

## Summary Sheet

### Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 5<sup>th</sup> June 2018

### Report Title

CSE Post Abuse Services Update

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

No

### Strategic Director Approving Submission of the Report

Mel Meggs, Strategic Director, Children and Young People's Services

### Report Author

Sean Hill, Commissioning Officer, Children and Young People's Service

### Wards Affected

All

### Summary

In summer 2016 Rotherham MBC and Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE). The vast majority of service users who have sought support through these services are adults.

The outcomes for commissioned post CSE support services are that all victims, survivors and their families will:-

- Start to recover from their trauma of child sexual exploitation;
- Build resilience and develop coping strategies for everyday life;
- Improve their self-esteem and self-confidence;
- Improve their mental health and wellbeing;
- Be supported in fulfilling their maximum potential;
- Reduce the risk of harm.

A CSE Post Abuse Services update report was presented to the Improving Lives Select Commission on the 4<sup>th</sup> July 2017 and as a result a further update was requested to outline the following:

1. A map of all provision across Rotherham, with an outline of how provision is being quality assured;
2. The Impact of funding reductions on voluntary sector provision and service users;
3. What contingency is in place if funding bids are unsuccessful
4. Evidence of post-trial support to survivors
5. An assessment of the needs analysis to establish if it requires refreshing.

Responding to this request and to the capacity concerns identified through performance monitoring, a Service Review was undertaken by Children's Commissioning between October and December 2017 to quantify and understand the current pressures on the services. The review document is attached (Appendix 1).

This report presents the key findings of the review, sets out responses to the recommendations made at the Improving lives Select Commission on the 4<sup>th</sup> July 2017 and the longer term recommendations for the commissioning of CSE Post Abuse Services.

#### **List of Appendices Included**

Appendix 1 – Post CSE Service Review

Appendix 2 – Commissioning Timeline

#### **Background Papers**

None

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

None

#### **Council Approval Required**

No

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

No

## **CSE Post Abuse Services Update**

### **1. Recommendations**

- 1.1 That the update on CSE Post Abuse Services be noted
- 1.2 That a further update is presented in 6 months' time outlining the impact of the remedial actions and the progress made on the proposed Joint Commissioning of CSE Post Abuse Services.

### **2. Background**

#### ***Commissioning History***

- 2.1 In summer 2016 Rotherham MBC and NHS Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE). Although the services are jointly commissioned all funding for these services is from RMBC Children and Young People's Services.
- 2.2 Contracts were entered into with three voluntary sector providers from 1<sup>st</sup> July 2016 to 31<sup>st</sup> March 2019 with an option to extend for a further two years. The value of the commissioned post CSE support services over the three year contracted period is £514,948. The two main service areas commissioned were:
  - Practical, emotional support and advocacy; and
  - Evidence based therapeutic interventions (counselling).
- 2.3 The financial terms and conditions of the contracts set out a reduction of 19% in 2017/18 and a further reduction of 23% in 2018/19. The profiled funding reduction was based on the modelling of numbers needing support as set out in the December 2015 Needs Analysis undertaken by the CSE Joint Intelligence Working Group.

#### ***Service Review***

- 2.4 A Service Review was undertaken by Children's Commissioning between October and December 2017 (provided at Appendix 1) to quantify and understand the pressures on the services. This Service Review involved informal meetings with victims and survivors and engagement with the Service Providers.
- 2.5 The Service Review demonstrated that joint working with adult commissioning was vital to understand the broader context of service provision. A draft of the Review findings was shared with the Strategic Director of Adult Care in November 2017. A briefing note was provided to CYPS's DLT on 18<sup>th</sup> December 2018 outlining the findings of the Review. The Review was also provided to the Chief Executive on 18<sup>th</sup> January 2018.

## 2.6 The key findings of the Service Review are:

- Referrals for emotional and practical support are broadly in line with the original anticipated need. However there have been significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- There is little flexibility to adjust funding between contracts to meet demand pressures. Any future service design will need to be able to adapt to changing need.
- Service Users expressed extremely positive views regarding the support they received. The positive impact of the services is also demonstrated through case studies and outcome monitoring data.
- There was a decrease in the number of live cases from April 2017 onwards as service providers scaled back capacity in line with the funding profile.
- There are significant differences in volume of cases held by providers.
- Significant waiting lists have developed in both service areas but not for all providers. For practical and emotional support there are more people waiting for a service from Rotherham Rise than from GROW. For therapeutic intervention there are significantly more people waiting for a service from Rotherham Abuse Counselling Service (RACS) than from Rotherham Rise.
- The length of time that victims and survivors are waiting for support or therapeutic intervention varies considerably between providers. Long waiting times mean that people are not getting the 'right care' at the 'right time' and may lead to negative consequences.
- The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.
- As investigations progress and engagement activity with victims and survivors increases, it is very likely that demand for and pressures on commissioned and non-commissioned services will increase.
- Given that the timescales for police investigations and prosecution can last up to 2 years the expectation of 12 months support (as set out in the service specification) might not be appropriate. On the other hand it is recognised that trauma can be a lifelong issue. Future service design will need to consider an appropriate timescale for interventions.
- Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists.

- To date the commissioned services have been accessed predominantly by adults. The funding for Post CSE commissioned services has been provided by RMBC Children and Young People's Service although other organisations have aligned roles and remits to offer support to victims and survivors.
- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information available at the time) underestimated the need and the pattern of support required. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis.

**Actions to address the recommendations of the Improving Lives Select Commission held 4<sup>th</sup> July 2017:**

**Action: A map of all provision across Rotherham, with an outline of how provision is being quality assured.**

- 2.7 As described in the key findings of the review above, the landscape of provision in Rotherham is developing. CYPS Commissioning has a good understanding of the commissioned post abuse services, their capacity and quality of service. Commissioned services are required to report monthly data in relation to activity and quarterly around what's working well, what services are worried about and what needs to happen to improve. In addition a Service Improvement Partnership group has been established with the commissioned CSE service providers, Adults and CYPS Commissioning, and Rotherham Clinical Commissioning Group (CCG). The intention is to extend the membership of this group to other delivery partners once firmly established.
- 2.8 There are a range of support services provided by the local voluntary, faith and community sector as well as national organisations that are not currently funded by RMBC. National organisations that can offer additional support are Samaritans, Victim Support and the Havens. Swinton Lock and Apna Haq were previously funded by RMBC and now have accessed funding from other sources such as the Big Lottery.
- 2.9 Victims / survivors also have access to Independent Sexual Violence Advocacy (ISVA) which is funded by the National Crime Agency (NCA) as part of Operation Stovewood. ISVA's advocate on behalf of someone who has been a victim of sexual violence and help them to access support and services from a range of statutory and non-statutory services such as: health services, housing support, benefits advice and counselling. Services that are not commissioned by RMBC will have terms and conditions set by, and be subject to the quality assurance requirements of, their own funding/commissioning organisation.
- 2.10 Further work is required to develop a fully comprehensive map of services that are available to victims or survivors of CSE in Rotherham. To address this a Post CSE Commissioned Services Group has been established under the CSE

sub-group of the Safer Rotherham Partnership. The group includes representation from all key commissioners of victim support services: RMBC Adult Commissioning, RMBC Children's Commissioning, NHS Rotherham CCG, RMBC Adult Safeguarding, RMBC Children's Safeguarding, Safer Rotherham Partnership and the Police and Crime Commissioners Office. Key actions for this group are to:

- Map current support services for adult victims and survivors across all commissioning bodies, taking into account mainstream support services within mental health, services for vulnerable adults and support from the voluntary, community and faith sector. Mapping will also identify potential future pressures due to funding and contract ends dates and gaps in service provision;
- Develop, or build on existing engagement mechanisms to listen to the views of victims and survivors to understand what recovery looks like including prevention, self-management and early intervention to support recovery;
- Seek to align or pool commissioning resources to increase efficiencies, reduce duplication, and to ensure value for money.

**Action: The Impact of funding reductions on voluntary sector provision and service users.**

2.11 The reduction in funding as profiled in the contracts and service specifications for the Post Abuse Services has resulted in a reduction in capacity in the services. The service review highlighted that referrals for emotional and practical support are broadly in line with the original anticipated need, however the intensity and length of this support was underestimated. The service specification anticipated that the maximum timescales of involvement with service users is 12 months unless in exceptional circumstances and that service providers develop an exit strategy from day one of support. However, given the timescales for police investigations and prosecutions can last up to 2 years this expectation is not be appropriate in cases that go to trial.

2.12 The review also finds that there have been significantly more referrals for therapeutic interventions than originally estimated. As a result significant waiting lists have developed in both service areas. The size of the waiting lists vary between providers and service areas however the most significant waiting list is for therapeutic interventions with Rotherham Abuse Counselling Services where there are currently (as at end of April 2018) 131 victims or survivors waiting for a service and they could be waiting for up to 6 months. Long waiting times mean that victims and survivors are not getting the right care at the right time and this may lead to negative consequences.

2.13 The following actions have commenced to mitigate the effects of the reduced funding and resulting waiting lists:

- In relation to the current waiting lists with Rotherham Abuse Counselling Service (RACS) there have been recent discussions between the Head of Mental Health Commissioning, Chief Executive of RACS and the Care Group Director (RDaSH). A joint piece of work has commenced to

undertake an in-depth assessment of the waiting list and identify alternative support where appropriate. For example, to ensure that those who meet the threshold for IAPT (Improving Access to Psychological Therapies) are able to access support for depression or anxiety where appropriate.

- In relation to the Practical and Emotional support delivered by Rotherham Rise and GROW, Adult commissioning will share best practice in reviewing operational delivery to maximise current provisions. Key areas to review will include throughput and duplication of service. At this stage we do not know if Service Users are accessing more than one provision of support for example, Domestic Violence Services or Housing Related Support.
- A service improvement partnership has been established with the post-CSE commissioned service providers, Adults and CYP's Commissioning and the CCG. The intention is to extend this to other delivery partners (for example, the Stovewood trauma and Resilience Service) once firmly established. The focus of the improvement partnership is to develop more streamlined pathways between commissioned services across health, justice, adult's services, children's services and non-commissioned services.
- Further discussion will take place with the post-CSE commissioned service providers to understand the impact of non-RMBC funding streams on long term sustainability.

**Action: What contingency is in place if funding bids are unsuccessful?**

2.14 On 3<sup>rd</sup> November 2017 confirmation was received that a Rotherham multi-agency application to Government for funding support had been unsuccessful. However the Council and partners are continuing to lobby Government departments in order to secure the necessary resources to support victims and survivors. with regard to the wrap around support required for victims and survivors involved in Stovewood. The wrap around support identified includes a proposal for £600,000 over 4 years for advocacy, practical support and counselling.

2.15 Rotherham CCG has been awarded funding of £250,000 by NHS England Health & Justice department to work with victims / survivors of the Stovewood investigation, as well as staff from the range of agencies working with them during the pre-trial and trial period. In 2018/19 the provision of this service has been commissioned from Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). Initially this is a one-year funding allocation with the possibility of further funding in 2019/20 subject to a positive evaluation. This work will include:

- Where helpful and appropriate the service can offer direct therapeutic consultation jointly with Victim Support workers, therapeutic services, or primary care services within the governance arrangements of the trust.
- 'Ageless' in that it will offer joint consultations to partners and families of those effected by the aftermath of CSE but who are not secondary mental health patients.
- Liaison and signposting to other services.

- Managing the emotional support required to Stovewood clients, their families and the staff associated with the pre-trial and trial challenges.

### **Action: Evidence of post-trial support to survivors**

- 2.16 Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists. The service review confirms that there are gaps or inconsistencies in the level of post-trial support available. Below is a quote from a counsellor that describes the feelings of service users succinctly:

*“my client initially felt ecstatic when her perpetrator was convicted. She felt it was confirmation that she was finally believed and that justice was done. However following that came a slump as the effects of her abuse were still there. She had put such a lot into the outcome and falsely believed that a conviction would mean closure. Some clients can feel re-traumatised and feel tricked by some of the complicated ways the perpetrators defence phrases questions”.*

- 2.17 There are a number of examples of where post-trial support has been offered. Rotherham Rise’s criteria for accessing a service does not differentiate between victims or survivors who are pre, during or post-trial, the menu of support is the same.

*Client A was referred to Rotherham Rise but had a trial pending. The date for the trial was in 8 months. She was working with the ISVA service but also accessed 1-1 Outreach support. When this ended, she had 1-1 counselling. She was told, she could also access support once the trial is over if she needed to. So she would re-refer back to the service.*

- 2.18 GROW has offered 14 victims / witnesses support through the final stages of the Clover 1 trial and post-trial. Six victims / witness from Clover 1 accessed support for 3 months post-trial.

### **Action: An assessment of the needs analysis to establish if it requires refreshing.**

- 2.19 The Service Review has highlighted significant pressure on the post-CSE commissioned services. It is anticipated that these pressures will increase further as investigations progress through Operation Stovewood. The 2015 Needs Analysis is not reflective of current (or future) needs of victims and survivors in Rotherham. The services commissioned on the findings of the 2015 Needs Analysis, therefore, are not in a position to be able to meet current need.
- 2.20 Without an accurate needs analysis that is co-produced with service users and other key stakeholders, it is difficult to describe what kind or level of service is (or will be) required going forward. Partners have recognised that a joint commissioning approach is vital and whole system mapping is required to understand the journey of the victim/survivor. Accurate needs analysis and whole system mapping will enable the alignment or pooling of resources and all



partners to respond in a co-ordinated way should additional resources be identified, for example, from central government or third sector funding bodies.

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

#### **3.1 The longer term recommendations agreed by the Children's Services Leadership Team are that:**

- A whole system approach to commissioning support services is developed with partners (including the National Crime Agency, the Police and Crime Commissioners Officer and NHS Rotherham Clinical Commissioning Group) to avoid duplication, maximise resources and improve the service user experience.

This approach is supported in a recent document from NHS England. NHS England Strategic Direction for Sexual Assault and Abuse Services (2018-2023) describes the complex system of support:

*“It spans a number of different systems and government organisations, including health, care and justice and requires them to work together. The commissioners of services are varied and there is a wide range of providers, including some specialist and third sector organisations. This creates a significant challenge and all the different bodies can find it difficult to work together effectively to meet the lifelong needs of victims and survivors.”<sup>1</sup>*

- A needs analysis is undertaken to help inform the future commissioning of services and to inform bids for external funding opportunities. The Needs Analysis will take an asset/strength based approach to find out “what matters” to victims and survivors instead of “what’s the matter”. It will consider the accessibility of current support services (from all sections of the community) and draw together evidence and first-hand accounts of what works in helping victims and survivors begin to recover and build resilience. The Needs Analysis will help identify protective factors that might minimise escalation of need as well as evaluating prevalence data to identify trends for support over the next 5 years.
- Contracts for the post-CSE commissioned services are extended from 1<sup>st</sup> April 2019 to 30<sup>th</sup> September 2019 to allow for commissioning of a different service offer following the findings of the Needs Analysis and whole system mapping. A draft timeline is attached to this report (Appendix 2) Initial feedback on the commissioning timeline would suggest that it is tight and may need to be extended by a further 3 months.

### **4. Consultation**

#### **4.1 Victims and survivors have been directly engaged with and their views listened to as part of the Service Review. Informal meetings were held at GROW (16/11/17) and RACS (28/11/17 and (06/12/17) to seek views on the impact of the services and quality of support.**

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<sup>1</sup> Strategic Direction for Sexual Assault and Abuse Services: Lifelong care for victims and Survivors:2018 -2023, NHS England, 12 April 2018 Publications Gateway Reference: 07912

- 4.2 Effective and productive relationships have been developed between children's commissioning and the Service Providers. Meetings with Rotherham Rise (03/10/17) RACS (26/09/17) and GROW (10/10/17), in addition to routine contract monitoring meetings, have taken place to understand their perspective on the pressures, how they are managing pressures safely and what they consider is required to address capacity issues.
- 4.3 Consultation and engagement will be included in the brief for a research partner to inform the needs analysis.
- 4.4 Children's Commissioning have engaged with Adult Commissioning and the CCG in the development of remedial mitigation actions and longer term recommendations.

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

- 5.1. The wider partnership approach will be through the CSE sub-group which reports to the Rotherham Local Safeguarding Children Board (RLSCB).

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

- 6.1 Children and Young People's Service are wholly funding the commissioned CSE services which are predominantly used by adults. CYPS have actively sought to identify additional resources to address capacity issues identified in the service review; however, given current budget constraints this hasn't been possible. Moving forward, the aim is to develop pooled or aligned commissioning resources that will reflect the shared responsibilities between health, justice and adult care.
- 6.2 All procurement will be undertaken in line with the Council's Contracts Standing Orders and early engagement and dialogue must be held with the Council's Procurement Team to effectively plan and resource the procurement activity detailed within this report.

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

- 7.1 The needs of Victims and survivors of CSE and their families will be better understood and service can be commissioned to respond more effectively.

## **8. Equalities and Human Rights Implications**

- 8.1 The Public Sector Equality Duty (PSED) requires public authorities to have due regard to the aims of the equality duty when making decisions and setting policies; for example understanding the effect of policies and practices on people with Protected Characteristics.
- 8.2 Guidance on meeting the equality duty in policy and decision-making (Equality & Human Rights Commission, 2012) identifies that consideration given to equality in decision-making needs to be proportionate to the importance of the policy. In all decisions, financial and other considerations will inevitably also be

important; therefore appropriate weight should be given to equality alongside the other considerations.

8.3 An initial equality impact assessment will be undertaken when proposals are in development and completed following consultation. Consultation will explicitly seek to assess the impact of any proposed changes on the most vulnerable.

## 9. Implications for Partners and Other Directorates

9.1 There are implications for other directorates and external partners. Specifically:

- RMBC Adult Care and Housing Directorate
- NHS Rotherham CCG
- Safer Rotherham Partnership
- South Yorkshire Police and Crime Commissioner's Office

## 10. Risks and Mitigation

10.1 There are both political and reputational risks if RMBC is not providing a high quality service able to meet victims and survivors needs.

## 11. Accountable Officer(s)

Approvals Obtained from:-

	<b>Named Officer</b>	<b>Date</b>
Assistant Director of Commissioning, Performance and Quality (CYPS)	Mark Chambers	18/05/2018
Strategic Director of Children's Services	Mel Meggs	

*Report Author: Sean Hill, Commissioning Officer, Children's Commissioning Team*

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