to contribute to integrated working on behalf of the children and families they support. Headteachers would appreciate a straightforward clarification of future Children’s Trust arrangements and a re-stated rationale for integrated locality teams.

1.17 Recent restructures have served to create a complex and excessive number of teams and panels, which can lead to confusion and increase risk. These require urgent rationalisation so that management lines and performance accountabilities are absolutely clear and understood. The number of panels relating to vulnerable children must be reviewed and rationalised to ensure clarity, simplicity and manageable structures for all staff.

Recommendations:

- There needs to be a review of the vision, purpose, function and delivery of Children's Trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations e.g. Laming Report.
- The above review needs to result in a concise outcomes related restatement of priority aims and of the governance, management and scrutiny arrangements that will support these.
- The leadership framework, as provided through the current JLT, centrally based heads of service and the developing locality teams should then be restructured to ensure it is fit for purpose.
- The JLT should reflect clearer accountabilities and strategic direction for safeguarding children, education standards, health outcomes and Locality development.
- New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. headteachers and GPs, in order to provide local strategic leadership for meeting the needs of vulnerable children across co-located services.
- The separate management of health staff within locality teams needs to be reviewed and either joint management or more integration and closer links established.
- The Building Schools for the Future Project Board should work closely with a parallel 'Integrated Services Development Board' to shape a collaborative structure that supports both the transforming of learning and the wellbeing of children and families.
- The existing Directory of Services for NHS RCHS and Service Specifications for all NHS RCHS and C&YPS and terms of reference for all groups should then be revised to reflect these clearer accountabilities, re-issued and effectively communicated.

2. Resource management in terms of workforce, financial and asset utilisation/management.

Overall findings and judgements

2.1 Rotherham Council and NHS Rotherham have invested considerably in recent years in school provision, health, and foster care provision. The development of the Localities was promised to be cost neutral and, indeed, internal Council posts were disestablished to ensure this happened.

2.2 This report provides analysis of the comparative position of Rotherham's resources dedicated to children and young people [which is also included at Appendix 2]. It provides a mixed picture of the relative levels of resourcing with comparisons of central service costs showing at the bottom end of statistical neighbours, particularly in social care.

2.4 Rotherham has very high levels of expenditure on schools, particularly in the Individual Schools Budget. Delegated spending on nursery schools is also high, although other under-fives spending is low. In contrast, spending on most children's social care services and on most education services outside schools is relatively low.

2.5 In strategic terms, there is a case that the balance between delegated schools funding and other budgets needs to be reviewed. There is a question about whether resources are being used effectively in this way. The amount delegated to schools is largely the product of past funding policies and the structure of local services; so it is difficult to make any changes quickly in the balance between delegated schools funding and other services. The possibility of using the Schools Budget to fund some wider children's services could be explored.

2.6 Outside delegated schools' budgets, spending is generally low in other education services.

- Spending on SEN in both the schools and LEA budget is relatively low. Within these totals, however, the expenditure on children placed in independent schools is high (upper quartile). There might be issues about procurement and the balance of internal and external provision to be explored further here.
- There is very low expenditure in School Improvement (lower quartile) and nothing in Pupil Support. There is statistically a very low correlation between expenditure in these areas and attainment; however, there is a common-sense case for investing in these services given the level of attainment in Rotherham.
- Capital expenditure charged to revenue is high. The policy for financing capital expenditure in schools could be reviewed; this could lead to greater headroom within the revenue budget to fund other services.

2.7 With the exception of Adoption Services, Rotherham's spending in children's social care is low. Spending on some services is so low in relative terms that the council should consider whether the level of funding is sufficient, especially in some of the high-risk services. Spending on Children Looked After is especially low.

2.8 Overall activity levels for children's social care shows a very striking pattern: the referral rate is very high and we have advised further investigation here; assessments are lower in relative terms and the rate of reviews is actually below average.

2.9 In general terms:

- Unit costs are low except where the Council uses external provision
- Use of internal provision appears to be used more extensively than external provision

2.10 RMBC has rightly identified the pressures upon the needs led budgets for looked after children as a principal risk. The strategy for controlling this already much enhanced budget area largely depends upon the achievement of a major increase in the number of in house foster and adoptive parents. The present recruitment campaign is critical to the success of this key social care budget strategy.

2.11 A programme as ambitious as Rotherham's needs further targeted investment from the Council and NHS Rotherham, in particular, not just to grow the original services but to ensure that the new services are developed according to future needs. It is evident there needs to be a planned approach for resources for the next phase of locality development to ensure that children and young people remain safe and that services meet the Laming report recommendations.

2.12 Important development work is underway in several localities around the establishment of a Multi Agency Panel to consider and respond to early expressions of concern about potentially vulnerable children and families. This should lead to a consistent approach to children with additional needs that facilitates early intervention/prevention in partnership with schools.

2.13 There have been real issues about management for health visiting and school nursing in relation to capacity and capability and a new management structure has been developed. The health visiting service has been suffering from recruitment and retention issues which is a problem not unique to Rotherham and has been recognised as a national issue. They are now looking at skill mix as a solution.

2.14 Health Visitor caseloads in Rotherham are not excessively large. In 2006 the HV Service was extensively reviewed and all caseloads profiled in detail. Each locality was ranked in order of deprivation and the HV resource was rearranged to ensure that the areas of greatest need received the greatest resource. SystemOne will support profiling in the future.

2.15 The Complex Health Care Team, under outstanding leadership, consists of community sick children nurses, special school nurses, health respite in home and out of home for short breaks. The team work in partnership with schools and particularly special schools. They work with any child and young person who have a long term condition, palliative care and end of life needs etc.

2.16 NHS Rotherham Community Health Services (RHCS) has put in place a number of management arrangements to deal with the issues of Health Visiting and School Nursing. There is a revised structure for school nursing that has not yet been rationalised within localities, which is leading to tensions.

2.17 The combination of the range of tasks faced by social workers and the volume of work is causing strain. In particular contact, organisation of respite for foster carers and family finding tasks are taking up a great deal of time. Social

workers caseloads remain high even where there has been a determined management review.

2.18 Current major caseload and record-keeping pressures across children's social care services should be addressed either to provide enhanced business support or a further recruitment drive to minimise vacancies and improve capacity.

2.19 Action has been taken to improve management oversight of placements in Children's Homes. Any placement that might be considered to be outside the criteria of the home's registration requires managers' approval at director level. Such placements are now only made in emergencies for very limited periods of time and do not indicate an overall shortage of places. However, the registrations will require revision.

2.20 Foster carers report that the changes in team structure are already improving the service. The processes of responding to initial enquiries and assessment of fostering applicants have been improved and are now more timely and responsive to applicants.

2.21 There has been investment in recruitment of carers. There is a target for the number of carers to be recruited in 2009/10. There have been improvements to assessment of family/friend carers under Regulation 38 and it is acknowledged that there is more to do to improve the timeliness of these assessments.

2.22 The service loses approximately 10% of its carers each year due to retirement and de-registration. Currently this equates to 12 carers a year. It currently approves approximately 1 in 10 of those people who make initial enquiries, which is comparable with national experience. Replacing those carers who leave routinely will mean attracting at least 120 enquiries a year. In order to recruit a target of a further 30 carers, the overall number of enquiries would have to be increased to at least 420.

2.23 The supervising social worker team are carrying caseloads that have been reduced within the new team structure. It now stands at approximately 18 sets of carers, which is a little high but within national norms. Team members feel comfortable with this caseload.

2.24 Some carers report a lack of communication and do not feel that they are treated as equal partners in the task of caring for Looked After Children. Some foster carers are experiencing poor support from the social worker allocated to the child in their care.

2.25 There has been an increase in the senior Commissioning health team with the appointment of a new Consultant Nurse for Safeguarding Children. They must work with the RCHS C&YPS Management Team to ensure that safeguarding supervision, training and support for community health staff are a priority.

2.26 Improved outcomes have yet to be achieved within the Teenage Pregnancy Strategy. Further gains can be achieved with improved collaboration across the sectors. School nurses contribute successfully but, where numbers are low and the safeguarding issues take priority, they have less impact.

2.27 The Complex Health Care Team only provide 24/7 care to C&YP with palliative care and end of life needs. If resourced they could do more for the children and young people who turn up at A&E around minor illnesses out of hours and at weekends e.g. . Bronchiolitis. They could prevent hospital admissions.

2.28 Health staff have not always been able to access safeguarding supervision due to capacity issues within the Child Protection Department, but this should change with new posts. Perceived inequity across caseloads can be effectively addressed through caseload profiling.

2.29 The MAST teams represent good practice with examples of effective interventions and should be rolled out across Rotherham. This would address some of the concerns about universal services, prevention and early intervention.

2.30 There is a positive development of a multi disciplinary team of 3 intervention workers and a psychologist that is linked to the Health Practitioner for Care Leavers and LAC nurse. The intervention workers and psychologist offer short term support to carers and workers via a resource panel. Support goes to carers/workers rather than to children in order to improve long term practice.

2.31 The 'Get Real Team' within Learning Services provides casework support to looked after children and their schools aimed at improving their attainment. The new national requirements on designated teachers will help the team to place greater demands upon schools to maximise LAC attainments. The Personal Education Plans (PEPs), produced by locality-based social workers, are seen as the key vehicle for improving outcomes.

2.32 A number of schools and central services are reporting a loss of Education Welfare Officer support but this is not true of each locality. Such a perceived loss of challenge and support needs to be rectified. Persistent Absence needs to be tackled effectively and attendance rates need to improve towards those of statistical neighbours.

2.33 Out of borough SEN placements are under good control which reflects the generally effective practice of schools and the central SEN and Disability teams. The recently reduced reliance upon Statements of Special Educational Needs allows for a greater focus on the outcomes achieved for children.

2.34 Growth in the number of pupils with complex needs, often related to Autistic Spectrum Disorder, may necessitate some restructuring of the longstanding pattern of special school provision in order to reflect the changing range of needs and to secure more inclusive outcomes for pupils through local special and mainstream settings.

2.35 Excellent partnership working with schools has involved the development with headteachers of alternative out of school provision for those most at risk of exclusion. This has led to a most impressive reduction in the level of fixed period and permanent exclusions during the 2008/09 school year.

2.36 The reorganisation of the pattern of behaviour support provision across the borough over the past 2 years or so, including the closure of a BESD special school, has been successful. It is providing good value for money by reducing schools' recourse to exclusions and costly out of borough placements. Rotherham is spending significantly less per pupil in this area of provision than its statistical neighbours and other metropolitan authorities.

2.37 Electronic data sharing is not yet effectively integrated, but this is a challenge which Rotherham shares with all other local authorities. A decision was taken not to roll out ICS until the electronic link between ESCR (Electronic Social Care Record) and ICS was established. Although the first deadline for the implementation of ICS

was met, there remain significant challenges in the implementation process and problems remain with the implementation of the Electronic Social Care Record.

2.38 SystmOne is the Connecting for Health IT system used by NHS Rotherham. Although the system is proving challenging for some staff there has been significant training and support from the well established technical and training teams. There is a Clinical Lead for SystmOne and a number of staff in localities and all C&YPS Managers are trained as 'Superusers' to provide on site support and guidance.

Recommendations:

- The Corporate Management Team, NHS Rotherham and JLT should review the actual and projected costs of the work of the seven locality teams.
- Future real-terms increases in school improvement support and individual school budgets should reflect RMBC expectations in relation to the standards agenda, joint working with the locality teams and the other priorities set out in the post APA Improvement Action Plan.
- With the exception of Adoption Services, Rotherham's spending in children's social care is low. Spending on some services is so low in relative terms that the council should consider whether the level of funding is sufficient, especially in some of the high-risk services.
- Priorities for future funding uplift should be based upon value for money considerations. They should include, over and above the major budget areas referred to above, provision for reducing social work and health caseloads, universal child and family support in the early years, parenting initiatives, children missing from education and anti-bullying casework.
- The additional demands being placed upon the Council and Health C&YPS teams by the increase in Slovakian/Roma children and families should be reviewed as part of the budget round each year to ensure that adequate services are in place, including adequate interpreting services.
- Unite suggest that, in areas of high need or when access is difficult caseloads should be under 300 families (www.unite-cphva.org). Rotherham needs to be looking to calculate how many health visitors they need to bring their health visitors' caseloads in line with this level.

3. Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people.

Overall findings and judgements

3.1 Safeguarding must be core business. It is critical that the considerable structural changes currently being embarked up on Rotherham ensure that sound and safe practices are in place to protect vulnerable children and young people.

3.2 Senior health managers have understood and are taking appropriate action to ensure the provision of competent, safe and appropriately trained staff. The safeguarding team need to be seen as supporting practice.

3.3 The RSCB has an independent chair and has adopted the practice of using an independent person to chair the serious case review panels and independent authors for SCR overview reports. The relationship between the independent chair of the RSCB and the Director of Children's Services has improved and a clearer and stronger working relationship has emerged.

3.4 However, the inter-relationship between the RSCB and the C&YP Board needs to be clarified. The governance role of the RSCB in relation to its member organisations needs to be clarified.

3.5 There is a joint budget for RSCB work to reflect recent split of the safeguarding unit in Children's Services and it is insufficient to cover current level of Serious Case Review work, especially given requirements to appoint independent panel chairs and authors.

3.6 Under the previous arrangements, the managers, who are now in the operational safeguarding unit, spent much of their time on more strategic work: creation of policies and procedures; multi-agency training and development of safe recruitment systems. The separation of the unit may mean that tasks they previously carried out are now diluted within the small strategic safeguarding unit.

3.7 A recent report to C&YP Board identified weaknesses in current SCR process. Nevertheless, RSCB approved new procedures for SCRs without reference to the cost and capacity required to implement.

3.7 Rotherham has conducted seven Serious Case Reviews since 2005. This is a relatively high rate of SCRs. 82% of children involved in the cases considered by the SCRs were children with a child protection plan - much higher than national rate of approximately 20%. However, there are large sibling groups involved in these SCRs which distorts the percentages.

3.8 RSCB receive quarterly performance information reports about the child protection system ["old SSD" Child Protection data]. The Board is now beginning to receive internal audits and inspection reports that relate to safeguarding from member agencies but this practice is not yet well established.

3.9 Recent changes in the allocation of tasks between the adoption team and Locality social workers have created a marked degree of anxiety among the social workers whose overall level of knowledge and experience in this area is weak. Concerns have been expressed during this review that the quality of practice in adoption and about delays in cases being brought to the Adoption Panel.

3.10 In turn this is having a knock on effect on the level of court ordered contact arrangements. The inexperience of workers and slow placement finding mean that workers are not in a position to argue with court approach and that contact is going on longer than necessary.

3.11 The Council's Children's Services has acted to address problems of effectiveness in the Safeguarding Unit by separating the unit into three – a strategic unit serving the RSCB; an Operational Safeguarding unit; and an IRO (Independent Reviewing Officer) unit.

3.12 The operational safeguarding unit is currently staffed by social care, education and health staff will co-locate soon providing a multi-disciplinary service. The team and their managers are knowledgeable and confident in their role, with the new unit remit giving a sharper focus to their work.

3.13 Improvements have been made to the child protection conference process and the timeliness of decisions and recommendation records has been improved. Conference chairs now chair the first child protection core group meeting, providing important continuity between the initial conference and the detailed child protection plan. Auditing of child protection files will start in April 2009 and will add an important independent scrutiny to the management oversight of cases.

3.14 The Access Team performs well but is an unqualified team. The team do have access to a qualified manager at all times. Ensuring a social work qualified manager is in post at all times and giving that person responsibility to carry out initial screening decisions would improve consistency and relieve some pressure on locality team managers.

3.15 The Access Team acts as the first point of contact for members of the public and other agencies contacting the social care service, receiving approximately 70 callers to the office each month. In addition, there are 460 or so referrals each month coming in via other routes. As well as gathering information, the team may then work on a case for several hours.

3.16 However, the function of the Access Team is undermined by some of the current arrangements. The team are the start of the social care process but yet are isolated from practice and management. Members of the public may visit the team base, a role that has increased as they have become the only Children's Services town centre public access point.

3.17 The Council and its partners have responded positively to the Fostering Inspection report June 2008. A comprehensive action plan has been put into place. This covers both the statutory requirements and recommendations from the Inspection Report. The practice of routinely approving placements of children above the usual fostering limit has now been ended.

3.18 The fostering team has had a history of management change. Some members of the current team have had ten managers, many of whom did not have fostering experience. The new structure gives them much more confidence.

3.19 Action has been taken to reduce the numbers of children in placements that were above the usual fostering limit. However, at the time of writing this report, there were a number of carers with more children in placement than the usual fostering limit [6 or 7 carers in exceptional circumstances]. In January 2009 Ofsted inspectors

recognised that improvements had been made but nevertheless found fostering provision to be inadequate.

3.20 In order to make a case to the forthcoming re-inspection by Ofsted, the Council will have to ensure that each child's case has been thoroughly reviewed. If an argument is to be made that their circumstances and individual needs result in their case being an exception to the usual fostering limit, it will have to be explicitly endorsed by the Fostering Panel with all safeguarding assessments and safe caring policies in operation.

3.21 Nevertheless, Ofsted inspectors may well not accept that the fostering service is safe. An inadequate judgement represents a serious risk to the Council and its partners since it jeopardises the next APA judgement and the forthcoming Comprehensive Area Assessment. The C&YP Board must therefore take an informed position on this issue at the most senior level in advance of the next fostering inspection.

3.22 The number of managers in the Council's Children's Services has increased with the development of seven localities. One result of this is that cases held by social care under s17 Children Act 1989 have been recently reconsidered. A number of cases have been referred to court that should have been referred at a much earlier stage following SCRs.

3.23 It might be anticipated that, once this "backlog" has been addressed, the number of applications for care orders would fall. This is not proving to be the case. There are a number of reasons for this: the high level of chronic neglect found in some parts of the community; the number of families whose standard of childcare is known to be inadequate who have second and subsequent children; the impact of domestic violence and drug abuse on the care of children.

3.24 While responses to individual cases causing concern will always be required, a long term programme of prevention, support and early intervention is also required. At present this ambition in some of the Rotherham localities is being diverted by the volume of cases causing high levels of concern.

3.25 In March 2009 there were 397 children who were Looked After in Rotherham (an increase from 320 in January 2007). Of these 69 were looked after by agreement with their parent/s and 328 (82%) were subject to care orders. This is out of line with the national picture of 60% of Looked After Children being subject to care orders.

3.26 There are currently 4000 open cases and 2500 CIN in receipt of services. Taken together with the information from the audit of cases undertaken for this review, which found little evidence of a robust service to children in need, this may suggest there may be a thresholds issue. It raises questions about whether practitioners are going to CP Conference too early and need to shift to prevention and early intervention.

3.27 The pressure created by the level of court ordered contact has been recognised. Steps must be taken to address this. Two Court Practice Consultant posts have been created whose purpose is to check and improve quality of applications to court. The level of resources in the Childcare Legal Team is limiting the legal service contribution to child protection conferences and Serious Case Reviews.

3.28 Concern has been expressed that cases are coming to the attention of the legal team and Gateway Panel very late. An example was cited of unborn babies

being known about for 6 months but legal services only being told about child when s/he is born. The chance to be pro-active is often missed, which then necessitates urgent, remedial action.

Recommendations:

- At the most senior level, the Council and its partners must take an informed position in relation to the placement of individual children in foster care above the usual limit.
- The authority is planning to increase the Fostering recruitment activity from April 2009. It should confirm that the targeted level of recruitment is based on an analysis of need and is supported by a Fostering Service Business Plan that includes due regard to recruitment capacity and funding available.
- Communication with and support for foster carers should be improved. The Council should ensure that all carers have a simple way of raising practice concerns with senior managers and should audit this annually to check its effectiveness.
- Services to provide long term support to children who are adopted, subject to residence or special guardianship orders should be improved. The decision to transfer additional adoption work to Locality-based social workers should be reviewed.
- A more detailed audit of cases on the boundary between children in need, s20 accommodation and care orders should be undertaken to better understand the application of thresholds and determine future action.
- The process of responding to children in need should be re-evaluated to ensure that it is robust and well resourced.
- Ensure a social work qualified manager of the Access Team is in post at all times and giving that person responsibility to carry out initial screening decisions would improve consistency and relieve some pressure on locality team managers.
- The level of resources in the Childcare Legal Team is limiting the legal service's contribution to child protection conferences and Serious Case Reviews and should be reviewed urgently.
- The Gateway Panel should consider all cases where a child has been placed at home on a care order for six months or more with a view to applying for the discharge of the order.

4. Performance management arrangements and a review of actual performance compared to other authorities.

Overall findings and judgements

4.1 Children's Services has taken action to strengthen its approach to performance and quality management. In 2008 the Council's Children's Services created a Locality Performance Manager post. This post has now been deleted in order to employ an additional Locality Manager in order to provide sufficient management at local level.

4.2 Each Director in JLT is expected to report on performance in respective areas of responsibility rather than this being left to the Director of Children's Services or Director, Commissioning, Policy and Performance. This top level accountability was evident to some degree at the recent Scrutiny Panel meeting.

4.3 Published APA and JAR reports provide the best comparison with statistical neighbours and national comparators. These are provided for all LAs and PCTs in the form of APA data sets. Again, these provide a mixed picture. Further analysis is provided at Appendix 2.

4.4 There are examples, particularly within Learning, where well planned, resourced and managed initiatives have resulted in performance improvement over years. These include the performance improvement in secondary standards, the reduction in schools in Ofsted categories, the significant reduction in NEETs and exclusions.

4.5 Last year Rotherham was ranked 10th out of 11 statistical neighbours with a secondary absence rate of 8.02% compared to an average of 7.39%. Primary attendance, on the other hand, has been better than the national average at 5.22% in 2007/08 compared to 5.26%, but this is still worse than Rotherham's statistical neighbours (average absence rate of 5.16%).

4.6 Effective performance management is inconsistent across health and social care, and in some services it is weak. This problem has been exacerbated by the development of localities where there is confusion about line management and accountability for outcomes. Tightly monitored accountabilities for each individual and head of service must be reinforced through consistently applied supervision and PDRs based upon specific action plans derived from CYPP priorities and targets.

4.7 Self-evaluation lacks rigour and effective internal challenge in many parts of Children's Services. This was the root cause of the over self-assessment of grades provided by Rotherham for some outcomes for children and was recognised by Ofsted inspectors in the 2008 APA report. It resulted both from changes in leadership and the lack of an embedded performance culture led from the top.

4.8 Performance monitoring, reporting and action should relate increasingly to local 'direction of travel' and relative progress compared with statistical neighbours and with the narrowing of any gaps with best performing services nationally.

4.9 RMBC collects a wide range of performance related data. The Performance Team works hard to support JLT in its reporting to the corporate centre and to elected members on 'direction of travel' progress across key performance indicators.

4.10 Data monitoring is well embedded in parts of the organisation but analysis and use of data for performance improvement are seriously underdeveloped in many services. Data inputting must be timely and data monitoring needs to be translated into determined management action with clear accountabilities set out at each level.

4.11 Rapid analysis and benchmarking against comparator authorities is hampered by capacity issues that are partially due to tardy data inputting in the locality teams and elsewhere.

4.12 Senior managers acknowledge that effective data monitoring needs to lead more regularly to timely and robust performance management. Individual managers and team members are not always held accountable for their performance against agreed targets.

4.13 Senior managers in several teams, such as the SEN Team, the Children Missing from Education Officer and Behaviour Support Service seek to learn from best practice elsewhere and apply it on behalf of local young people.

4.14 Previous 'confirm and challenge' events have been replaced by RMBC with targeted 'performance clinics' to secure improvements in key indicators of outcomes for children. One example of the benefits of detailed member scrutiny is the Anti-Bullying Strategy. This has resulted in a regularly reviewed and updated action plan and some excellent initiatives such as the introduction of the Rotherham Anti-Bullying Standard.

Recommendations:

- Data inputting must be timely and data analysis needs to be translated into determined management action with clear accountabilities set out at each level.
- Performance monitoring across all integrated services and the voluntary sector, reporting and action should relate increasingly to local 'direction of travel', relative progress compared with statistical neighbours and to the narrowing of any gaps with best performing services nationally.
- Consistently applied quality assurance and self-review processes should lead to relentless management challenge for improvement across all services and partners.
- RMBC has designated lead officers and Performance Indicator Managers for all Performance Indicators. Clear information is needed about designated lead officers for specific or shared performance indicators in the NHS.
- Tightly monitored accountabilities for each individual and head of service must be reinforced through consistently applied supervision and PDRs based upon specific action plans derived from CYPP priorities and targets.

5. Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services.

Overall findings and judgements

5.1 There is strong general support within NHS Rotherham, RMBC and schools for the concept of increasingly integrated services. Unfortunately, there is also much uncertainty about how centrally managed services and schools are expected to relate to the new locality teams, and vice versa.

5.2 There is a general understanding that the co-location is expected to lead to enhanced joint working and improved 'wrap around' support for vulnerable children and their families. However, the formal joint processes necessary to secure such outcomes on a consistent basis and to give staff the supportive and clear structures are evidently under-developed at this early stage.

5.3 Whilst there is broad agreement about the potential benefits of co-location in terms of information sharing and joined up planning around individual children and their families, locality teams are at different stages of development. They will continue to provide inconsistent outcomes until clear expectations and processes are introduced and communicated effectively.

5.4 There would appear to have been a lack of follow-through in strategic planning, staff induction and training and preparation for effective multi-agency management in the new locality teams. This has contributed to low morale and a sense of drift amongst too many NHS Rotherham and RMBC staff.

5.5 In addition, several special schools and church schools report difficulties in relating potentially to all seven locality teams given the wide 'catchments' that they serve. This creates the risk of multiple contacts and discontinuity in their links with locality teams.

5.6 The Locality Managers meet weekly and have a clear, structured agenda. They discuss performance and broader issues including health and the youth service. The Locality Managers attend the cluster team meetings and meet with the schools. These meetings provide an opportunity to discuss a range of issues including supervision. Best practice is shared.

5.7 There is a framework and service specification for school nursing. This includes communication, coordination, leadership and clinical supervision. The framework gives a 'hanger' for practice, from Support Workers to advanced practitioners.

5.8 There has been recent investment in the School Nursing Service. Every secondary school has a named qualified school nurse. Each locality will have an Advanced Practitioner who will link to key strategic groups, teenage conception,

obesity etc. This is deemed to be good practice and needs further development and evaluation once embedded.

5.9 The creation of the Police and Young People's Partnership Officers (PYPPOs) based in the Localities is a positive example of multi-agency commitment to the concept of localities. In Maltby the PYPPO, Team Manager and Education Welfare Officer will be supporting local schools through some joint 'truancy sweeps'. This is a highly visible - and well received - example of integrated working in action.

5.10 More needs to be done to improve awareness and understanding of the work of each discipline in the localities and increase the understanding of what each service can provide. Currently there is a gap between expectation and reality about what can be delivered.

Recommendations:

- Current partnerships, Children's Trust arrangements and the initial progress made by locality teams should be reviewed in the light of new legislation on Children's Trusts and Lord Laming's report, and re-engineered accordingly.
- The current ambitious work on joint commissioning and the understanding of the commissioning/provider relationship between NHS Rotherham and RMBC needs to be continued to embed effective practices, particularly with regard to its implications for localities.
- New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. headteachers, GPs, in order to provide local strategic leadership for meeting the needs of vulnerable children across co-located services.
- A tight change management programme structure needs to be applied to integrated services developments in order to build fully upon best practice to date. This must produce a clear rationale, an effective infrastructure, aligned management and a phased workforce development programme. It should also provide full, simple and regular communication to all partners and stakeholders, including schools and GPs.
- The present dislocation between the strategic activities of the Central Attendance Team and the day to day work of locality team based Education Welfare Officers with pupils, schools and families must be resolved.
- The new Attendance Strategy should be used to re-launch and reintroduce the concerted and seamless action on pupil absence so valued by schools in the past. A 'lead professional' approach could be adopted to ensure that the seven locality teams, and their designated EWOs in particular, benefit from regular information exchange with the Central Team and participation in relevant development opportunities.

Appendix 1:

Executive Summary and Recommendations

1. Management arrangements in terms of structure, leadership, capacity and decision making throughout the service

The Children's Services strategic management has been subject to significant change in the past two years. The previous Director of Children's Services had invested considerable energy into restructuring the senior leadership teams and boards to deliver highly ambitious, but cost neutral plans for more integrated working with partner services and agencies around the Change for Children agenda.

The focus was on the delivery of co-located services and the management required to establish it. There was a natural focus, as the leadership team came together, on the structural changes. With changes in senior personnel there was a loss of focus on the strategic aim and clarity of message. There now needs to be a review of the vision, purpose, function and delivery of Children's Trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations.

Foundations have been laid for innovative and well embedded integration with some examples of outstanding practice. Partnership working, specifically with health and NHS Rotherham, has been well developed and represents highly advanced and ambitious practice. In particular, this is down to highly effective engagement and leadership provided by the Chief Executives of RMBC and NHS Rotherham.

The previous DCS moved to another post at a critical point in the development of the integrated agenda. However, her successor was appointed against national competition from within Rotherham senior team and was immediately able to bring to bear her detailed knowledge of the local issues.

With expertise in managerial delivery, the current DCS has a clear sighted approach for the development of the next phase of Localities. Consultants found clear evidence of improvements, particularly around performance management and supervision, over the previous six months. The timing of the current review, however, did not enable consultants to find impact evidence for the improvements found.

The current Joint Leadership Team reflects integration with cross-service membership and cross-cutting agendas. In order to sharpen the focus and clarify the accountabilities Children*First* consultants have recommended the splitting of JLT and the establishment of two-tier accountability with a small "top-tier" responsible for safeguarding, school standards and health outcomes. In addition to the key strategic accountabilities, this tier might also take on the commissioning function.

A separate, extended JLT would then ensure business support, performance management, locality management, partnership function in order deliver the agenda, provide challenge, quality assurance and effective performance management across all services.

The current review has therefore taken place against a backcloth of change and improvement. Children*First* consultants are confident that, with the recommendations

in this report those systemic and strategic changes will lead to the required performance improvements and embedded integration.

Section 1 Recommendations:

Immediate

- There needs to be a review of the vision, purpose, function and delivery of Children's Trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations e.g. Laming Report.
- The above review needs to result in a concise outcomes related restatement of priority aims and of the governance, management and scrutiny arrangements that will support these.
- The leadership framework, as provided through the current JLT, centrally based heads of service and the developing locality teams should then be restructured to ensure it is fit for purpose.
- The JLT should reflect clear accountabilities and strategic direction for safeguarding children, education standards and health outcomes.
- New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. headteachers, GPs, in order to provide local strategic leadership for meeting the needs of vulnerable children across co-located services.

Medium term

- The separate management of health staff within locality teams needs to be reviewed and either joint management or more integration and closer links established.
- The Building Schools for the Future Project Board should work closely with a parallel 'Integrated Services Development Board' to shape a collaborative structure that supports both the transforming of learning and the wellbeing of children and families.
- The existing Directory of Services for NHS RCHS and Service Specifications for all NHS RCHS and C&YPS and terms of reference for all groups should then be revised to reflect these clearer accountabilities, re-issued and effectively communicated.

2. Resource management in terms of workforce, financial and asset utilisation/management.

Rotherham Council and Rotherham NHS have invested considerably in recent years in school provision, health, and foster care provision. The development of the Localities was promised to be cost neutral and, indeed, internal posts were offered up to ensure this happened.

There has been social care, school nurse and health visitor recruitment but, because of the need to respond to growing needs, this additional resource has been mainly dedicated to targeted, acute casework provision in Localities rather than more strategic, early identification, preventative work.

NHS Rotherham has put in place a number of management arrangements to deal with the issues in community nursing. There is a new framework for school nursing. These have not yet been rationalised within localities, which is leading to tensions.

There is clear and joined-up member/officer/schools vision for learning transformation in BSF, Academy and primary capital proposals. However, the connections between these and the vision for Change for Children in Rotherham are not fully developed.

This report provides analysis of the comparative position of Rotherham's resources dedicated to children and young people [which is also included as an appendix]. It provides a mixed picture of the relative levels of resourcing with comparisons of central service costs showing at the bottom end of statistical neighbours, particularly in social care.,

A programme as ambitious as this needs further targeted investment from the Council and PCT in particular, not just to grow the original services but to ensure that the new services are developed according to future needs. It is evident there needs to be a planned approach for resources for the next phase of Locality development to ensure that children and young people remain safe and that services meet the Laming report recommendations.

Current significant caseload and record-keeping pressures across children's social care services should be addressed either to provide enhanced business support or a further recruitment drive to minimise vacancies and improve capacity.

There has been serious lack of follow-through in local strategic planning, induction, effective multi-agency management, training and development in Localities. This is leading to low morale and drift. In order to ensure the success of the developing Localities and to deliver Rotherham's programme for integrated services, there should be a review of the purpose and function of Localities and then adjustments made to ensure they are fit for purpose.

This needs to be coupled with continuing internal quality assurance and challenge – to ensure best value - improved project and performance management and better outcomes for children and young people in Rotherham

Section 2 Recommendations:

Immediate

- The Corporate Management Team, NHS Rotherham and JLT should review the actual and projected costs of the work of the seven locality teams.

Medium term

- Future real-terms increases in school improvement support and individual school budgets should reflect RMBC expectations in relation to the standards

agenda, joint working with the locality teams and the other priorities set out in the post APA Improvement Action Plan.

- With the exception of Adoption Services, Rotherham's spending in children's social care is low. Spending on some services is so low in relative terms that the council should consider whether the level of funding is sufficient, especially in some of the high-risk services.
- Priorities for future funding uplift should be based upon value for money considerations. They should include, over and above the major budget areas referred to above, provision for reducing social work and health caseloads, universal child and family support in the early years, parenting initiatives, children missing from education and anti-bullying casework.
- The additional demands being placed upon the Council and Health C&YPS teams by the increase in Slovakian/Roma children and families should be reviewed as part of the budget round each year.
- Unite suggest that, in areas of high need or when access is difficult caseloads should be under 300 families (www.unite-cphva.org). Rotherham need to be looking to calculate how many health visitors they need to bring their health visitors' caseloads in line with this level.

3. Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people.

Safeguarding must be core business. It is critical that the considerable structural changes currently being embarked up on Rotherham ensure that sound and safe practices are in place to protect vulnerable children and young people.

There is a need to address capacity and additional expectations placed upon the Rotherham Safeguarding Children Board.

Recent restructures have served to create a complex and excessive number of teams and panels, which can lead to confusion and increase risk. These require urgent rationalisation so that management lines and performance accountabilities are absolutely clear and understood.

The Council's Children's Services has acted to address problems of effectiveness in the Safeguarding Unit by separating the unit into three – a strategic unit serving the RSCB; an Operational Safeguarding unit; and an IRO unit.

The Access Team performs well but is an unqualified team. Ensuring a social work qualified manager is in post at all times and giving that person responsibility to carry out initial screening decisions would improve consistency and relieve some pressure on locality team managers.

Many of the issues raised in previous Foster Care inspections are now being urgently addressed but much remains to be done. Nevertheless, Ofsted inspectors may well not accept that the fostering service is safe. An inadequate judgement represents a serious risk to the Council and its partners since it jeopardises the next APA judgement and the forthcoming Comprehensive Area Assessment. The C&YP Board

must therefore take an informed position on this issue at the most senior level in advance of the next fostering inspection.

The pressure created by the level of court ordered contact has been recognised. Steps must be taken to address this. The level of resources in the Childcare Legal Team is limiting the legal service contribution to child protection conferences and Serious Case Reviews.

The Slovak/Roma community presents a particular challenge and it remains possible that children within this community are not known by any statutory body. Accessing interpreter services is difficult and causes real problems for staff trying to work with this community.

Section 3 Recommendations:

Immediate

- At the most senior level, the Council and its partners must take an informed position in relation to the placement of individual children in foster care above the usual limit.
- The level of resources in the Childcare Legal Team is limiting the legal service's contribution to child protection conferences and Serious Case Reviews and should be reviewed urgently.
- The Gateway Panel should consider all cases where a child has been placed at home on a care order for six months or more with a view to applying for the discharge of the order.

Medium term

- The authority is planning to increase the Fostering recruitment activity from April 2009. It should confirm that the targeted level of recruitment is based on an analysis of need and is supported by a Fostering Service Business Plan that includes due regard to recruitment capacity and funding available.
- Communication with and support for foster carers should be improved. The Council should ensure that all carers have a simple way of raising practice concerns with senior managers and should audit this annually to check its effectiveness.
- Services to provide long term support to children who are adopted, subject to residence or special guardianship orders should be improved. The decision to transfer additional adoption work to Locality-based social workers should be reviewed.
- A more detailed audit of cases on the boundary between children in need, s20 accommodation and care orders should be undertaken to better understand the application of thresholds and determine future action.
- The process of responding to children in need should be re-evaluated to ensure that it is robust and well resourced.

- Ensure a social work qualified manager of the Access Team is in post at all times and giving that person responsibility to carry out initial screening decisions would improve consistency and relieve some pressure on locality team managers.
- The Council & partners are aware of the particular challenges posed by the Slovak Roma community and should act quickly to ensure that adequate services are in place, including adequate interpreting services.

4. Performance management arrangements and a review of actual performance compared to other authorities

Effective performance management is generally inconsistent across health and social care, and in some services it is weak. This problem has been exacerbated by the development of localities where there is confusion about line management and accountability for outcomes.

There should be a more outward-looking and relentless focus by senior managers, elected members and staff in each team to improving performance as measured by outcomes for children.

Clarity and simplicity is needed to remove a general sense of uncertainty and confusion about the NHS Rotherham and CYPS change management programme.

Tightly monitored accountabilities for each individual and head of service must be reinforced through consistently applied supervision and PDRs based upon specific action plans derived from CYPP priorities and targets.

Data monitoring is well embedded in parts of the organisation but analysis and use of data for performance improvement are seriously underdeveloped in many services. Performance monitoring, reporting and action should relate increasingly to local 'direction of travel' and relative progress compared with statistical neighbours and with the narrowing of any gaps with best performing services nationally.

Section 4 Recommendations:

Medium Term

- Data inputting must be timely and data analysis needs to be translated into determined management action with clear accountabilities set out at each level.
- Performance monitoring across all integrated services and the voluntary sector, reporting and action should relate increasingly to local 'direction of travel', relative progress compared with statistical neighbours and to the narrowing of any gaps with best performing services nationally.
- Consistently applied quality assurance and self-review processes should lead to relentless management challenge for improvement across all services and partners.

- RMBC has designated lead officers and Performance Indicator Managers for all PIs. Clear information is needed about designated lead officers for specific or shared performance indicators in the NHS.
- Tightly monitored accountabilities for each individual and head of service must be reinforced through consistently applied supervision and PDRs based upon specific action plans derived from CYPP priorities and targets.

5. Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services

Senior leadership teams, partnerships, Trust arrangements and Locality teams should be reviewed in the light of new legislation on Children's Trusts and Lord Laming's report, and adjustments made accordingly.

Further work needs to be carried on joint commissioning and the understanding of the commissioning/provider relationship between the PCT and RMBC.

Locality teams are at different stages of development and will provide inconsistent outcomes unless clear expectations and processes are introduced quickly and communicated effectively. Lessons learnt at The Place were insufficiently applied.

A tight change management programme structure needs to be applied to integrated services developments for the next phase of developing Localities. This must provide a clear rationale, an effective infrastructure, aligned management, a phased workforce development programme and full, simple and regular communication to all partners and stakeholders – including schools and GPs.

It is currently unclear what role the development of Localities has in commissioning and local decision-making. There is a lack of strategic clarity and therefore definition of the terms of reference for the services and teams working through Localities. We recommend the establishment of Locality Boards [already in hand] to ensure cross-sector working at locality level to include schools and local GPs, for example. There should be basic information on NHS Rotherham and Children's Services to include clear, up to date and well communicated terms of reference for each service, management group, locality team and panel.

Section 5 Recommendations:

Immediate

- Current partnerships, Children's Trust arrangements and the initial progress made by locality teams should be reviewed in the light of new legislation on Children's Trusts and Lord Laming's report, and re-engineered accordingly.
- New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. headteachers, GPs, in order to provide local strategic leadership for meeting the needs of vulnerable children across co-located services.
- A tight change management programme structure needs to be applied to integrated services developments in order to build fully upon best practice to

date. This must produce a clear rationale, an effective infrastructure, aligned management and a phased workforce development programme. It should also provide full, simple and regular communication to all partners and stakeholders, including schools and GPs.

Medium term

- The current ambitious work on joint commissioning and the understanding of the commissioning/provider relationship between NHS Rotherham and RMBC needs to be continued to embed effective practices, particularly with regard to its implications for localities.
- The present dislocation between the strategic activities of the Central Attendance Team and the day to day work of locality team based Education Welfare Officers with pupils, schools and families must be resolved.
- The new Attendance Strategy should be used to relaunch and reintroduce the concerted and seamless action on pupil absence so valued by schools in the past. A 'lead professional' approach could be adopted to ensure that the seven locality teams, and their designated EWOs in particular, benefit from regular information exchange with the Central Team and participation in relevant development opportunities.



Appendix 2

Rotherham Children's Services

Benchmarking

This benchmarking exercise looks at publicly available data for education and social care services.

We have used the Section 52 Statements and PSS EX1 Returns as the primary sources of data. These are for 2008/09 financial year for Section 52 and 2007/08 for PSS EX.

Summary

Rotherham has very high levels of expenditure on schools, particularly in the Individual Schools Budget. Delegated spending on nursery schools is also high, although other under-fives spending is low. In contrast, spending on most children's social care services and on most education services outside schools is relatively low.

In strategic terms, there is a case that the balance between delegated schools funding and other budgets needs to be reviewed. There is a question about whether resources are being used effectively in this way. The amount delegated to schools is largely the product of past funding policies and the structure of local services; so it is difficult to make any changes quickly in the balance between delegated schools funding and other services. The possibility of using the Schools Budget to fund some wider children's services could be explored.

Outside delegated schools budgets, spending is generally low in other education services.

- Spending on SEN in both the schools and LEA budget is relatively low. Within these totals, however, the expenditure on children placed in independent schools is high (upper quartile). There might be issues about procurement and the balance of internal and external provision to be explored further here.
- There is very low expenditure in School Improvement (lower quartile) and nothing in Pupil Support. There is statistically a very low correlation between expenditure in these areas and attainment; however, there is a common-sense case for investing in these services given the level of attainment in Rotherham.
- Capital expenditure charged to revenue is high. The policy for financing capital expenditure in schools could be reviewed; this could lead to greater headroom within the revenue budget to fund other services.

With the exception of Adoption Services, Rotherham's spending in children's social care is low. Spending on some services is so low in relative terms that the council should consider whether the level of funding is sufficient, especially in some of the high-risk services.

Spending on Children Looked After is especially low.

Overall activity levels for children’s social care shows a very striking pattern: the referral rate is very high and we have advised further investigation here; assessments are lower in relative terms and the rate of reviews is actually below average.

In general terms:

- Unit costs are low except where the council uses external provision
- Use of internal provision appears to be used more extensively than external provision

Comparative Group

Choosing a suitable group can make a significant difference to the outcome of a benchmarking exercise. We have used a number of different approaches in order to judge which authorities are the most similar to Rotherham.

- CIPFA’s “nearest neighbours” group uses a wide range of indicators to identify those authorities that are most similar across the whole range of local government services. These authorities are likely to have similar socio-economic, demographic and physical attributes.
- Ofsted and CSCI’s “statistical neighbours” is based on a smaller number of indicators. The model was created for children’s services. A range of potential indicators is offered, including absence rate (primary, secondary) and under-18 conception rate.
- Children’s Service RNF measures the standard level of funding that is required to deliver a standard level of service. It uses a large number of indicators which have been weighted to reflect actual need across England.

Our proposed comparative group is as follows (highlighted in **bold**); we selected those authorities that were either in the Ofsted group or in two of the other groups:

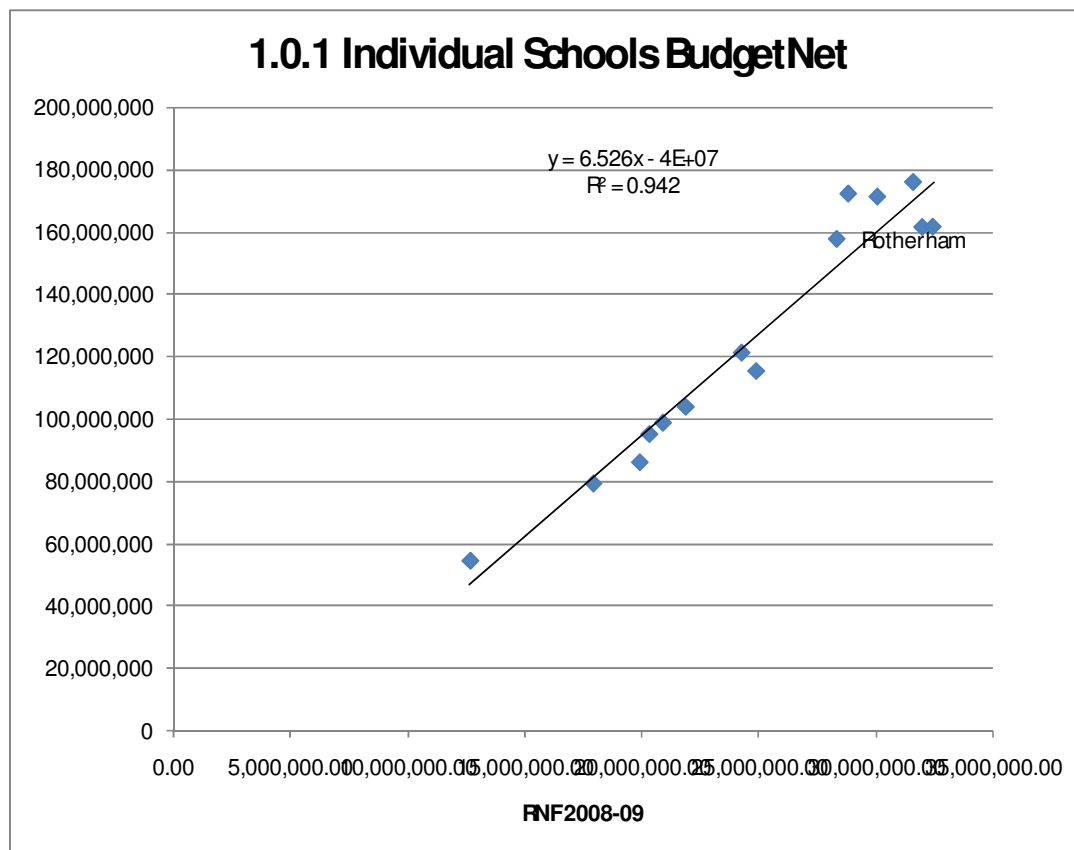
CIPFA Nearest Neighbours Group	Ofsted Statistical Neighbours Group	Children's Services RNF Group
Barnsley	Barnsley	Barnsley
Bolton		Bolton
		Calderdale
		Darlington
Doncaster	Doncaster	Doncaster
Dudley	Dudley	
Gateshead		Gateshead
Halton		
	Hartlepool	
		Kirklees
		Medway
		North East Lincolnshire
		North Tyneside
	Redcar and Cleveland	

Rochdale		
		Sefton
		Sheffield
St Helens	St. Helens	St Helens
Stockton-on-Tees		Stockton-on-Tees
Stoke on Trent		
Tameside	Tameside	Tameside
Telford and Wrekin	Telford and Wrekin	Telford and Wrekin
Wakefield	Wakefield	
Walsall		
Wigan	Wigan	

Education

Individual Schools Budget

Rotherham’s net spend on the Individual Schools Budget is in the upper quartile, with only Wigan, Hartlepool and Bolton spending more.



As we would expect there is a very strong correlation between the children’s RNF and a large expenditure budget such as ISB. Although spending in schools is from the Dedicated Schools Grant rather than RNF, this chart shows that RNF is an effective predictor of spend in education services (the R-squared is very high at 0.942).

Rotherham spends above the line (which indicates it's spend on the ISB is greater than we might expect, using the children's RNF as a predictor). The variation, however, is not particularly significant.

Rotherham also has upper quartile gross expenditure funded by the Schools Standards Grant and School Development Grant. Levels of non-devolved SSG and SDG are also in the upper quartile.

Under-fives

ISB and Total Schools Budget spend on nursery schools is the highest in the group (for ISB £33 per pupil, compared to a median of £8; for Total Schools Budget £254 compared to £83).

For spend on children aged under-5 in private, voluntary or independent settings, Rotherham actually spends at the median (£54 per pupil).

Central Expenditure on Children Under Five is actually zero, however. All the other councils have reasonable levels of expenditure; the median is £15 per pupil.

These benchmarks suggest Rotherham has a balance of service that is focused to a greater degree on its own provision rather than PVI providers. Much will depend however on the way the PVI market develops in an area.

SEN (Schools)

Rotherham's expenditure is relatively low compared to other councils in the comparative group.

Provision for pupils with SEN is around the median.

Some spend is low and might require investment in future, such as Support for Inclusion.

Fees for pupils at independent settings is high (it is in the upper quartile, with only St Helens, Hartlepool and Barnsley spending more per pupil).

Rotherham could review how it procures SEN, especially the balance between local/ in-house provision and places procured from the independent sector. There are risks in creating local provision (e.g. insufficient range/ expertise, cost of unused capacity); but the options should be fully explored, particularly the links with other nearby and similar councils.

The position is the same for gross expenditure.

SEN (LEA)

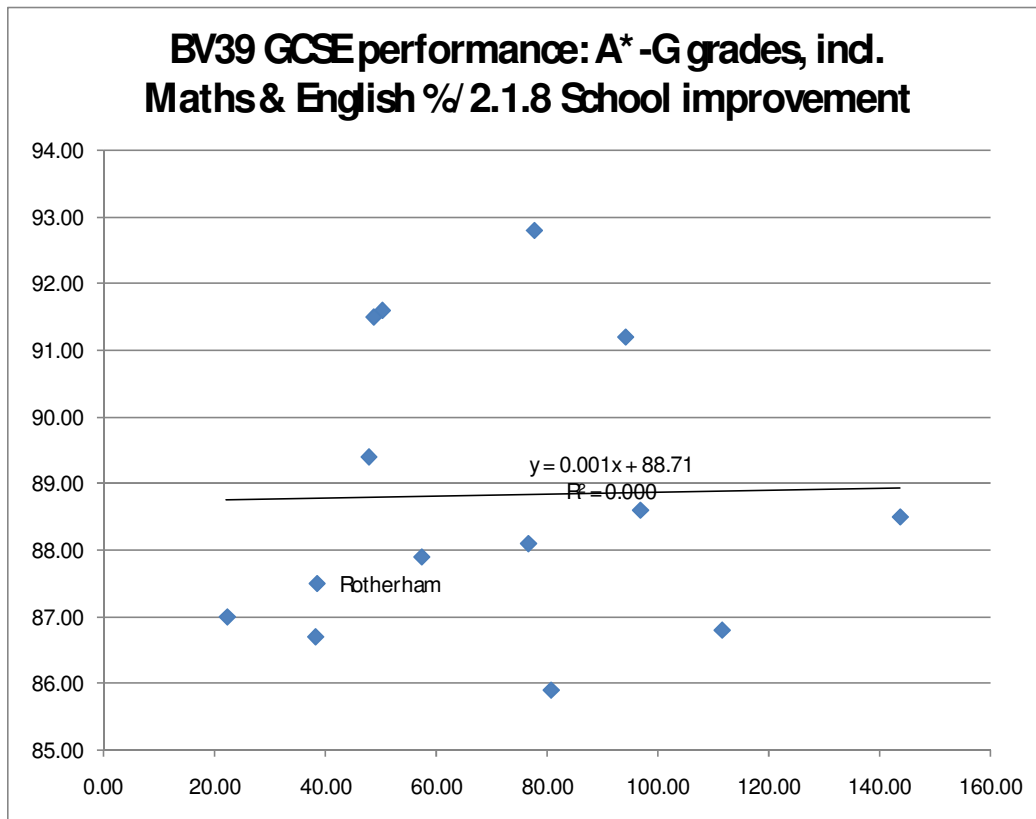
Expenditure across all the service heads is very low, with most – other than very small budgets – being below the median per pupil. This applies to both gross and net expenditure. These tend not to be discretionary services but driven by external demand.

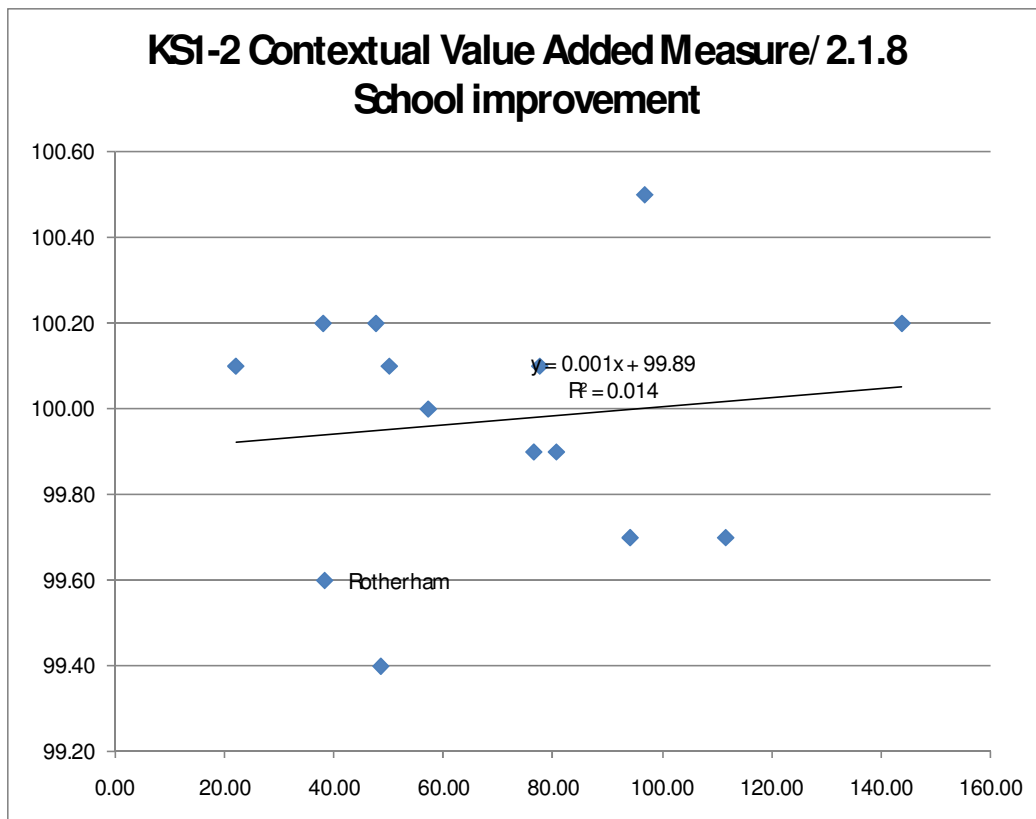
School Improvement

There are some services where Rotherham could choose to invest more, particularly School Improvement. This is a service that DCSF likes to compare with attainment. Rotherham spends in the lower quartile; only Bolton spends less per pupil.

Rotherham also has zero expenditure on Pupil Support (lower quartile); although most other councils also have low expenditure in this service, it is usually combined with higher spend in School Improvement.

The charts below show that there is actually a very weak correlation between spend on school improvement and attainment in some of the key measures. In both charts, Rotherham is shown as having both low spend per head and low attainment levels. Some councils though are not spending significantly more but getting much better attainment levels.





Pupil Referral/ Behaviour Support

In general, spend on these services is low; some councils are investing considerably more in these services.

Spend on pupil referral units and education out of school is below the median. Spend on behaviour support services is just above the median, both for net and gross expenditure.

Combined Budgets

Contribution to combined budgets is very small and patchy across the comparative group. This is expenditure on wider children's services which can, under the Regulations, be charged to the Schools Budget. Rotherham's spend here is very small (£2 per pupil, or about £66,000) compared to some councils (such as Wakefield and Doncaster (who are spending some £30, or about £1.5m). Spend for gross and net expenditure is below the median.

Capital Expenditure

Capital expenditure funded from Revenue (CERA) is relatively high (£53 per pupil compared to median of £22). This policy could be reviewed if headroom were required in the Schools Budget. This represents £2.3m in Rotherham's budget.

Education Psychology

Expenditure is in the lower quartile, although generally spend per pupil is relatively similar across all councils in the group.

Education Welfare

Expenditure is below the median. Again the spend per pupil is relatively similar across all the councils.

Youth Service

Expenditure is at the median. There is relatively consistent spend across all the councils, although some are investing considerably more than Rotherham. For instance, Hartlepool is spending £88 per pupil compared to £52 in Rotherham.

Adult Education

Expenditure is driven to a much greater degree by policy decisions; the spend is not consistent across the councils (ranging from £1 to £74 per head).

Rotherham's net expenditure is at the median – which effectively means it is bunched down towards the lower end of the range (net spend is £6 per head). For gross expenditure, Rotherham is near the lower quartile; Rotherham has amongst the lowest income in the group; it only receives £12 per head (total income for Rotherham is some £531,000).

To some degree the range is also caused by funding arrangements and charging policy. Gross expenditure reveals an even greater range of expenditure (from £8 to £132 per head). Rotherham is near the lower quartile in this analysis.

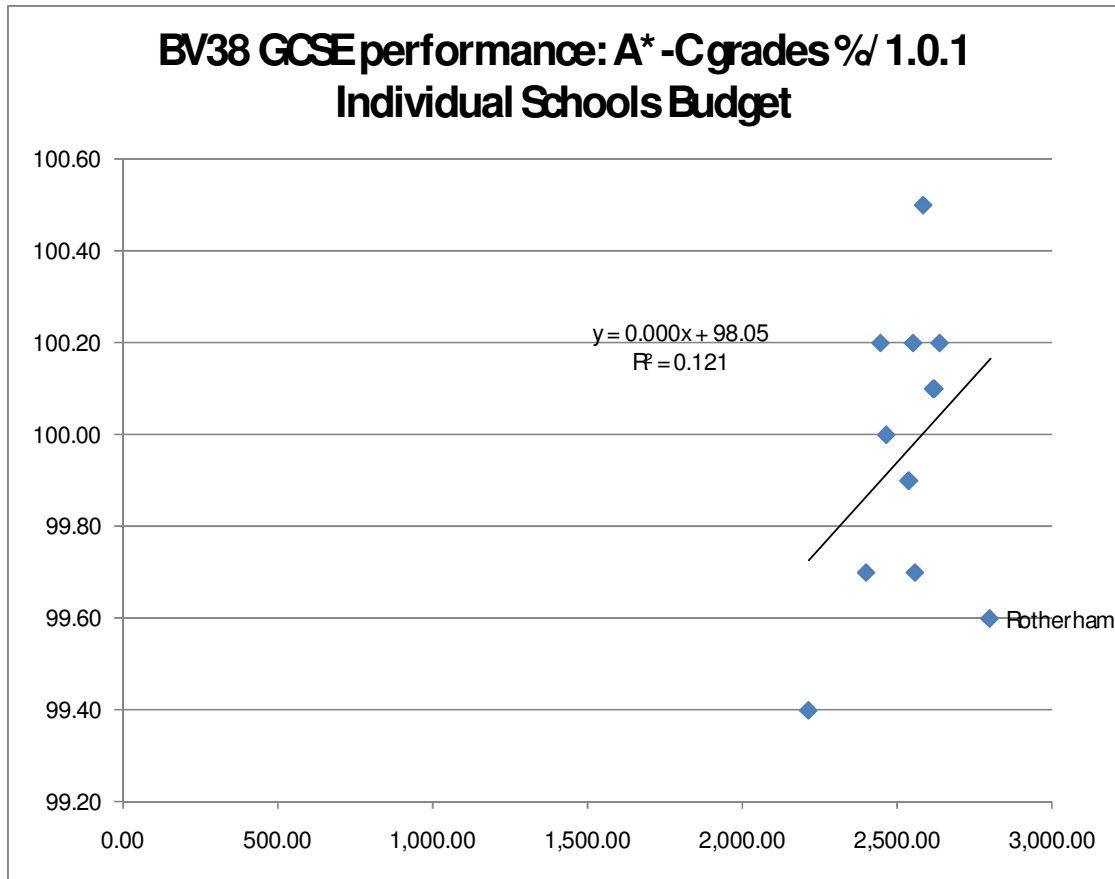
Connexions

Rotherham records zero spend on Connexions.

Pupil Attainment and Other Performance Measures

Attainment levels are, in most cases, below the median (in fact, this is the case for all the measures we looked at other than BV181d KS3 ICT Performance %). Attainment was the lowest in the group for Mathematics in KS2.

Early in this report we looked at the relationship between expenditure on School Improvement and Attainment, and concluded that the relationship was not strong. Comparing spend in the ISB with Attainment shows a stronger relationship, although not significantly so. The chart below shows that, nevertheless, Rotherham is a significant outlier.



Absence in Secondary Schools is in the upper quartile (8.32% absence compared to median of 7.9%). Absence in Primary Schools is below the median.

Rotherham is in the upper quartile for the number of secondary schools with excessive balances (>8% planned budget); but Rotherham has no primary schools with excessive balances. Conversely, there is an upper quartile amount spent on schools in financial difficulty.

Children's Social Care

Overall Activity

We have looked at referrals, assessments and reviews. These show a very striking picture for Rotherham.

For referrals, Rotherham is a very significant outlier; the chart below shows that the number of referrals (7556) is significantly more than we would expect, based on the Children's RNF for the council. Indeed it is such an outlier, we would advise that further investigation is undertaken to understand either why there is such a large rate of referral or whether there are data errors.

For assessments, Rotherham is much more "within the pack", although it still undertakes more assessments than predicted by the RNF; indeed, it is towards, the higher end in terms of the rate of assessments compared to the other councils in the group.

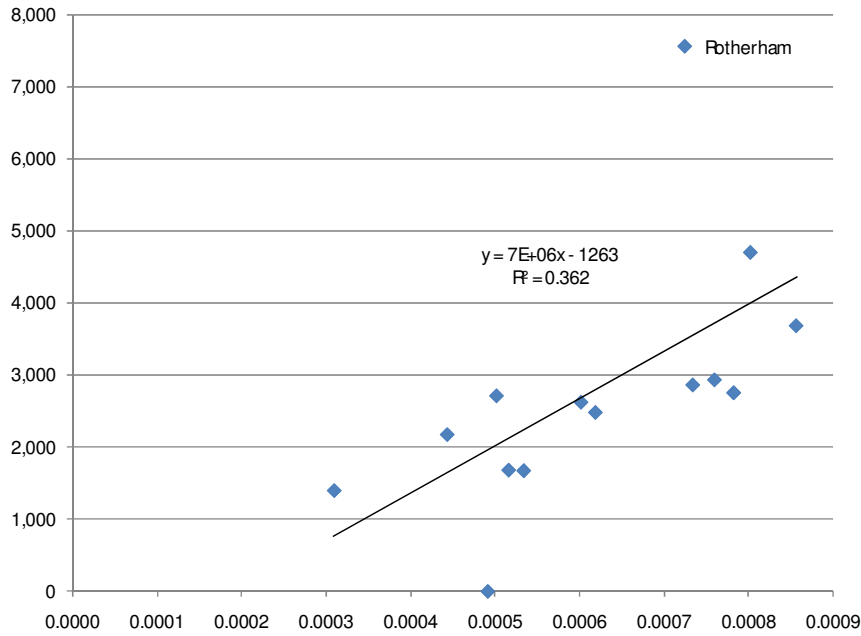
The picture changes again for reviews, where Rotherham is now below average and below where we would expect given the RNF.

What conclusions can we draw from these data? Without further investigation it is difficult to be conclusive. However, there does appear to be significant pressure in terms of the number of referrals. There may be reasons why this is occurring that could be explained by internal processes or the activity of other agencies.

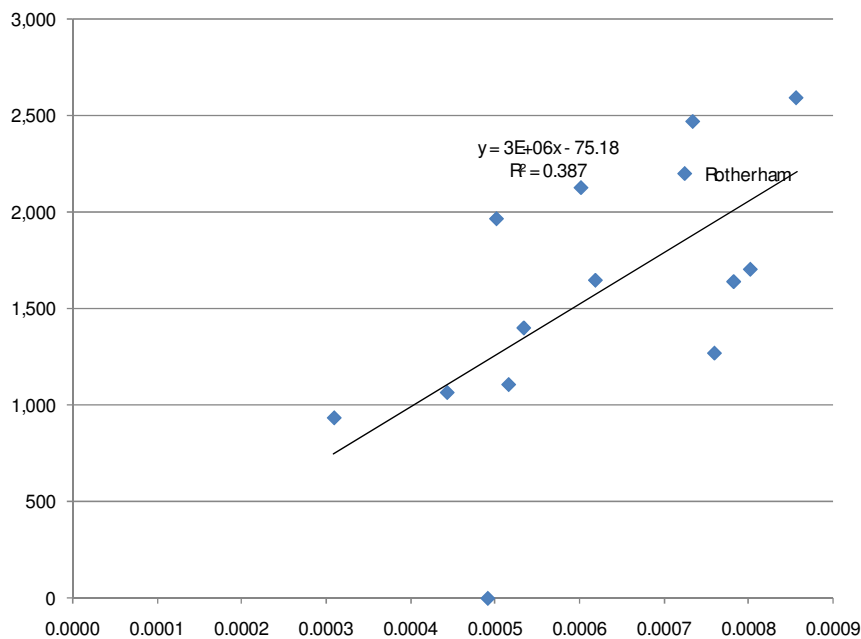
There then appears to be a pattern of, relatively speaking, a decline from the number of referrals, to the number of assessments, to the number of reviews. Why would there be this reduced level of activity? Are Rotherham's processes for making assessments different from other councils in the group? As we see later in this report, Rotherham has relatively low levels of expenditure in children's services; this is not something we would expect given the rate of referrals experienced by the council or indeed the above average level of assessments.

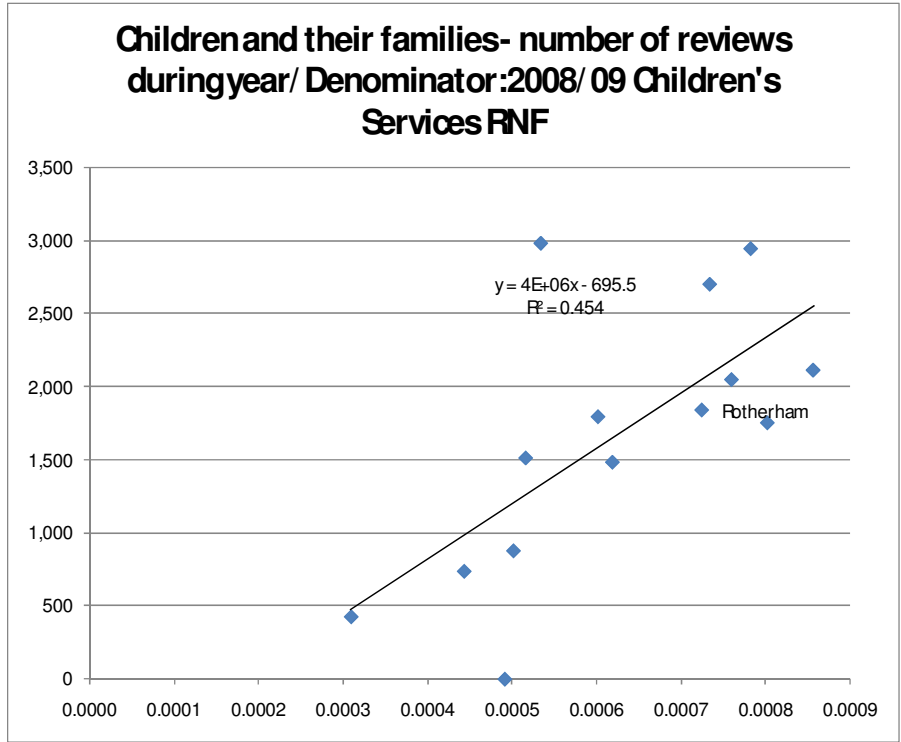
The correlation between RNF and Referrals/ Assessments/ Reviews is moderately strong (at between 0.362 and 0.454).

Part A 1.Total number of referrals of children who have been the subject of referral (including re-referrals) in the year/ Denominator:2008/ 09 Children's Services RNF



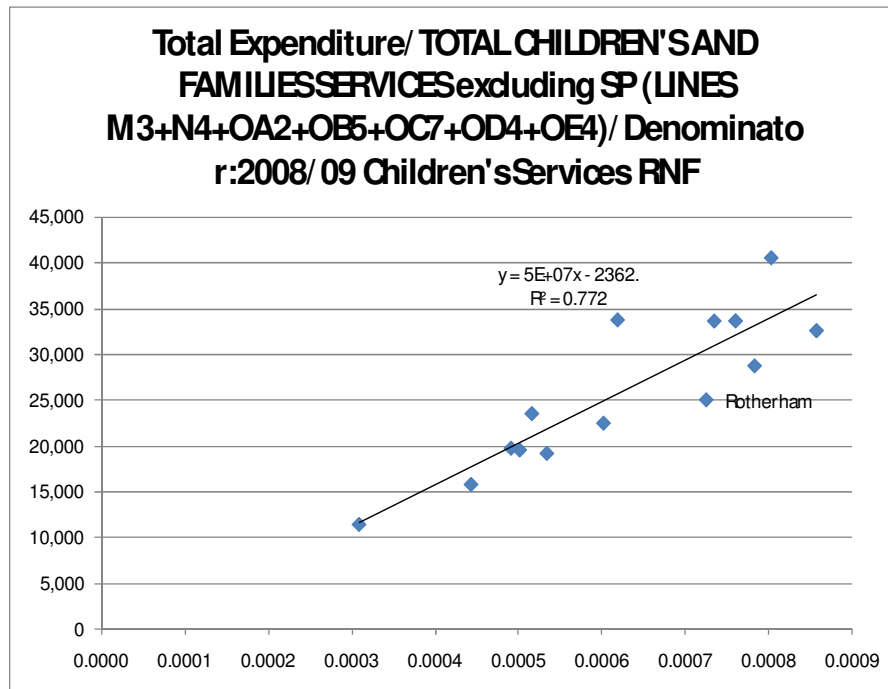
Part A 2.Total number of initial assessments of children receiving initial assessment in the year (sum of "completed within 7 working days of referral" and "other initial assessments completed in the year")/ Denominator:2008/ 09 Children's Services RNF





Overall Expenditure

Rotherham's expenditure on children's and families service is low in relative terms to the councils in the group. The chart below shows total spend (left-hand axis) and Children's RNF. Rotherham is spending less than the RNF formula predicts (and by a larger proportion than any other councils). Only Bolton and Doncaster spend a similar proportion below the RNF.



Residential Care

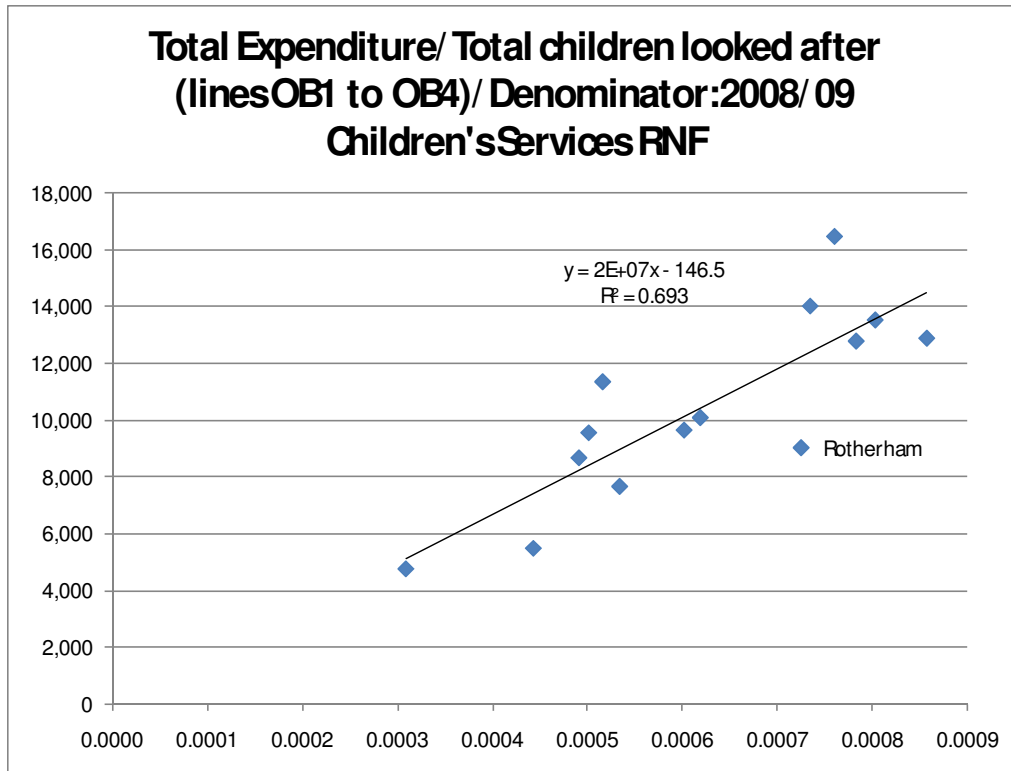
Expenditure is in the lower quartile.

Unit costs are also relatively low, below average (£2377 compared to median of £2420). Weekly costs are particularly low in Rotherham's own provision, and slightly above average for external provision.

In terms of activity, Rotherham is in the upper quartile for its own provision but lower quartile for its use of provision by others.

Children Looked After

Rotherham is significantly below the level predicted by the RNF and spends proportionately less than the other councils in the group.



Rotherham spends less on this service than any other council in the group (for both net and gross expenditure). Rotherham spends £145 per head (aged 0-19). The next highest is Doncaster (£188) and the median is £226. A variance of this size represents a cause for concern; we would advise further investigation into what the reasons are for the variance and whether additional investment is required.

The data provides a clear signal that expenditure should, ideally, be between £205 and £255. This implies additional investment of between £3.4m and £6.2m.

Rotherham also spends zero on Secure Accommodation (Welfare), Children placed with Family and Friends, Preventative Services, and Advocacy Services for Children Looked After.

Fostering Service

Expenditure on fostering services is also in the lower quartile, with only one council spending less than Rotherham.

Unit costs are also lower quartile (gross weekly cost is £553 compared to a median of £716). Rotherham's own provision is particularly low (in fact, in the lower quartile) whilst external provision is relatively high (upper quartile; £1098 compared to the highest weekly cost of £1177).

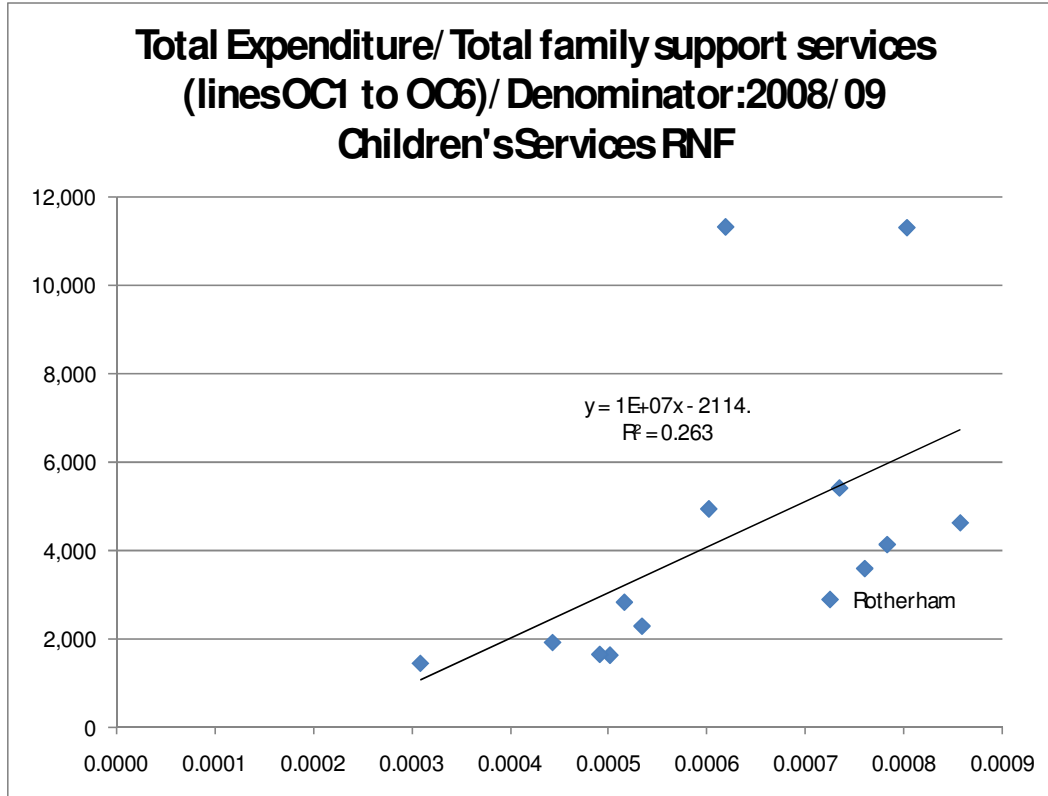
For Rotherham, fostering in its own provision is in the upper quartile but the lower quartile for provision by others.

LA Functions Relating to Child Protection

Rotherham has upper quartile net expenditure on this service – with only Barnsley and Doncaster spending more. For gross expenditure, Rotherham actually has the highest spend in the group (

Family Support Services

Overall, expenditure is below the median, but there is wide variation within this group of services. (This variation applies across the group. The R-squared is low suggesting relatively random distribution of spending.) Rotherham has one of the lowest relative levels of spend for Family Support Services.



Rotherham has high levels of expenditure for children with disabilities, such as Short Breaks for Disabled Children, Direct Payments and Equipment/ Adaptations. The council spends zero on homecare services and is in the lower quartile for other family support services.

Rotherham has the highest level of expenditure on Leaving Care Support Services (£31 per head).

There is very little recorded expenditure on Substance Misuse Services, Contribution to Healthcare of Children or Teenage Pregnancy Services (and unsurprisingly Rotherham has the minimum spend). Rotherham is in the lower quartile for expenditure on Teenage Pregnancy Services.

Although spend on direct payments is high, the average cost per child is in the lower quartile (£38 compared to a median of £70).

Asylum Seekers

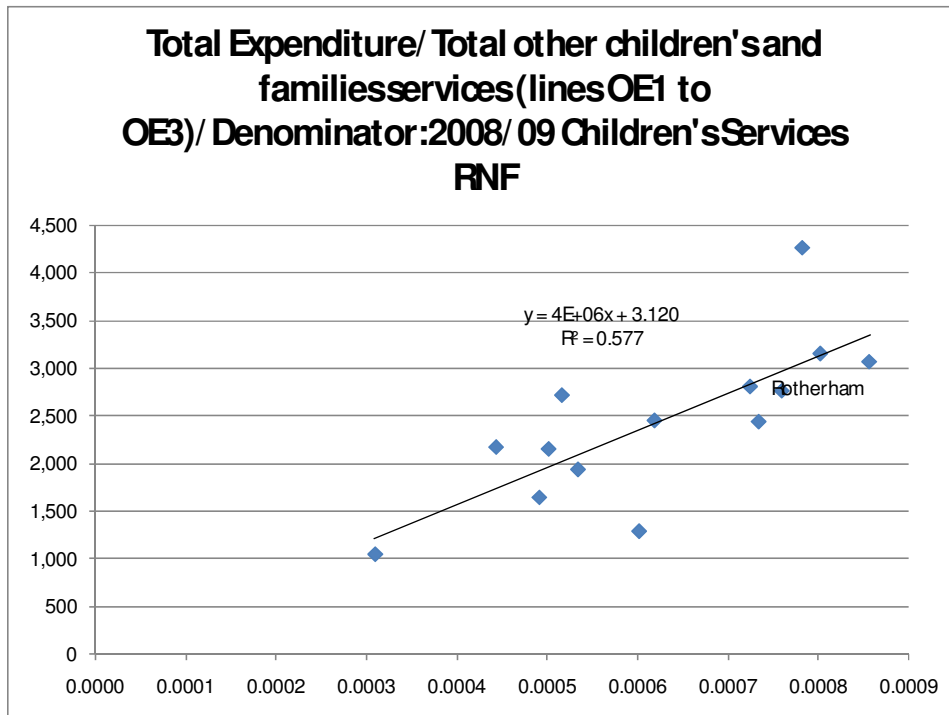
There is no net expenditure on these services, although this is not uncommon in the comparative group.

Adoption Services

Rotherham’s expenditure in these services is actually relatively high (gross and net). For Adoption Services, Rotherham is in the upper quartile, with only Wigan and Barnsley spending more.

In terms of activity, Rotherham is above average for the number of children placed into its own provision, but it has the lowest number in provision by others.

Taking Other C&F Services together (which include Adoption Services and Services for Children Leaving Care), Rotherham has spending close to the average; in relative terms it is the highest area of spend within C&F. This chart shows that Rotherham is close the average.

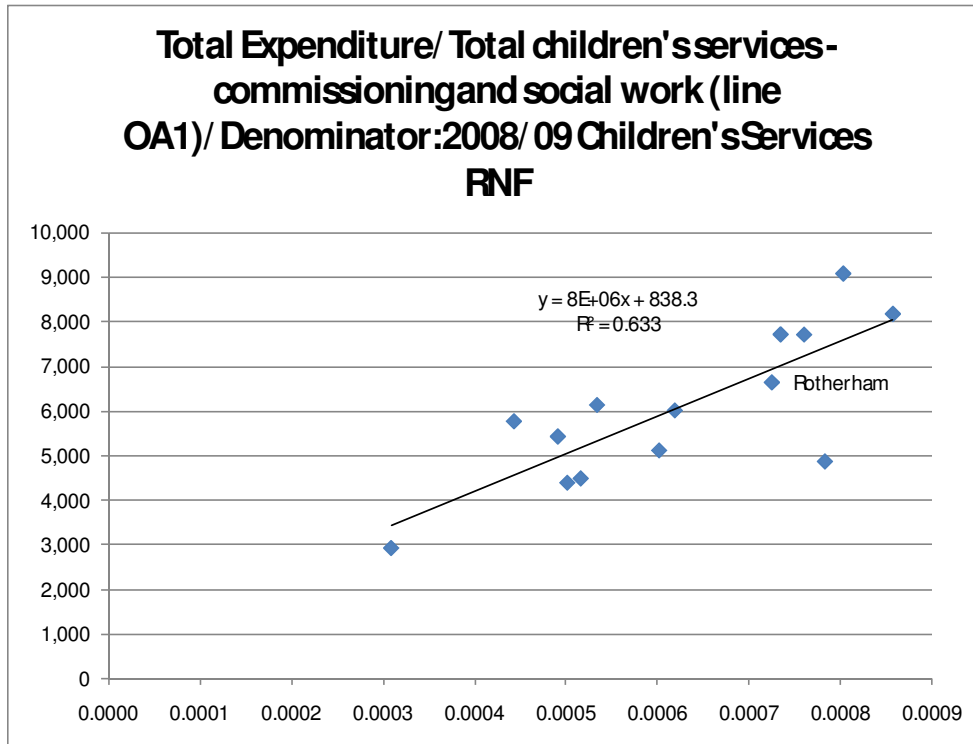


Total Children’s Service Strategy

Rotherham has very low spend on CYPP, Children’s Workforce Development Strategy, Partnership Costs and Central Commissioning. However, these are typically “low spend” functions amongst the group.

Spend on Commissioning and Social Work is also relatively low (below the median). This is a relatively large budget (£5.5m).

The chart below shows the relationship between spend on commissioning and social work and the children’s RNF. Rotherham is below the average but actually relatively close to the level of expenditure predicted by the RNF.



Local Authority Functions

There are a number of spikes in expenditure, with both Statutory/ Regulatory Duties and Retirement/ Redundancy costs being in the upper quartile.

Expenditure on Local Authority Education Functions is at the median for the group.

There is no CERA in the LEA budget but there is significant recorded Capital Expenditure (excluding CERA); Rotherham is in the upper quartile and spends £317 per head.

Children and Young People's Services

Rotherham Review of Children's Services April 2009 – Action Plan

Document Control

Version	Date	Reason for Change	Author
1	15th May, 2009	Initiation of Plan	Matt Gladstone
2	27th May, 2009	Co-ordination of Director Contributions	Julie Westwood
3	8th June, 2009	Update with PCT Contributions	Joyce Thacker
4	12th June, 2009	Post Meeting between Joyce and Matt	Joyce Thacker
5	17th June 2009	Quality assurance of document	Matt Gladstone
6	19th June, 2009	Co-ordination of Director Contributions	Joyce Thacker
7	23rd June, 2009	Co-ordination of Director Contributions	Yvonne Weakley Catharine Kinsella Julie Westwood
8	3rd July, 2009	NHS Contributions	Andy Buck

ROTHERHAM METROPOLITAN BOROUGH COUNCIL/NHS ROTHERHAM

Rotherham Review of Children's Services April 2009 – Action Plan

1. Management arrangements in terms of structure, leadership, capacity and decision making throughout the service

Links to: Recommendations 1 and 3 – Integrating Services for Children and Young People – Audit Commission, Feb 2009

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
Immediate						
1.1	There needs to be a review of the vision, purpose, function and delivery of Children's Trust arrangements and the Change for Children agenda in Rotherham to reflect local experience and new national expectations e.g. Laming Report	Hold workshop to review Children's Trust Arrangements and the Change for Children Agenda	July 2009	Joyce Thacker / Andy Buck	N	Date set for 16.7.09
		Communicate the vision to all staff, councillors and partners	September 2009	Joyce Thacker / Andy Buck	N	
1.2	The above review needs to result in a concise outcomes related restatement of priority aims and of the governance, management and scrutiny arrangements that will support these.	Media Strategy to be developed to ensure message is clearly communicated amongst key stakeholders and partners	August 2009	Joyce Thacker / Andy Buck	N	
		Evaluate staff awareness and understanding	December 2009	Joyce Thacker / Andy Buck	N	
		Workshop to consider if we need to amend existing governance and scrutiny arrangements.	July 2009	Joyce Thacker / Andy Buck / Councillor Wright	N	Date set for 16.7.09

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
1.3	The leadership framework, as provided through the current JLT, centrally based heads of service and the developing locality teams should then be restructured to ensure it is fit for purpose.	Discuss proposed structure with Directors	July 2009	Joyce Thacker	N	Completed 18.6.09, feedback to be submitted by 25.6.09.
		Consult on proposed structures with Trade Unions	July 2009	Joyce Thacker/ Kath Henderson	N	Check Paul's timeline.
		Develop job and person specifications	July 2009	Joyce Thacker/ NHS Rotherham	N	Draft job descriptions completed by 18.6.09. To be finalised when structure agreed.
		Conduct Open session with Extended Leadership Team	July 2009	Joyce Thacker	N	Session planned for 7th July, 2009.
		Implement new structure		Joyce Thacker	N	Check Paul's timeline.
1.4	The top-tier JLT should reflect clear accountabilities and strategic direction for safeguarding children, education standards and health outcomes.	Produce revised job descriptions to reflect revised structure	July 2009	Joyce Thacker	N	Draft job descriptions completed by 18.6.09. To be finalised when structure agreed.
		Clearly define targets that each Director is accountable for	August 2009	Joyce Thacker	N	We have a comprehensive list of current PI Managers. This will be re-allocated post restructure.
1.5	New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. head teachers , GPs, in order to provide local	CYPS Community Boards to be set up aligned with the 16 learning communities.	December 2009	Joyce Thacker/ Andy Buck	P	Locality Boards already in place in 3 areas. Secondary Head Teachers keen to align the locality and learning community infrastructure.

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
	strategic leadership for meeting the needs of vulnerable children across co-located services by September 2009.	Meetings to be held with individual learning communities to ensure best fit with proposed Community/Locality Board.	October 2009	Joyce Thacker	N	
Medium Term						
1.6	The separate management of health staff within locality teams needs to be reviewed and either joint management or more integration and closer links established by December 2009.	Director of Health Services to be directly managed by the Director of Children's Services	September 2009	Joyce Thacker/ Kath Henderson	N	
		HR Business Case to be developed to progress to a unified management structure for children and young peoples Services on a pilot fixed term basis and to seek Government approval (via the Transaction Board) to use the retention of employment model (RoE) to support the initiative.	December 2009	Andy Buck/ Joyce Thacker	P	Business case prepared by NHS, awaiting DoH feedback.
1.7	The Building Schools for the Future Project Board should work closely with a parallel 'Integrated Services Development Board' to shape a collaborative structure that supports both the transforming of learning and the wellbeing of children and families.	'Integrated Services Development Board' or similar governance structure to be set up. Membership to be agreed.	September 2009	Councillor Wright/ Joyce Thacker/ Andy Buck	N	Cabinet Member agreed an Integrated Services Development Board to set up for twelve months from September 2009.

Appendix 3

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
1.8	The existing Directory of Services for NHS RCHS and Service Specifications for all NHS RCHS and C&YPS and terms of reference for all groups should then be revised to reflect these clearer accountabilities, re-issued and effectively communicated by December 2009.	Conduct Audit of existing information	September 2009	Julie Westwood / Sarah Whittle Yvonne Weakley	N	
		Web enabled Directory to be issued by September 2009.	September 2009	Julie Westwood /Yvonne Weakley	P	Current information been re-issued to GP practices on NHS portal on 18.6.09.
		Service Specifications have been agreed between NHS Rotherham and RCHS	April 2009	Sarah Whittle/ Julie Westwood	Y	Completed.
		Monthly performance meetings between the Commissioner and the Provider established to discuss the delivery against targets	April 2009 and ongoing	NHS Rotherham	Ongoing	Meetings have commenced.

2. Resource management in terms of workforce, financial and asset utilisation/management.

Links to: Recommendations 4 and 5 – Integrating Services for Children and Young People – Audit Commission, Feb 2009

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
Immediate						
2.1	The Corporate Management Team, NHS Rotherham and JLT should review the actual and projected costs of the work of the seven locality teams	Full analysis of costs prepared by CYPS Finance Team and Dir Res and Access for 09/10	August 2009	Andrew Bedford / Vickie Littlewood	N	Outturn figures available for baseline evidence.
		Identify likely pressure points for projected costs 09/10, comparing with outturn in 08/09	August 2009	Andrew Bedford / Chris Edwards	P	
		Share with NHS Finance Manager to seek their confirmation and agreement	August 2009	Andrew Bedford / NHS Finance Manager	N	
		Present to JLT, CMT and NHS Rotherham for comment and advice.	September 2009	Andrew Bedford / NHS Finance Manager	N	RMBC Report going to CMT on 23.6.09 for initial consideration. Will go to JLT on 25.6.09.
2.2	Future real-terms increases in school improvement support and individual school budgets should reflect RMBC expectations in relation to the standards agenda, joint working with the locality teams and the other priorities set out in the post APA Improvement Action Plan.	Conduct VfM Review in CYPS	September 2009	Joyce Thacker / Andrew Bedford	N	
		Analysis of both school improvement and school budget increases between 06/07 and 09/10, including all applicable grants		Peter Hudson	N	

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
		Assess the strategy, relating central resourcing, school budgets and improved standards, set in the context of Transforming Rotherham Learning.		Peter Hudson/ Director responsible for School Improvement	N	
		Consult on the Strategy with schools, using Learning without Limits, Schools Forum and TRL Learning Communities		Director responsible for School Improvement.	N	
		Present to JLT, CMT and the Cabinet Member		Joyce Thacker	N	
2.3	With the exception of Adoption Services, Rotherham's spending in children's social care is low. Spending on some services is so low in relative terms that the council should consider whether the level of funding is sufficient, especially in some of the high-risk services.	Conduct analysis of current budget, which will include significant investment in 08/09 and 09/10	June 2009	Peter Hudson / Joyce Thacker	P	RMBC Report going to CMT on 23.6.09 for initial consideration.
		Undertake VFM Review, risk analysis of performance and budget. Examine how further investment can be made to bring spend more in line with England and stat neighbour average	September 2009	Peter Hudson / Joyce Thacker	N	VFM review will be part of CYPS VFM review.
		Present to JLT, CMT and Cab Member		Peter Hudson / Joyce Thacker	P	RMBC Report going to CMT on 23.6.09 for initial consideration. Will go to JLT on 25.6.09.

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
2.4	Priorities for future funding uplift should be based upon value for money considerations. They should include, over and above the major budget areas referred to above, provision for reducing social work and health caseloads, universal child and family support in the early years, parenting initiatives, children missing from education and anti-bullying casework.	VFM review planned to include all key aspects of CYP Directorate. <ul style="list-style-type: none"> • Benchmarking project and report to CMT. • Budget Review. 	October 2009 13.7.09 October 2009	Joyce Thacker	N	Work has started to build on benchmarking evidence and detailed BPR work being done on Social Care pressures. To be reported to CMT on 13th July (check date with Julie).
2.5	The additional demands being placed upon the Council and Health C&YPS teams by the increase in Slovakian/Roma children and families should be reviewed as part of the budget round each year – January 2010.	Undertake an impact assessment drawing upon IDeA development framework and scrutiny report Undertaken analysis of budget and support for Slovakian/ Roma children. Consideration of proposals for 10/11 budget by JLT, CMT and Cabinet Member. Report to new arrivals working group	January 2010	Peter Hudson / Joyce Thacker Peter Hudson / Joyce Thacker Peter Hudson / Joyce Thacker Peter Hudson / Joyce Thacker	N N N	Work has been done in School Effectiveness Service on budget available for school based support.
2.6	Unite suggest that, in areas of high need or when access is difficult caseloads should be under 300 families (www.unite-cphva.org). Rotherham need to be looking to	Review existing staffing levels	December 2009	Yvonne Weakley Sarah Whittle	Comp. May 09	Health Visiting and School Nursing staffing levels are reviewed annually. Latest review resulted in a skill mix exercise and redistribution of

Appendix 3

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
	<p>calculate how many health visitors they need to bring their health visitors' caseloads in line with this level by December 2009.</p>	<p>Caseloads to be profiled annually using the Levels of Need in the Safe and Well Protocol and numbers of families apportioned on a 'weighting' scale between 250 and 350 per WTE Health Visitor, taking skill mix into consideration. SystemOne Template to be developed to routinely profile caseloads.</p>	<p>September 2009</p>	<p>Yvonne Weakley</p>	<p>Y</p>	<p>resource. Business case submitted to increase Health Visiting capacity. Recurrent investment (£350k) has been identified to enable the Integration/co-location model.</p> <p>A further £176k has been identified (still to be approved) to acknowledge the increasing pressures on the Health Visiting Service.</p> <p>Caseloads recently reviewed and on the upper limits of the recommended numbers. Business case submitted to increase Health Visiting capacity.</p>

3. Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people.

Links to: Recommendations on Staying Safe criteria on APA December 2008, Recommendations in the Fostering Inspection, May 2008

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
Immediate						
3.1	At the most senior level, the Council and its partners must take an informed position in relation to the placement of individual children in foster care above the usual limit.	Meeting with M. Cuff and A. Buck for formal consideration of the issues of existing placements with 'over numbers' has taken place. Report to CYPS Board.	June 2009	Service Director Targeted Services	Y	Report taken by CYPB on 24th June (check).
		Review Ofsted Inspection reports [09] to check on exemptions as a factor.	June 2009	Service Director Targeted Services	Y	
		Benchmark position with Barnsley, Wakefield and Doncaster authorities.	June 2009	Service Director Targeted Services	Y	
		Social Care Services ceased over placement practice from July 2008.	Ongoing	Joyce Thacker	Y	Over placement numbers steadily reduced since July 2008.
3.2	The level of resources in the Childcare Legal Team is limiting the legal service's contribution to child protection conferences and Serious Case Reviews and should	Legal to attend Child Protection conferences as and when requested by CYPs.		Tim Mumford / Joyce Thacker		

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
	be reviewed urgently.	Legal to attend all SCR meetings.		Tim Mumford / Joyce Thacker		
		Consequential effect on caseload to be addressed by review of funding of court cases in terms of solicitor agents in order to increase internal resources.		Tim Mumford / Joyce Thacker		
		Service Level Agreement with legal service to be fully reviewed and a new comprehensive agreement developed and regularly monitored	August 2009	Julie Westwood	P	JLT fully involved in SLA review. Discussions being held with Legal to resolve.
3.3	The Gateway Panel should consider all cases where a child has been placed at home on a care order for six months or more with a view to applying for the discharge of the order	Process to be developed, communicated and implemented	May 2009	Simon Perry	Y	
		Implement system for IRO to initiate gateway panel inclusion	May 2009	Simon Perry	Y	System initiated as from 18 May 2009
		Assistant Safeguard Manager will audit this action monthly.	Ongoing	Pam Allen	N	
3.4	A record of any decision to place a child in a children's home outside the homes registration criteria should be placed on the child's file	All children's home placements approved by weekly Resource Panel, new protocol w/c 18/5. If placement outside of criteria, Panel to formally note and place record on child's file.	May 2009	Simon Perry	Y	
		Review to JLT at 6 months.	November 2009	Director responsible for Children's Homes	N	

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
		Conduct monthly spot checks on rules to ensure recommendation is being adhered to.	Ongoing	Director responsible for Children's Homes	N	
Medium Term						
3.5	The authority is planning to increase the Fostering recruitment activity from April 2009. It should confirm that the targeted level of recruitment is based on an analysis of need and is supported by a Fostering Service Business Plan that includes due regard to recruitment capacity by September 2009.	Develop Action Plan around recruitment from BME groups	May 2009	Simon Perry	Y	
		All activity, resource implications etc to be formulated into Business Plan	June 2009	Simon Perry	Y	
		Recruitment campaign launched to recruit additional 30 carers in 09/10		Simon Perry		Indications of this being a success as numbers enquiring and going onto formal training and assessment significantly increased
		Additional staff agreed (from within current resources) by Cabinet Member to meet increase for recruitment	June 2009	Simon Perry / Councillor Wright	Y	
3.6	Communication with and support for foster carers should be improved. The Council should ensure that all carers have a simple way of raising practice concerns with senior managers and should audit this annually to check its effectiveness	Foster Carer agreement to include details and relevant info, including contact for LAC Service Manager & Director of Targeted Services.	September 2009	Simon Perry	N	
		Information to be given to existing carers / reaffirmed at Carer Review.	September 2009	Simon Perry	N	

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
		All new Foster Carers to have relevant info and details on their Foster Carer Agreement.	September 2009	Simon Perry	N	
3.7	<p>Services to provide long term support to children who are adopted, subject to residence or special guardianship orders should be improved.</p> <p>The decision to transfer additional adoption work to Locality-based social workers should be reviewed</p>	<p>The LAAC Team is providing an excellent support service which is now integrated into post adoption support plans. To be monitored by Adoption ADM.</p> <p>Additional support has already been identified to assist Locality workers. The impact will be further reviewed.</p>	December 2009	Pam Allen / Simon Perry		<p>Support services to children adopted are greatly improved with the formation of a new dedicated team. Support Plans regularly reviewed by Team and Service Managers.</p> <p>Reviewed w/c 18th May by Provider Directors and Senior Managers. In the interim a secondment post has been brought into the Adoption Team, due to start on the 16th June and adoption work can start to be relieved from localities</p>
3.8	<p>A more detailed audit of cases on the boundary between children in need, s20 accommodation and care orders should be undertaken to better understand the application of thresholds and determine future action by December 2009.</p>	<p>Conduct examination of Sec 20 Accommodation cases.</p> <p>Further development of resource panel to take challenge role. Involvement with Y & H DCS RIEP.</p>	<p>December 2009</p> <p>December 2009</p>	<p>Pam Allen</p> <p>Pam Allen</p>	<p>N</p> <p>N</p>	<p>Resource panel is at a significant stage of development. Early research is confirming thresholds are made for the need for protective action. Further evaluation of Section 20</p>

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
3.9	The process of responding to children in need should be re-evaluated to ensure that it is robust and well resourced by December 2009.	As per 2.1 and 2.3 above. Establish CIN Team or reconfigure our social work commitment. The cost of additional Family Support Workers to provide a business case.	December 2009	Graham Sinclair / Pam Allen	N	Current budget pressures identified and report taken to CMT on 23.6.09.
3.10	Ensure a social work qualified manager of the Access Team is in post at all times and giving that person responsibility to carry out initial screening decisions would improve consistency and relieve some pressure on locality team managers by September 2009.	Interim Assistant Safeguarding Manager appointed from 29th June, 2009 to support work of Access Team. Access Team now integrated with Operational Safeguarding Unit.	July 2009	Joyce Thacker/ Andy Buck?	Y	
3.11	The Council & partners are aware of the particular challenges posed by the Slovak Roma community and should act quickly to ensure that adequate services are in place, including adequate interpreting services by January 2010.	Health and social care senior managers visited Slovakia in June 2009 to build links with university and hospitals as per the Corporate Action plan on New Arrivals.	May 2009	Julie Westwood	Y	Three Roma young people appointed as Teaching Assistants.
		Link to recommendation 2.5.				
		Audit of current Interpretation Services available and their effectiveness. Action Plan identified to agree any shortcomings.	September 2009	CMT/ Joyce Thacker	N	

4. Performance management arrangements and a review of actual performance compared to other authorities
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Links to:

Recommendation 2 – Integrating Services for Children and Young People – Audit Commission, Feb 2009

Recommendation 2 – Capacity to Improve, APA

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
Medium Term						
4.1	Data inputting must be timely and data analysis needs to be translated into determined management action with clear accountabilities set out at each level by December 2009.	Corporate Data Quality and Data Security Statements to be enforced and communicated to all staff	December 2009	Julie Westwood	N	
		Address resourcing issue around data inputting		Julie Westwood	N	
		Produce clear reporting timetables for inputting and monitoring of all performance measures and communicate to staff.		Julie Westwood		
		Ensure all managers and staff are fully aware of their accountabilities in relation to performance measure ownership / data inputting / analysis and data quality in accordance with the council's corporate performance management framework		Julie Westwood		Awareness has been and continues to be raised about the mounting pressures to have accurate and timely data entry to ensure good decision making and in readiness for unannounced inspections as part of Ofsted CAA.

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
4.2	Performance monitoring across all integrated services and the voluntary sector, reporting and action should relate increasingly to local 'direction of travel', relative progress compared with statistical neighbours and to the narrowing of any gaps with best performing services nationally.	Fundamentally review the existing performance management arrangements in line with the Corporate Performance Management Framework	December 2009	Julie Westwood	N	Review CYPS PMF in light of CAA requirements and revised organisational structures to ensure correct accountabilities and links to Corporate PMF.
		Improve data analysis and include as much current benchmarking as is available including National and Statistical Neighbours as well as Best Performance. Analysis to include direction of travel		Julie Westwood	N	
		Redesign performance reports so they are more evaluative and analytical.		Julie Westwood	Y	Quarter 4 and outturn report has been redesigned. It included National and SN benchmarking as well as DoT.
		Improve monitoring of Audit and Inspection recommendations – impact would be % of recommendations implemented		Julie Westwood	N	
		Ensure that all indicators (not only National Indicators) and any corrective action are reported and monitored routinely on performanceplus and to JLT, Cabinet, Scrutiny		Julie Westwood	N	

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
4.3	Consistently applied quality assurance and self-review processes should lead to relentless management challenge for improvement across all services and partners.	Develop robust quality assurance checks on all aspects of performance and ensure regular reporting and monitoring to JLT and Cabinet Member	December 2009	Julie Westwood	N	
		Strategic Director to meet monthly with Service Directors to discuss performance	Ongoing	Joyce Thacker	Y	Now part of supervision/PDR process.
		Strategic Director to conduct formal quarterly performance meetings with Service Directors to assess all performance measures, statutory requirements, inspection recommendation monitoring, budget, year ahead within their accountable area.	September 2009	Joyce Thacker	N	
		Undertake a formal six monthly review of Directorate Progress including Peer Challenge	September 2009	Joyce Thacker	N	
4.4	RMBC has designated lead officers and Performance Indicator Managers for all PIs. Clear information is needed about designated lead officers for specific or shared performance indicators in the NHS.	Develop database of all CYP indicators (not only NI's) and their associated owners	April 2009	Julie Westwood / Sarah Whittle	Y	
		Conduct training sessions for all PI Managers to ensure that all lead officers are aware of their roles and responsibilities as per the Corporate Performance Management Framework		Julie Westwood / Sarah Whittle	N	

Appendix 3

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
		Hold monthly monitoring meetings with RCHS to discuss Service Specifications and any under performance issues	Ongoing	Julie Westwood/ Sarah Whittle/ Kath Henderson	Y	
4.5	Tightly monitored accountabilities for each individual and head of service must be reinforced through consistently applied supervision and PDRs based upon specific action plans derived from CYPP priorities and targets by December 2009.	Develop System to audit all PDRs and supervisions to ensure that managers are aware of all the service priorities and corporate targets in their service		Julie Westwood/ Kath Henderson	N	
CPP audit of supervision/PDR files on rolling programme of random sampling and additionally			Joyce Thacker/ Kath Henderson	N		
Conduct Audit on Supervision/PDR files for Directors			Julie Westwood	N		

5. Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services
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Links to:

Recommendations 1, 3, 5 and 6 – Integrating Services for Children and Young People – Audit Commission, Feb 2009

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
Immediate						
5.1	Current partnerships, Children's Trust arrangements and the initial progress made by locality teams should be reviewed in the light of new legislation on Children's Trusts and Lord Laming's report, and re-engineered accordingly	As 1.1.	July 2009	Joyce Thacker / Andy Buck/ Kath Henderson	N	As 1.1.
5.2	New locality boards should be established under the joint chairmanship of universal service stakeholders e.g. head teachers , GPs, in order to provide local strategic leadership for meeting the needs of vulnerable children across co-located services	As 1.5.	December 2009	Joyce Thacker	N	As 1.5.
5.3	A tight change management programme structure needs to be applied to integrated services developments in order to build fully upon best practice to date. This must produce a clear rationale, an effective infrastructure, aligned management and a phased workforce development programme. It should also provide	Develop project plan to fully identify the key areas for future development and implementation. To be developed in style of BSF Project Plan.	September 2009	Joyce Thacker / Andy Buck	N	
		Plan to be presented with vision to Children and Young People's Board.	September 2009	Joyce Thacker / Andy Buck	N	Insert September date – or is it October?

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
	full, simple and regular communication to all partners and stakeholders, including schools and GPs by September 2009					
Medium Term						
5.4	The current ambitious work on joint commissioning and the understanding of the commissioning/provider relationship between NHS Rotherham and RMBC needs to be continued to embed effective practices, particularly with regard to its implications for localities	<ul style="list-style-type: none"> • Review Governance. • Review roles and responsibilities. • Review commissioning provider relationship with Localities. • Determine and implement revised arrangements. • Revise schedule of commissioning activity. • Determine areas to produce specifications and SLAs. • Prioritise specification developments and commence implementation of programme. • Revise SLAs as required. 	} Sept 09 } March 2010	Julie Westwood/ Sarah Whittle		CYPS Strategic Commissioning Group will pick this up. CYPS (RMBC) are participants in the DCSF Commissioning Support Programme and free consultancy is being used to develop and enhance joint commissioning and governance arrangements with alignment of RMBC and NHSR processes as far as is practical and in the best interests of each organisation. Workshop to be held on 30 th June 2009.
5.5	The present dislocation between the strategic activities of the Central Attendance Team and the day to day work of locality team based Education Welfare Officers with pupils, schools and families must be resolved by December 2009.	Meet with key staff to address structural issues A clear strategy has been developed and Action Plan to be discussed with all relevant staff (EWOs, Team Leaders, etc.), Full implementation planned for September 2009.	July 2009 July 2009 Sept 2009	Joyce Thacker / Pam Allen / C Kinsella Joyce Thacker / Pam Allen / C Kinsella	Y Y	Meeting held on 2.6.09 Meeting held on 2.6.09

Appendix 3

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
		Discussions to be held with JT, PA and CK to confirm direct management structure for EWOs and confirmation of systems and procedures to be delivered.	May 2009	Joyce Thacker / Pam Allen / C Kinsella	Y	<ul style="list-style-type: none"> • Agreed that “Universal” EWOs to remain managed through Localities. • Locality managers to ensure the deployment of EWOs gives full coverage of schools • Central Attendance Team to be responsible for policy, performance, procedures and to support recruitment, induction and training
		Director Learning Services to attend Locality Managers meeting to discuss way forward	June 2009	Joyce Thacker / Pam Allen / C Kinsella	Y	The above clarification of responsibilities agreed through this meeting. Action planned to cascade this information to EWOs and Team Managers.
		Lead Locality Manager to be confirmed		Joyce Thacker / Pam Allen / C Kinsella	Y	
		Programme of re-training for EWOs planned	July – Dec 2009 and then a planned programme throughout each year	Joyce Thacker / Pam Allen / C Kinsella Cath Ratcliffe/Lead Locality Manager	P	Agreed at June meeting CR to work with Locality and Team Managers to plan a training programme.

No.	Recommendation	Key Actions	Target Date	Lead Manager	Comp Y/N	Current Position / Impact
5.6	The new Attendance Strategy should be used to re-launch and reintroduce the concerted and seamless action on pupil absence so valued by schools in the past. A 'lead professional' approach could be adopted to ensure that the seven locality teams, and their designated EWOs in particular, benefit from regular information exchange with the Central Team and participation in relevant development opportunities by December 2009	Attendance action plan for Central Attendance Strategy to be in place. This now needs to be reviewed to include Locality EWOs	Sept 2009	Pam Allen / C Kinsella Cath Ratcliffe/Lead Locality Manager	Y	Work is taking place to ensure that all policies and procedures are up-to-date
		Work with lead Locality Manager to enhance/revise this with input from Locality Attendance teams.	Sept 2009	Pam Allen / C Kinsella Cath Ratcliffe/Lead Locality Manager		Lead Locality Manager to be confirmed
		Revised strategy to be taken to each H/T meetings to re-launch activity.	Sept – Dec 2009	Joyce Thacker / Pam Allen / C Kinsella	N	Report to be taken to each phase H/Y meeting during autumn term
		Regular training/development events to be planned and scheduled	Sept 2009	Cath Ratcliffe/Lead Locality Manager		Training programme being developed with planned dates throughout the year

CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL
3rd July, 2009

Present:- Councillor G. A. Russell (in the Chair); The Mayor (Councillor Ali), Councillors Burton, Dodson, Donaldson, Fenoughty, Hughes, Kaye and Rushforth.

Also in attendance were:- Mrs T Guest, Mr. M. Hall, Mr. C. A. Marvin and Mrs. L. Pitchley

Apologies were received from:- Councillors Sharp and Sims, Mrs. J. Blanch-Nicholson and Father A. Hayne.

15. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

16. QUESTIONS FROM THE PRESS AND PUBLIC

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

17. MATTERS REFERRED FROM THE YOUTH CABINET

There were no issues to report.

18. CHILDREN AND YOUNG PEOPLE'S SERVICES - PERFORMANCE INDICATORS OUTTURN REPORT 2008/2009

Consideration was given to a report presented by the Performance Manager which outlined the performance against targets of Children and Young People's Services, at the end of 2008/09, with comparisons against previous performance and All England top quartile authorities. Appendix A to the report outlined performance by Every Child Matters Theme Outcome and Appendix B showed the CYPs performance monitoring table.

The format of the report had changed to provide more analysis and assessment of comparison and direction of travel. It was also the first outturn report since the introduction of the new National Indicators which now formed the basis on which Central Government would performance manage local government and strategic partnerships.

The report highlighted:-

- This was the initial baseline year for the National Indicators, and therefore over 1/3 had no targets and no comparative data to make an assessment of direction of travel. This would be addressed in 2009/10
- Where assessment could be made, 49% of all components showed improvement or achieving top performance. This rose to 63% for Enjoying and Achieving outcomes and 57% for Staying Safe
- Performance against targets continued to be an area of concern with

- only 35% being on or above target
- Rationale for future performance clinics

The Scrutiny Panel noted that:-

- The information provided was out of date and concerns were raised that should a problem arise that it would not be picked up. Confirmation was given that weekly meetings were held to discuss performance, and if any problems were identified then action would be taken immediately.
- It was proposed that the outturn position be reported on a quarterly basis as was currently presented to the Cabinet Member
- The flag system was very complex and problems were being experienced in understanding the information presented to them. It was agreed that a presentation be done at a future meeting to explain how the system worked.
- Problems were still ongoing with obesity in children. The question was raised as to what was being done to combat the problem apart from school meals. Reference was made to the Carnegie Programme where "fit camps" had been introduced and were now well established and children were responding well to them.
- Where children had been involved with the Carnegie Programme, the Council were now working with the children and their parents to educate them in healthy eating and cooking. In addition activities were being introduced at playtime to encourage children to exercise more.
- Children were being encouraged to grow their own vegetables at school. Allotments and raised beds were being introduced at some schools in Rotherham and at some schools there were planting areas. This was proving to be very successful with many children getting involved.
- There had been a downturn in the uptake of school meals despite money being spent to improve them. A project was to be undertaken to research the reasons into this, which was to be funded by NHS Rotherham.

Resolved:- (1) That the 2008/09 Performance report and accompanying Assessment (Appendix A) received and its contents noted.

(2) That the recommendations regarding performance clinics (within Appendix A) be approved.

(3) That proposals for improvements to reporting style against the new National Indicator set and CAA arrangements be approved.

(4) That a presentation be given at a future meeting in relation to the new flag system to give Members a better understanding of how it works.

19. KEY STAGE 2 ASSESSMENT RESULTS 2008

Consideration was given to a report presented by the Acting Assistant Head of School Effectiveness concerning the performance in Rotherham primary schools, at the end of Key Stage 2, in 2008.

The report drew attention to:

- Overall Key Stage 2 results
- Performance of Vulnerable Groups
- Performance compared with Statistical Neighbours
- Contextual Value Added (CVA) summary
- Statutory targets
- Summary of KS2 performance
- Actions taken
- Priorities for improvement
- Development activities

A question and answer session ensued and the following issues were raised and discussed:

- It was noted that in relation to statistical neighbours RMBC sat in the bottom 2 or 3. However, as a result of the targets introduced by the School Effectiveness Service improvements were being made.
- It was suggested that where a school was failing, that a Head Teacher from one of the more successful schools be brought in to assist in raising the standards. Confirmation was given that this was happening in some schools, and that Head Teachers had been recruited to work with lower performing schools.
- It was felt that some of the schools who were seen as underachieving were struggling because of the number of different languages used by newly arrived children.
- Many children were below the educational standard expected when entering the school system. In order to overcome this it was agreed that engagement with parents was necessary to encourage them to work with the children prior to them entering into the school system.
- The quality of pre school services was important and therefore more emphasis was needed on Sure Start and Education Information Centres. It was felt that they needed to be marketed properly in order to encourage people to use them.

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

(2) That the improvements in performance in Key Stage 2, most particularly when compared to those reported nationally, be noted.

(3) That this Scrutiny Panel supports the drive to:-

(a) encourage all schools to continue to improve their results, and strive to reflect outcomes at least in line with national averages; and

(b) reduce the number of schools below the Department of Children, Schools and Families floor target of 55% in both English and Mathematics, improve boys' attainment and that of Black and Minority Ethnic pupils and Looked After Children.

**20. CHILDREN AND YOUNG PEOPLE'S SERVICES - REVENUE BUDGET
OUTTURN REPORT 2008/2009**

Consideration was given to a report, presented by Graham Sinclair, Director of Resources and Access concerning the revenue budget outturn for the Children and Young People's Services Directorate (excluding schools delegated budgets) for 2008/09. The outturn showed an underspend of £111,254 against a net cash limited budget of £38,259,363, representing a variation of - 0.3%.

The report stated that this outturn figure was before making adjustments for the carry-forward of traded balances (£146,769 surplus). The adjusted variance to budget is £35,515 overspent (0.09%).

In addition to the above, the report contains a request for an earmarked balance to the value of £9,878. Subject to approval of the earmarked balance requests the adjusted outturn for Children and Young People's Service would be an overspend against budget of £45,393 (0.12%).

Members noted that a further detailed report on Schools delegated balances would be submitted during July to the Cabinet Member once information regarding the planned use of balances had been obtained from the schools with balances higher than the Department for Children, Schools and Families threshold (5% for secondary schools and 8% for other phases).

A sub group had been set up to look into the reasons for schools having a surplus. This group would include Councillor Tweed, together with other members of the Schools Forum. The Cabinet Member would consider the explanations given and it was envisaged that those schools unable to provide justified reasons for their surplus balances could expect to see the whole amount of the excess above the threshold removed.

A query was raised as to where the money allocated to Try Line Centre Partnership was deployed. Confirmation was given that this funding was specifically to be used to support young people. Work was being undertaken between the schools and the Council to establish those children in most need, the focus being on disaffected and under achieving young people.

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

(2) That the request to Cabinet for approval of the carry forward request contained within the report be supported.

21. CHILDREN AND YOUNG PEOPLE'S SERVICES - CAPITAL BUDGET OUTTURN REPORT 2008/2009

Consideration was given to a report, presented by Graham Sinclair, Director of Resources and Access, stating that the approved Children and Young People's Service Directorate Capital Programme for 2008/09 was £25,922,409. The actual spend against the programme in 2008/09 is £24,524,691, a variance of £1,397,718 under-spend (-5.4%). The submitted capital budget report contained the outturn (subject to external audit verification) for the financial year 2008/09.

Resolved:- That the 2008/09 Capital Outturn report for Children and Young People's Services be received and its contents noted.

22. CHILDREN AND YOUNG PEOPLE'S SERVICES - FORWARD PLAN OF KEY DECISIONS JUNE TO SEPTEMBER 2009

The Panel noted the Children and Young People's Services Forward Plan of key decisions for the period 1st June-30th September, 2009.

23. MINUTES OF A MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON 5TH JUNE, 2009

Resolved:- That the minutes of the meeting of the Children and Young People's Scrutiny Panel held on 5th June, 2009 be approved as a correct record for signature by the Chairman.

24. MINUTES OF A MEETING OF THE CHILDREN'S BOARD HELD ON 10TH JUNE, 2009

Resolved:- That the contents of the minutes of the meeting of the Children's Board held on 10th June, 2009 be noted.

25. MINUTES OF A MEETING OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE

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

Performance and Scrutiny Overview Committee held on 12th June, 2009, be noted.

26. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended (information which is likely to reveal the identity of an individual).

27. CHILDREN AND YOUNG PEOPLE'S SERVICES - ANNUAL COMMENT AND COMPLAINT REPORT 2008/2009

Consideration was given to the Annual Report presented by the Complaints Manager, which outlined performance for complaints in Children and Young People's Services for 2008/2009, along with comparison with 2008/2009 and 2007/2008 data and future developments.

In brief, the following complaints were received; 108 people have made 176 complaint points at Stage 1; 3 people made 20 complaint points at Stage 2; and 2 people took their complaints to a Stage 3 Review Panel.

Resolved:- That the Annual Report for Comments and Complaints 2008/09 be received.

LOOKED AFTER CHILDREN SCRUTINY SUB-PANEL
Wednesday, 25th March, 2009

Present:- G. A. Russell (in the Chair); Councillors Austen, McNeely, P. A. Russell and Swift.

Apologies for absence were received from Councillors Dodson and J. Hamilton and from Mr. D. Trickett.

19. DECLARATIONS OF INTEREST

There were no declarations of interest made.

20. MINUTES OF THE PREVIOUS MEETING HELD ON 10TH DECEMBER 2008

Agreed:- (1) That the minutes of the previous meeting of the Looked After Children Scrutiny Sub-Panel, held on 10th December, 2008, be approved as a correct record.

(2) That, with regard to Minute No. 11(2) – a Members' seminar be arranged on the Educational Achievements of Looked After Children.

(3) That, with regard to Minute No. 13(3) (Work Placement and Work Opportunities), it was noted that discussions are taking place with partners and progress will be reported to a future meeting of this Scrutiny Sub-Panel.

(4) That progress reports about the following items be submitted to the next meeting of the Looked After Children Scrutiny Sub-Panel:-

(a) Minute No. 12(2) – Care Matters Update; progress of the cross-directorate task and finish group; and

(b) Minute No. 14 – Looked After Children's Council – update and minutes.

21. THE HEALTH NEEDS OF LOOKED AFTER CHILDREN AND YOUNG PEOPLE IN ROTHERHAM

Consideration was given to a report presented by Louise Bishop and Sue Gittins (NHS Rotherham) concerning the progress made in developing health systems to meet the health needs of looked after children and young people in Rotherham. The report provided outline information about:-

i) health services and outcomes for the period from October 2007 to October 2008;

- ii) statutory health assessments, dental checks and immunisations; and
- iii) teenage pregnancy in relation to looked after children.

The Scrutiny Sub-Panel's discussion about this issue included the following salient issues:-

- the expense of looked after children being placed out-of-authority;
- the difficulty of maintaining statistics of teenage pregnancies amongst looked after young people;
- the role of the locality teams and social workers in support of looked after children and young people;
- the audit of the quality of the statutory health assessments and access to basic services, such as GP and dental services; it has been recognised that a health team needs to be developed, similar to teams in other areas; this audit is intended to provide data for the development of this team.

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

(2) That a progress report health about the health needs of looked after children and young people in Rotherham be submitted to a future meeting of this Scrutiny Sub-Panel, with particular reference to the completion of the audit and the development of the health team.

22. ACCESS TO MENTAL HEALTH SERVICES FOR LOOKED AFTER CHILDREN AND ADOPTED CHILDREN THROUGH THE LOOKED AFTER CHILDREN AND ADOPTED CHILDREN SUPPORT TEAM

Consideration was given to a report presented by the Manager of the Looked After Children and Adoption Support Team concerning the access to mental health services for looked after children and young people, with assistance from the Support Team.

The report stated that national research had indicated that being a looked after child on a long term basis is an important predictor of social exclusion in adulthood. There is a higher than average rate of poor mental health, drug use, anti social behaviour and poor educational attainment reduces the prospects of employment, (Social Exclusion Unit 2003). 45% of Looked After Children aged 5 – 17 years old in England have mental health difficulties, which is four times the rate of other children and is higher amongst boys, older children and children in residential homes.

The Looked After Children and Adoption Support Team provided a short term service of support to looked after children, their carers, their workers, and adoptive families in Rotherham. The aim of this work is to enhance understanding of early life trauma, abuse and neglect upon children's

physical and emotional wellbeing, and to support and develop skills in assisting the parenting of children who have experienced such early life difficulties. The Support Team will continue to develop:-

- (i) their skills and knowledge to provide a quality service to support the physical and emotional needs of looked after children;
- (ii) tools to support workers, especially in respect of work around transitions and change, life story, understanding the association between feelings and behaviours, the impact of early life trauma upon children, and managing behaviour; and
- (iii) group work around providing therapeutic foster care provision; the eventual aim is to provide tools and resources that will be available for use by other professionals.

The Scrutiny Sub-Panel noted that, from April 2008, all local authorities in England were required to provide information about the emotional and behavioural health of looked after children and young people between the ages of 4 – 16 years old. The screening tool used to collate this information is the Strengths and Difficulties Questionnaire which should be completed by the child's main carer, typically a foster carer, or residential worker, if the child is in a residential placement.

Reference was made to:-

- the establishment of a key performance indicator for completion of the Strengths and Difficulties Questionnaire for all Looked After Children aged between 4 and 16 years;
- the many events facilitated by the Looked After Children and Adoption Support Team, during 2009;
- the funding of the Support Team by means of a Child and Adolescent Mental Health Services grant;
- the difficult transition from into adulthood for looked after young people, facing issues which sometimes leads to greater demand for mental health services;
- factors for triggering reassessment;
- whether all categories of children in care are completing the Strengths and Difficulties Questionnaire;
- provision of DDP training.

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

(2) That a progress report about the function and work of the Looked After

Children and Adoption Support Team be submitted to a future meeting of this Scrutiny Sub-Panel.

23. PROGRESS AGAINST FOSTERING INSPECTION ACTION PLAN AND OUTCOME OF OFSTED MONITORING VISIT TO FOSTERING SERVICES - JANUARY 2009

Consideration was given to a report presented by the Director of Targeted Services stating that Rotherham's fostering services were inspected in May 2008 and an inadequate rating was given overall. A detailed and substantive action plan, based upon the statutory requirements and the recommendations made by the Inspectors, has been in place since that time. This submitted report included up-to-date information on the progress against that action plan, with a particular focus on the issue of the previous inappropriate use of exemptions and the consequent placement of children out-of-category with some carers. Additionally, the Ofsted inspection team re-visited Rotherham in January, 2009 on a monitoring visit to give feed back and advice on progress made since the full inspection in May 2008. Details from the finding of that January monitoring visit were also included within the report.

Discussion took place on the requirement to ensure that any holiday accommodation occupied for a prolonged period of time was suitable.

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

(2) That the Looked After Children Scrutiny Sub-Panel be informed of the outcome of the forthcoming Ofsted re-inspection, taking place during May 2009, of the Authority's fostering and inspection services.

24. RECRUITMENT OF NEW FOSTER CARERS

Consideration was given to a report presented by the Director of Targeted Services detailing the progress of the foster carer's recruitment campaign, previously considered by the Cabinet Member for Children and Young People's Services. The report included the up-to-date position in terms of new and potential foster carers and analysed the resource implications arising from initial success within the campaign. Panel members noted the length of time taken from the initial expression of interest in becoming a foster carer, through the training process and eventual approval of people as foster carers.

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

(2) That the Looked After Children Scrutiny Sub-Panel be informed of the outcome of the forthcoming Ofsted inspection, taking place during May 2009, of fostering and inspection services, with particular regard to the campaign for the recruitment of potential foster carers.

25. CHILDREN'S HOMES - SUMMARY OF MAIN ISSUES AND EVENTS -

MARCH 2008 TO MARCH 2009

Consideration was given to a report presented by the Director of Targeted Services containing a summary of the main issues and events occurring in Rotherham's mainstream Children's Homes between March, 2008 and March, 2009:-

- : Goodwin Crescent Children's Home, Swinton
- : Young Person's Centre, Hollowgate, Rotherham town centre
- : St. Edmunds Avenue Children's Home Thurcroft
- : Silverwood (formerly Creswick Road) Children's Home, East Herringthorpe
- : Studmoor Road Children's Home, Kimberworth Park

The report had been prepared as a consequence of the visits and reports made under Regulation 33 of the Children's Home's Regulations 2001 including the outcomes for Looked After Children, feedback from visits by Elected Members and also the Ofsted Inspection Reports. The statutory requirements and guidance, particularly in relation to the registration of the local authority as a provider of residential accommodation, were clarified.

The following issues were highlighted in the report:-

- the statement of purpose and function for each children's home;
- capital investment in children's homes;
- serious incidents, as defined by the Children's Home's Regulations 2001 and reported to Ofsted;
- complaints received and dealt with, relating to the children's homes;
- the health and well-being of children and young people resident at the homes;
- children as missing persons from the homes;
- staffing and workforce development and the consultation about raising the qualifications of people working in children's homes;
- Ofsted inspections (both planned and unannounced) of the children's homes;
- finance and the budgets for the children's homes.

Agreed:- That the report be received and its contents noted.

26. PERCENTAGE OF LOOKED AFTER CHILDREN WHO HAVE BEEN LOOKED AFTER CONTINUOUSLY FOR TWELVE MONTHS AND WHO

HAVE MISSED 25 DAYS OR MORE OF SCHOOLING FOR ANY REASON

Further to Minute No. 10 of the meeting of the Looked After Children Scrutiny Sub-Panel held on 10th December, 2008, consideration was given to a report presented by Martin Smith, Manager of the Get Real Team, detailing the role of the Get Real Team in raising the attainment, achievement and aspirations of young people in care in Rotherham, mainly via short term intervention work, in addition to monitoring and supporting attendance at school across all key stages.

The report stated that by 25th February, 2009, out of 216 young people of school age looked after by this Council, 8.79% have reached 25 days or more missing from school. (19 students in total) compared to 12.06% (24 students) at the same time in 2008. Details of the type of placement for these young people were also listed in the report.

Reference was made to the preparation of personal education plans for the looked after children and young people in Rotherham.

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

(2) That a further report be submitted to the next meeting of the Looked After Children Scrutiny Sub-Panel detailing the progress being made in raising the attainment, achievement and aspirations of young people in care in Rotherham, with particular reference to the level of attendance at school.

(3) That the further report, referred to at (2) above, shall detail the progress in completing personal education plans for the looked after children and young people in Rotherham.

27. LOOKED AFTER CHILDREN PROFILE

The Director of Targeted Services submitted a report providing the quarterly statistics and profile of the number of looked after children and young people in Rotherham. The report stated that, as at 28th February 2009, there were 391 looked after children, 28 of whom were supported by the children's disability team. This number was an increase from 353 children in June 2008 and 387 in December 2008.

Statistics were included in the report of the type of care received by looked after children and young people, their age range, type of care order and ethnic backgrounds.

Agreed:- That the report be received and its contents noted.

28. LOOKED AFTER CHILDREN SCRUTINY SUB-PANEL - WORK PROGRAMME 2009/2010

Discussion took place on the items to be included in the work programme of the Looked After Children Scrutiny Sub-Panel for the 2009/2010 Municipal Year. A number of items had already been identified as a consequence of matters discussed at both this and previous meetings. It was agreed that Scrutiny Sub-Panel members should submit other suggested items for the work programme, to the Senior Scrutiny Adviser, in readiness for further discussion at the next meeting.

29. DATE OF NEXT MEETING

Agreed:- That the next meeting of the Looked After Children Scrutiny Sub-Panel take place at the Town Hall, Rotherham on Thursday, 25th June, 2009, commencing at 10.00 a.m.

PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE
26th June, 2009

Present:- Councillor Whelbourn (in the Chair); Councillors Austen, Barron, Gilding, J. Hamilton, Jack, License, McNeely, G. A. Russell, P. A. Russell and Swift.

Also in attendance was Councillor Smith, Cabinet Member, Economic Development, Planning and Transportation for Item 18 below.

An apology for absence was received from Councillor Boyes and from Councillor Wyatt, Cabinet Member for Resources in respect of Item 18 below.

16. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

17. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

18. PAYMENT OF INVOICES WITHIN THIRTY DAYS (FORMER BVPI8) - ENVIRONMENT AND DEVELOPMENT SERVICES

The Chairman welcomed Councillor Smith (Cabinet Member for Economic Development, Planning and Transportation), Diane Douglas (Head of Business Unit), Joanne Kirk (Purchase to Pay Manager), Kim Marris (Procurement Information Management Officer), Mark Gannon (Transformation and Strategic Partnerships Manager) and Sarah McCall (Performance Officer).

Further to Minutes Nos. 214(2) and 7 of the meetings of this Committee held on 17th April and 12th June, 2009 respectively, Diane Douglas gave a presentation, as Procurement Champion for Environment and Development Services, on performance for the directorate in respect of BVPI8.

The presentation covered:-

- 2008/09 outturn performance
- 2009/10 target
- 2009/10 progress so far
- directorate improvement on last year
- Facilities Management outstanding invoices September, 2008 and April, 2009

- May, 2009 Summary
- What we've found
- What we're doing

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

- call off orders
- relative performances in Children and Young People's Services and Environment and Development Services
- liaison with other directorates
- 'stopping the clock'
- rationale for disputing invoices
- average payment time as a more meaningful indicator of performance
- procurement cards
- ethical cards
- receiving of invoices
- procurement champion role
- sharing of good practice inside and outside the Authority

Resolved:- That the information be noted and everyone be thanked for their attendance and input.

19. COMPREHENSIVE AREA ASSESSMENT - SELF ASSESSMENT

Julie Slatter, Head of Policy and Performance, introduced the submitted report which detailed how Comprehensive Area Assessment (CAA) Framework officially became effective from 1st April, 2009.

It had been agreed that the Rotherham Partnership would submit a self assessment to the Audit Commission Comprehensive Area Assessment Lead, which the Council would take the lead on, by the end of May, 2009. The self assessment was intended primarily to inform the Area Assessment element of the Comprehensive Area Assessment, but would also provide information for the organisational assessment of the Council.

The self assessment, as forwarded to the Audit Commission by the

Partnership, was submitted.

Julie also gave a presentation which covered:-

- What is CAA?
- Differences CPA and CAA
- Organisational Assessment
- Area Assessment
- CAA Timescales
- What we have done
- Question 1 How well do local priorities express community needs and aspirations?
 - How well do local partners understand their diverse communities?
 - How well do we engage with, involve and empower local people?
 - To what extent do local people influence decisions about setting local priorities?
 - Are priorities and needs in the Community Strategy and LAA appropriate and ambitious?
- Question 2 How well are the outcomes and improvements needed being delivered overall?
 - How safe is the area?
 - How healthy and well supported are people?
 - How well kept is the area?
 - How environmentally sustainable is the area?
 - How strong is the local economy?
 - How strong and cohesive are local communities?
 - How well is housing need met?
 - How good is the wellbeing of children and young

people?

- How well are people's social care needs and choices being met?
- How good is the wellbeing of older people?
- Question 3 What are the prospects for the future?
 - Strengths

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

- commissioning : most heavily weighted in Use of Resources
- role and influences of the South Yorkshire Lead
- KPMG role
- crime figures
- cost/benefit analysis of assessments
- mapping of all inspection/regulation activity
- level of evidence included
- concern regarding lack of linkage of individual inspection regimes into CAA
- schools affecting LAA target
- partnerships focusing on their own Use of Resources
- ABLE Project
- concern regarding lack of level of work with parish councils and need to be mindful of how to manage such dialogue and weave in the recommendations of the Scrutiny Review – Working with Parish Councils Part II
- Independent Living delivery
- shared services/commissioning shared services
- getting partners to reinvest savings
- awareness of Community Strategy, Corporate Plan and Year

Ahead Statement

- Forward Plan of Key Decisions

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

(2) That Panel Chairs and Vice-Chairs liaise with their respective scrutiny officer to identify the areas relevant to the respective Scrutiny Panels.

20. DRAFT ANNUAL REPORT

Cath Saltis, Head of Scrutiny Services, introduced briefly the submitted draft Annual Report for comment in respect of content and format.

Focus concentrated on the content of this Committee with the respective Chairs and Vice-Chairs of the panels invited to forward comments regarding their panels' content.

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

- work programmes
- timelines for production
- potential inclusion of co-optee details and experience for both statutory and non-statutory co-optees
- images to be used in final report

Resolved:- That the information be noted and any comments be forwarded to Cath Saltis within the next two weeks.

21. MINUTES

Resolved:- (1) That the minutes of the meeting held on 12th June, 2009 be approved as a correct record for signature by the Chairman.

(2) That, with regard to item (9) (Scrutiny Review – Road Safety Outside Schools), the DVD made by the young people be shown at area assembly meetings.

22. WORK IN PROGRESS

Members of the Committee reported as follows:-

(a) Councillor Austen reported that the Debt Recovery review was nearing completion and it was proposed to report to the Democratic Renewal Scrutiny Panel, Performance and Scrutiny Overview Committee and Cabinet on 16th, 24th and 29th July, 2009 respectively.

(b) Councillor Jack reported briefly on her visit to the Rothercare Service which had relocated to Bakersfield Court.

(c) Cath Saltis reported that a special meeting of the Children and Young People's Services Scrutiny Panel had been scheduled for Friday, 24th July, 2009 to consider the review of Children's Services.

Resolved:- That all appropriate officers be in attendance.

23. CALL-IN ISSUES

There were no formal call in requests.