

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

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

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

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

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

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

Resolved:-

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

140. DECLARATIONS OF INTEREST

There were no declarations of interest.

141. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

142. EXCLUSION OF THE PRESS AND PUBLIC

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

143. GENDER PAY GAP REPORTING 2019

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

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

explain the changes.

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

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

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

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

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

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

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

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

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

The officers were thanked for their attendance.

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

144. ADULT CARE BUDGET FORECAST AND SAVINGS UPDATE

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

this relates to the Council's Budget report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved:-

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

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

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

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

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

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

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

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

“Act to help yourself”

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

“Act when you need it”

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

“Act to live your life”

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

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

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

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

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

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

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

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

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

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

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

The officer was thanked for his informative presentation.

Resolved:

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

146. UPDATE ON ADULT SOCIAL CARE RESTRUCTURE AND PATHWAY

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

Members noted the following developments:

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

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

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

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

- Pathway clarity
- Sufficient capacity
- Sustainability

- Celebrating successes
- Improving the Carers offer

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

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

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

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

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

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

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

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

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

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

Resolved:-

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

147. OUTCOMES OF WORKSHOP ON SICKNESS ABSENCE

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

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

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

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

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

issues and to have a better understanding of sickness absence.

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

Resolved:-

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

148. YOUTH CABINET/YOUNG PEOPLE'S ISSUES

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

149. WORK IN PROGRESS - SELECT COMMISSIONS

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

Health Select Commission

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

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

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

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

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

Improving Places Select Commission

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

In February the Select Commission issued recommendations on

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

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

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

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

Improving Lives Select Commission

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

Resolved:- That the updates be noted.

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

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

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

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

Resolved:-

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

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

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

151. CALL-IN ISSUES

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

152. URGENT BUSINESS

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

153. DATE AND TIME OF NEXT MEETING

Resolved:-

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