

## CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

**Venue:** Town Hall,  
Moorgate Street,  
Rotherham. S60 2TH

**Date:** Wednesday, 15th January, 2014

**Time:** 2.00 p.m.

### A G E N D A

1. Apologies for Absence.

#### **For Decision:-**

2. Minutes of the Previous Meeting (Pages 1 - 6)
3. Matters Arising.
4. Issues and Concerns
  - Youth Cabinet, Sarah Bellamy to report

#### **For Discussion:-**

5. Warm and Well Families (Pages 7 - 18)
  - Presentation by Catherine Homer, Public Health Specialist
6. CSE Update
  - Joyce Thacker, Strategic Director, Children, Young People and Families
7. Welfare Reform - The Impact on Children and Families
  - Carole Haywood/Michael Holmes, Policy and Partnerships
8. Children and Young People's Services Action Plan - 6 month update (Pages 19 - 71)
  - Sue Wilson/Tracy Blakemore, Performance Quality
9. Children and Young People's Services Commissioning Strategy (Pages 72 - 87)
  - Chrissy Wright, Strategic Commissioning Manager

**For Information:-**

10. Youth Cabinet (Pages 88 - 90)
  - Minutes of meeting held on 26<sup>th</sup> September, 2013
  
11. Local Safeguarding Children Board (Pages 91 - 102)
  - Minutes of meeting held on 13<sup>th</sup> September, 2013
  
12. Any Other Business.
  
13. Date and Time of Future Meetings
  - Wednesday, 19<sup>th</sup> March, 2014 at 2.00 p.m.
  - 21<sup>st</sup> May
  - 16<sup>th</sup> July

**CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP**  
**Wednesday, 20th November, 2013**

Present:- Councillor Lakin (in the Chair); Steve Ashley, Clare Burton, Sara Graham, Shafir Hussain, Martin Kimber, Julie Mott, Rachel Nicholls, David Polkinghorn, Clair Pyper, John Radford, Emma Royle, Dorothy Smith, Kevin Stevens, Joyce Thacker, Sarah Whittle, Sue Wilson and Chrissy Wright.

Apologies for absence were received from Jason Harwin and Janet Wheatley.

**235. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 18<sup>th</sup> September, 2013, were considered and approved as a correct record.

Further to Minute No. 228 (CAMHS), it was reported that a meeting had taken place with regard to issues raised at the last Partnership meeting. A letter had been drafted for submission setting out the concerns.

Further to Minute No. 229 (Youth Cabinet), it was noted that Kate Tufnell and Dr. Russell Brynes to be invited to the Youth Cabinet to discuss suicide

**236. ISSUES AND CONCERNS**

**Looked after Children's Council**

- Voice and Influence training and development sessions being held weekly at the MyPlace building
- Regular meetings on weekends and evenings to prepare presentations and complete high profile project work
- In preparation for a visit to Portugal in April, 2014, the group had engaged in activities specifically designed to raise their awareness of the country and asked to learn basic Portuguese phrases to enable them to converse with the local people
- 6 Looked After and Leaving Care young people had volunteered at the Rotherham Show on the Voice and Influence mobile bus
- 12 young people had attended the Kingswood Activity Centre during the October half term
- A number of young people had attended the Remembrance Service on 10<sup>th</sup> November

**Child Sexual Exploitation**

- Alexis Jay had been appointed to undertake the independent review of CSE in Rotherham
- The diagnostic review undertaken by the Chair of the Safeguarding Board was well underway with all the interviews having been completed and hoping to meet with some young people. Whilst there was still work to be done, there were a lot of positives emerging. The

- review would be completed by the beginning of December
- The Barnardos Review had been completed and was to be launched on 11<sup>th</sup> December. It would be submitted to the 18<sup>th</sup> December Cabinet meeting
  - The HMIC review had been completed. Consideration would be given to any issues/implications for the Council. 3 issues raised were the Maltby location, caseload/workload management and data system compatibility

**Sarah Champion, MP**

- There had been announcement that Sarah Champion was to undertake an open inquiry with Barnardos regarding CSE. There was a call out for documentary evidence and a series of questions many of which centred around the criminal justice system and the appropriateness/effectiveness of legislation to tackle modern day CSE

**237. COMMISSIONING/DELIVERY OF EMERGENCY HORMONAL CONTRACEPTION TO YOUNG GIRLS AGED 14-16 YEARS**

In accordance with Minute No. 224 of 17<sup>th</sup> July, 2013, John Radford, Director of Public Health, submitted a further report on the progress to-date on the development of care pathways and safeguarding reporting mechanisms for all young people accessing Sexual Health Services in Rotherham.

Care pathways would be developed to allow for the extension of the Emergency Hormonal Contraception (EHC) service in Pharmacies to young women aged 14 to 16 which would include an automatic referral for all under 16 year olds to a named team within Integrated Youth Support Service (IYSS). Public Health would work with both IYSS and Pharmacy representatives to agree the necessary protocols and pathways prior to the extension being agreed.

An electronic recording system, similar to that already in use for supervised consumption of drugs at Pharmacies, was to be introduced which would immediately alert any Pharmacist to the pathway that would allow for accurate monitoring.

Protocols in relation to under 16 year olds attending the Genito-Urinary Medicine (GUM) and Contraceptive and Sexual Health (CaSH) already included screening for sexual exploitation but they would be developed to raise the profile of CSE to enhance the capture of concerns in relation to possible sexual exploitation and contain appropriate referral mechanisms. GUM and CaSH were moving to an integrated service where the protocols and referral criteria would be harmonised and work was taking place on protocols and an algorithm for referral to the newly appointed Sexual Exploitation Nurse.

Discussion ensued with the following issues raised:-

- Historical evidence showed that it was a very low number of females seeking emergency contraception but there was a need for an easily accessible route
- The young female would be automatically referred to the IYSS - what happened if they chose not to attend?
- Would an “automatic” referral deter a young person from seeking emergency contraception for fear of it being brought to their parents’ attention and result in a rise of teenage pregnancies?
- GPs would be far more challenging than a pharmacist - pharmacists would need support and training and a clear audit trail
- GPs had a duty of care – fear that the protocol gave duty of care to the organisation and not the individual
- Investigation of a number of Serious Case Reviews had revealed numerous referrals to GPs/health sector that had not raised alerts
- If there was no automatic referrals, strong reassurance was required of the process to be followed
- Proposed drop-in service offered at many pharmacies
- The pharmacist would inform the young person that they would be referred to the IYSS and that there may be some form of follow up
- The sub-group that had been set up to consider a protocol had included a pharmacist. The young person would be encouraged to see their GP as part of safeguarding advice advised that emergency contraception was only a temporary solution
- It had to be a referral even on the first occasion – how could you be certain that the young person had not attended a pharmacy somewhere else in the County before

Resolved:- That further work take place on the protocol and submitted to a future meeting.

### **238. YH HWB IMPROVING HEALTH OUTCOMES FOR CHILDREN**

Further to Minute No. 232 of 18<sup>th</sup> September, 2013, Sue Wilson, Performance and Quality Manager, submitted the revised Action Plan, which considered ways to improve health outcomes for children within Rotherham was considered.

Resolved:- That the report be noted.

### **239. ROTHERHAM REPORT CARD 2012/13**

Further to Minute No. 200 of 20<sup>th</sup> March, 2013, Clare Burton, Commissioning Officer, submitted the proposed Rotherham Report Card which was intended to inform Elected Members, colleagues and the public on how Services and outcomes for children, young people and their families were being improved in Rotherham. The Card would also raise the profile of Children and Young People’s Services, give the public a snapshot of the services that were delivered, how they were viewed and how well they performed.

The Card had been developed based on the Adult Services Local Account, a document that all local authorities were required to publish annually to inform citizens of how well Adult Social Care had performed, the challenges faces and plan for improvement to Services.

It had taken into account feedback from consultation with the Children and Young People's and Families Partnership, the Safeguarding Children and Families Services and the Schools and Lifelong Learning Service.

It was noted that the information contained within referred to the 2012/13 financial year rather than the academic year and, therefore, some of the information relating to educational establishments may be out of date. There would be a footnote stating that further updates could be found on the Ofsted website.

Resolved:- That the Rotherham Report Card be approved for publication.

#### **240. HEALTH PROFILES 2013**

John Radford, Director of Public Health, presented the Health Profile 2013 for Rotherham as published on 24<sup>th</sup> September, 2013. The headlines were:-

- The health of people in Rotherham was generally worse than the England average
- Deprivation was higher than average – approximately 11,500 children lived in poverty
- Life expectancy was 10.2 years lower for men and 6.4 lower for women in the most deprived areas of Rotherham than in the least deprived areas
- All cause mortality rates had fallen over the last 10 years – the early death rate from heart disease and strokes and fallen but was worse than the England average
- In Y6, 20.5% of children were classified as obese
- Levels of teenage pregnancy and breast feeding were worse than the England average
- Estimated levels of adult 'healthy eating', smoking and obesity were worse than the England average together with rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol-related harm
- The rate of road injuries and deaths, statutory homelessness and violent crime were better than average

Resolved:- That the report be noted.

#### **241. MULTI AGENCY REVIEW OF SERIOUS CHILD NEGLECT CASES**

Kevin Wilson, RLSCB/RMBC Quality Assurance Officer, reported, that as a result of an Ofsted recommendations following the unannounced Child

Protection Inspection in June, 2012, a multi-agency audit had been undertaken of 59 cases (59 children in 41 families) in order to address the following outline terms of reference:-

- Key trends/themes that emerge in relation to the management of cases of long term serious neglect
- Gain an understanding of what should be done to affect safe and timely case management and planning
- Identify potential impact changes to improve practice
- Identify the factors and circumstances that negatively influence decision making and risk assessment

Based upon initial findings, 2 of the most serious and long term cases were then subjected to a multi-agency case mapping exercise which were utilised in different partnership forums to share the findings of the review at an early stage. The findings had identified a number of themes:-

#### Risk Assessment

- Development of a Rotherham Risk Assessment Model - the lack of an adequate Risk Assessment Framework across Children's Services was a weakness and its omission had been criticised within Serious Case Reviews and Ofsted inspections.
- Consideration of the Strengthening Families Model for Child Protection Conferences
- Use of Graded Care Profile – fundamental tool to aid the assessment of need and risk
- Use of multi-agency chronologies on cases of significant concern

#### Care Planning

- Development of inhouse resources that clarified SMART principles and aid practitioners to incorporate them into their practice
- Establish a Task and Finish Group to review and develop a new more appropriate template for Child Protection and Children in Need plans
- Refresh the multi-agency training "Case Conferences and Core Groups" to ensure practitioners were fully understand their individual responsibilities, the process of professional challenge and the function of core group

#### Supervision

- The Social Work evidence was reflective - Team Managers to action learning sets, establish whether it was felt that there was an issue with the of recording of action

#### Consistency in Cases

- The number of changes of allocated Social Workers to children and their families should be minimised and become a Local Safeguarding Children Indicator
- The introduction of an allocation system to CP Conference Chairs to families continues and also becomes a Local Safeguarding Children

## Indicator

Resolved:- (1) That it be noted that 60% of all Rotherham children subject to a Child Protection Plan had Neglect as the main category, however, prevalence was actually higher as Neglect was a co-feature of other categories (e.g. Physical Abuse).

(2) That future commissioning of Services take account of the increasing number of children who were neglected and the Joint Strategic Needs Assessment would be key to understanding the assessed needs of the Rotherham child population.

**242. YOUTH CABINET**

The minutes of the Youth Cabinet held on 26<sup>th</sup> September, 2013, submitted for information, were noted.

**243. ROTHERHAM'S LOCAL SAFEGUARDING CHILDREN'S BOARD**

The minutes of the Rotherham Local Safeguarding Children Board, held on 14<sup>th</sup> June, 2013, were noted.

**244. ANY OTHER BUSINESS**

There was no other business to report.

**245. DATE AND TIMES OF FUTURE MEETINGS:-**

Resolved:- That a further meeting be held on Wednesday, 15<sup>th</sup> January, 2014, commencing at 2.00 p.m.





# Warm Well Families

Catherine Homer  
Public Health Specialist  
Public Health

## What we did

- Aim

To conduct an in-depth exploration of factors influencing the decisions and behaviour of households with children with asthma regarding keeping warm and well at home.

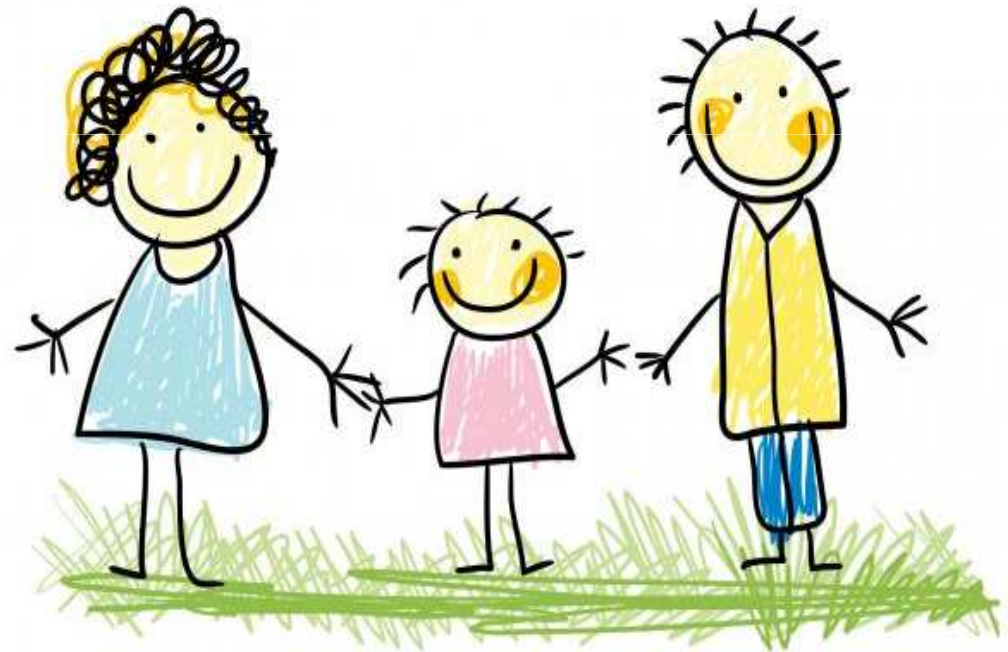
- Design

- Qualitative methods (Interviews and focus groups)
- Temperature measurements
- Data collected in winter months
- Framework Analysis



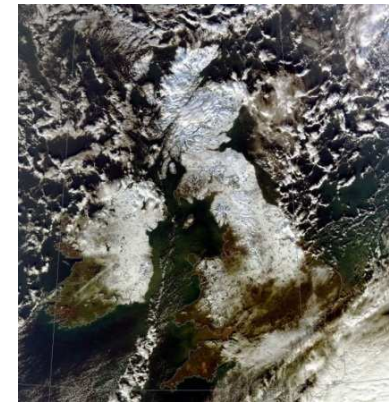
## Who we spoke to

- 17 households
- 13 staff
- Focus groups
  - 2 staff
  - 1 school children
  - 1 young adults





# Themes

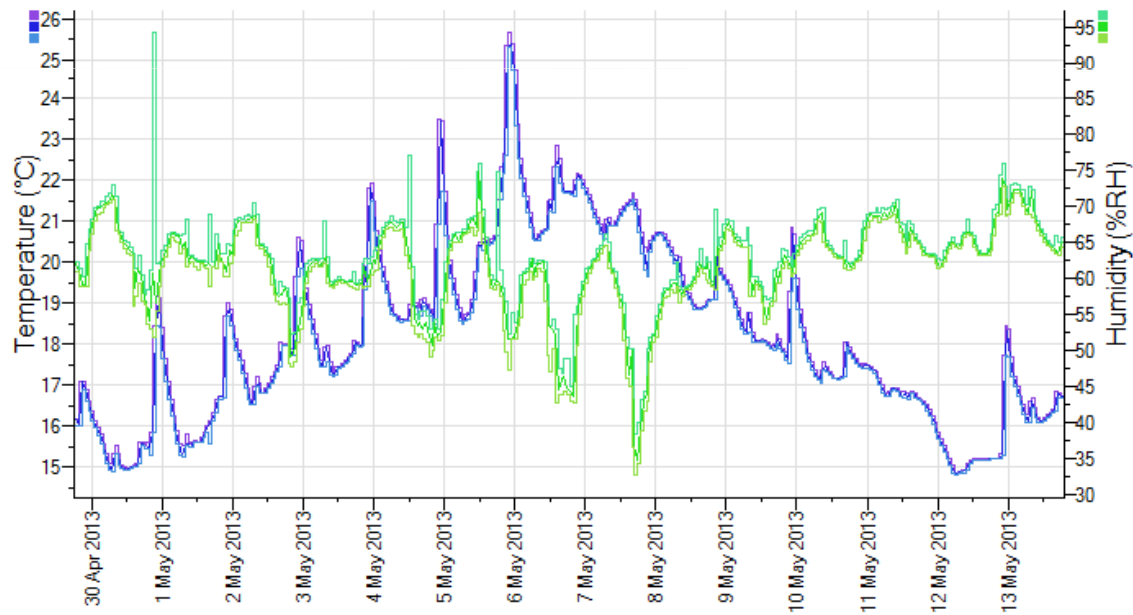




# Case Study

RP11 Bedroom

- 565260 Maximum Temperature RP11 Bedroom
- 565260 Temperature RP11 Bedroom
- 565260 Minimum Temperature RP11 Bedroom
- 565260 Maximum Humidity RP11 Bedroom
- 565260 Humidity RP11 Bedroom
- 565260 Minimum Humidity RP11 Bedroom



## The World of Parents

### Perception of Risk

- Child becoming ill
- Losing home
- Getting into debt

### Priorities & Choice

- Heat: luxury or need?
- Needs of family members
- Roof over head
- Paying the bills/balancing the budget
- Food/heating regime
- Safety of family/possessions

### Responsibility & Blame

- Child's health
- Damp/condensation/mould
- Condition of house
- Heating regime/equipment

### Fear

- Losing home
- Debt
- Child becoming ill
- Blame
- Shame or embarrassment/stigma/loss of privacy
- Being judged
- Losing control

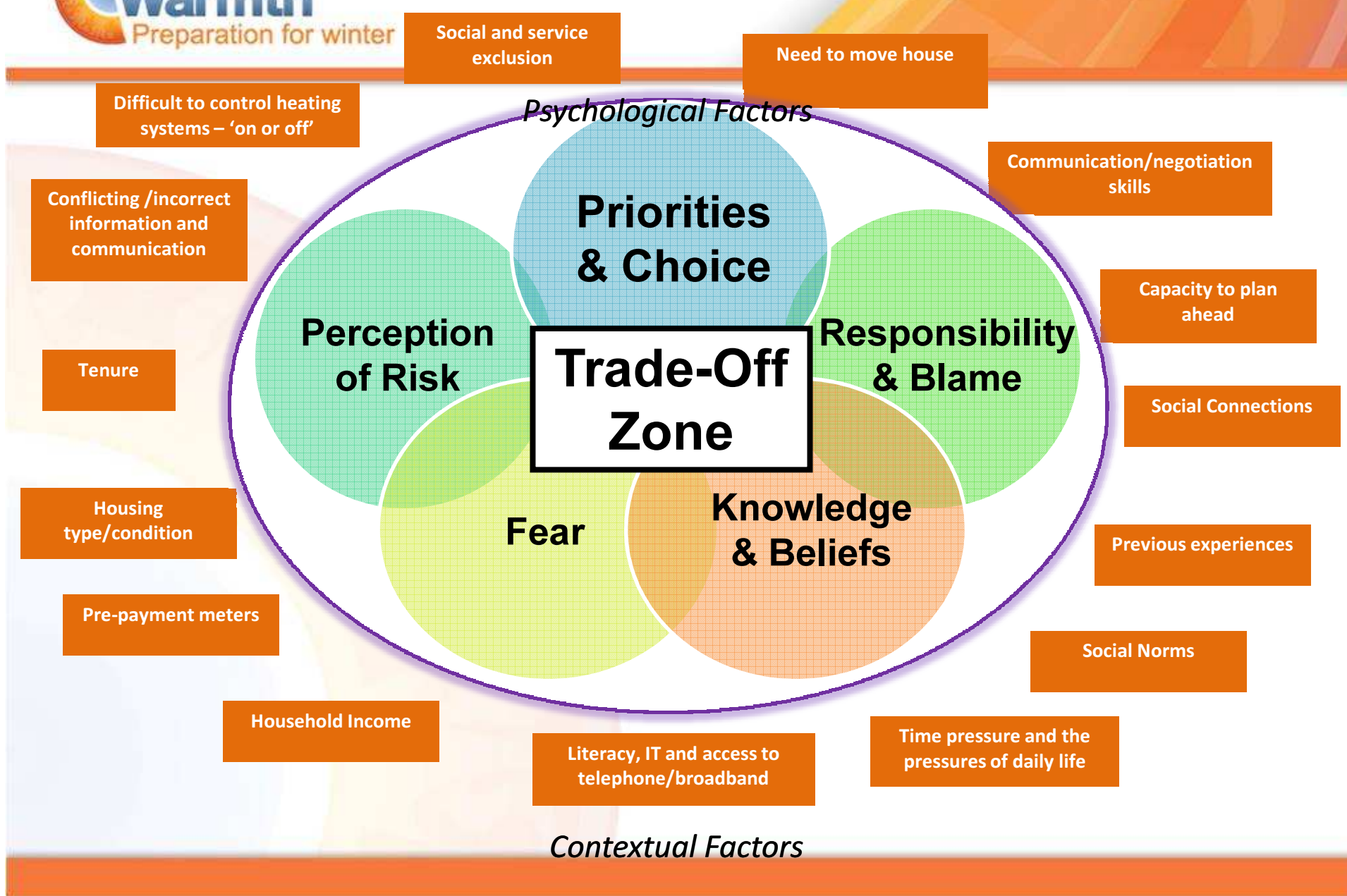
### Knowledge & Beliefs

- Causes of asthma
- Causes of mould/damp
- Cost heating and energy saving measures
- Preventative action
- Who can help
- Who to trust and not trust
- They have no choice sometimes

*Psychological Factors*



# The World of Parents



## So why is fuel poverty an issue?

- Its sometimes the reason children don't attend school
- Its sometimes the reason children are ill
- Its sometimes the reason adults are physically and or mentally unwell
- Its sometimes the reason people are in debt
- Its sometimes the reason why people are socially isolated
- Its sometimes the reason why houses seem unkempt and not looked after.

## Acknowledgements

- GROW, Parent Support Advisor Team
  - Sue Barratt and Victoria Morris
- Integrated Youth Support Service (IYSS) for arranging the young worker apprentice focus group
- Aughton Early Years Centre - Recruited parents
- Rawmarsh Children's Centre - Recruited parents
- Steve Harrison Tassibee - Recruited parents
- Education welfare officers - Recruited parents



### DON'T TAKE MY PICTURE!

Don't take my picture!  
Don't take me!  
I'm hiding over here  
Behind the big settee  
I'll cover up my face  
Cover up my head  
I'll hide in the kitchen  
Hide in the shed  
(except we haven't got a shed)  
But don't take my picture  
Don't take me!

Don't take my picture!  
Don't take me!  
I won't smile  
Or grin with glee  
I won't laugh  
Or stick up my thumb  
I won't wink  
I won't look glum  
(well, I might look a bit glum)  
But don't take my picture  
Don't take me!

Don't take my picture!  
Don't take me!  
None of your "smiles"  
Or "...after three!"  
I'll sit under a blanket  
Sit beneath a sheet  
And you can't see my face  
Or see my feet  
(well, you can, but I'm not bothered!)  
But don't take my picture  
Don't take me!  
I said don't take my picture  
Don't take me!

# Rotherham Children and Young People's Action Plan 2013 – 2016

The Children and Young People's Plan action plan underpins the Plan on a Page which was developed around six joint key priorities and is linked into the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

Lead officers, high level actions and delivery milestones have been identified for each of the six joint key priorities.

The Children and Young People's Plan was approved by the children, young people and families partnership board in September 2013 and it was agreed that a progress report on the delivery milestones would be produced on a bi-annual basis.

This is the 1<sup>st</sup> of these progress reports and each of the delivery milestones has being ranked as one of the following:

- **Green - the delivery milestone is complete and/or is exceeding the identified target**
- **Amber – the delivery milestone is ongoing and/or there are no issues with the project**
- **Red – the delivery milestone is at risk of not being delivered within the timescales identified and/or there are issues with the project**
- **No information available or no update provided**

Pages 2 of the report provides an overview of the progress of the delivery milestones under each of the priorities.

Page 3 onwards provides details on the progress of each of the delivery milestones.

Overview					
Priority	Green	Amber	Red	Blue	Total
<b>1: We will ensure children have the best start in life</b> <b>Strategic Lead/s: Frances Hunt/Joanna Saunders</b>	9	38	4	1	52
<b>2: We will engage with parents and families</b> <b>Strategic Lead/s: Sue Wilson</b>	3	13	0	0	16
<b>3: We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect</b> <b>Strategic Lead/s: Clair Pyper</b>	6	12	0	1	19
<b>5: We will focus on all children and young people making good progress in their learning and development</b> <b>Strategic Lead/s: Karen Borthwick</b>	3	24	2	0	29
<b>6: We will target support to families in greatest need to help access learning/employment opportunities</b> <b>Strategic Lead/s: Warren Carratt</b>	5	34	1	0	40
<b>Total</b>	<b>26</b>	<b>121</b>	<b>7</b>	<b>2</b>	<b>156</b>
<b>%</b>	<b>17%</b>	<b>78%</b>	<b>4%</b>	<b>1%</b>	

**Please note:** Priority 4 –“We will work with partners to eradicate child sexual exploitation” has being excluded from this progress report as this is being managed through the LSCB child sexual exploitation strategy with each partner having in place its own agency action plan to support the overall delivery of the strategy.

The Rotherham Local Safeguarding Children Board, through a specific performance management framework will ensure partners work together effectively to achieve the shared key strategic priorities for 2013 – 2016 and will review progress on the delivery of the strategy on a quarterly basis. This priority has be

<b>PRIORITY: 1</b>	<b>We will ensure children have the best start in life</b> <b>Strategic Leads: Frances Hunt, Assistant Head Of Ses: 0-7/Joanna Saunders, Head of Health Improvement – Rotherham Public Health</b>
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ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(i) We will ensure that parents receive good health information, advice and support during pre-birth and preschool	1. Rotherham midwives consistently and accurately assess levels of alcohol consumption during pregnancy by the systematic use of the screening tool Audit C	<ul style="list-style-type: none"> <li>Work to progress this with TRFT has being delayed due to the late start of the alcohol project in the hospital and due to the vacant head of midwifery service post</li> </ul>	Delivery - RFT Midwifery services  Strategy - Anne Charlesworth
	2. Rotherham Midwives, where positive audit C complete full audit and refer to specialist midwifery service	<ul style="list-style-type: none"> <li>As above</li> </ul>	
	3. Audits of mothers knowledge on infant feeding including dental health	<ul style="list-style-type: none"> <li>Audits being undertaken for compliance with UNICEF breastfeeding standards. Currently working towards achievement of Stage 3.</li> <li>Health Visitors encourage registration with local dentists</li> <li>Oral Health promotion work delivered in CC's and through Healthy Foundations through PVI and CM</li> </ul>	Delivery RFT – Maternity and Health Visiting and Children's Centres and Early Years(Mary Smith)  Strategy - Public Health Anna Clack
	4. Audits of professional knowledge on infant feeding including dental health	<ul style="list-style-type: none"> <li>As above</li> </ul>	
	5. Distribution of toothbrush and paste at 6 to 9 month checks	<ul style="list-style-type: none"> <li>Currently toothbrushes and paste are distributed with advice and support to all families by the Health Visiting team</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	6. Increase in breastfeeding initiation rates <ul style="list-style-type: none"> <li>• baseline 58% - 2012/2013</li> <li>• target 65.5% - 2013/2014</li> </ul>	<ul style="list-style-type: none"> <li>• Current accumulative figure is 61.9%</li> <li>• In June and October the hospital exceeded the target (69.4% and 65.6% respectively)</li> <li>• The challenge is maintain this target throughout the year</li> </ul>	
	7. Increase in the number of Breastfeeding Friendly Public Places in Rotherham <ul style="list-style-type: none"> <li>• baseline 61 - 2012/2013</li> <li>• target 71 - 2013/2014</li> </ul>	<ul style="list-style-type: none"> <li>• December 2013 – 81 Established Breastfeeding Friendly Public Places</li> </ul>	
	8. Maintain the number of active breast buddies of 60	<ul style="list-style-type: none"> <li>• December 2013 - 65 active breast buddies</li> <li>• In Children Centres there are currently 7 Breastfeeding Peer Support Officers and 53 trained Breastfeeding Peer Supporters. 2 more Breastfeeding Peer Supporters are completing their induction process</li> </ul>	
	9. Progress against UNICEF accreditation for Hospital and Community Services	<ul style="list-style-type: none"> <li>• Community Health Visiting Service are still at Stage 1 but will need to soon progress to Stage 2 in order to maintain their current accreditation position</li> <li>• Currently working towards stage 3 at the hospital</li> <li>• Community Health visiting services will be encouraged to work towards UNICEF accreditation as part of transformation of Health Visiting service to LA commissioning</li> </ul>	
	10. Increase the prevalence of breastfeeding at 6 – 8 weeks <ul style="list-style-type: none"> <li>• baseline 30% - 2012/2013</li> <li>• target 33.5% - 2013/2014</li> </ul>	<ul style="list-style-type: none"> <li>• Currently no data available</li> <li>• NHS England have requested this information</li> <li>• Update to be provided January 2014</li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	11. Launch and implementation of antenatal pathway	<ul style="list-style-type: none"> <li>The launch of the antenatal pathway took place on the 16<sup>th</sup> September</li> <li>Parents to be offered Pre birth visits and New birth visits</li> </ul>	RFT – Maternity and Health Visiting
	12. Review Children’s Centres registration process to enable more families to receive information about Children’s Centres services	<ul style="list-style-type: none"> <li>Discussions are taking place with health colleagues on how communication between partners can be improved in relation to the “pink slip” system for midwives, health visiting and Children’s Centres</li> </ul>	Children’s Centres and Early Years (Mary Smith)
	13. Increase in Safe Sleeping Action Plans completed <ul style="list-style-type: none"> <li>baseline 81% - 2012/2013</li> <li>target 85% - 2013/2014</li> </ul>	<ul style="list-style-type: none"> <li>Full review and audit to be completed March 2014</li> </ul>	
	14. Maintain access and uptake of Healthy Start Scheme including maternal and children’s vitamins <ul style="list-style-type: none"> <li>4% women</li> <li>1% children</li> </ul>	<ul style="list-style-type: none"> <li>Currently establishing systems for ordering vitamins since the changes to NHS structures</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S																									
	<p>15. Fall in number of mothers who smoke at delivery</p> <p>Smoking in pregnancy trajectory</p> <table border="1" data-bbox="539 403 1144 746"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>21.2</td> <td>20.9</td> <td>20.6</td> <td>20.3</td> </tr> <tr> <td>2012/13</td> <td>20</td> <td>19.7</td> <td>19.4</td> <td>19.1</td> </tr> <tr> <td>2013/14</td> <td>18.8</td> <td>18.5</td> <td>18.2</td> <td>17.9</td> </tr> <tr> <td>2014/15</td> <td>17.6</td> <td>17.3</td> <td>17</td> <td>16.74</td> </tr> </tbody> </table> <p>16. Higher percentage of mothers who successfully give up smoking (baseline 45% of those who set a date to quit smoking are successful)</p>		Q1	Q2	Q3	Q4	2011/12	21.2	20.9	20.6	20.3	2012/13	20	19.7	19.4	19.1	2013/14	18.8	18.5	18.2	17.9	2014/15	17.6	17.3	17	16.74	<p>Update December 2013</p> <ul style="list-style-type: none"> <li>• 13/14 Q1: 18.7%</li> <li>• 13/14 Q2: 20.4%</li> <li>• Although performance is above the target trajectory it is still delivering the second lowest rates of smoking at delivery in South Yorkshire</li> <li>• Additional steps have been implemented in November that should strengthen the pathway <ul style="list-style-type: none"> <li>○ Clinic lists now established for the service</li> <li>○ Dedicated clinic room to deliver service</li> </ul> </li> <li>• In addition the service will become part of the midwifery service in April 2014, which should see additional benefits in terms of the ownership of the stop smoking agenda throughout the team</li> </ul> <p>End Sep 2013 - 48.13% quit rate for pregnant women</p>	<p>Delivery - RFT</p> <p>Strategy - Alison Iliff</p>
	Q1	Q2	Q3	Q4																								
2011/12	21.2	20.9	20.6	20.3																								
2012/13	20	19.7	19.4	19.1																								
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2014/15	17.6	17.3	17	16.74																								

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(ii) We will provide support for new parents including help to develop their child's communication and language, social, emotional and physical development from birth	17. Parents of children in children's centres are effectively using "I Can/Thrive" strategies to support the development of their child's communication, language and PSED – impact on children's ages and stages	<ul style="list-style-type: none"> <li>• Thrive strategies are continuing to be used with parents in Children Centres, in order for them to help develop their child's emotional and social development</li> <li>• Aughton Early Years Centre is piloting work with PVI early years settings. They have two early years' practitioners that have been trained as trainers from the I CAN organisation. They are now training early year's practitioners in PVI settings in the Aston Learning Community, in order that these early years' practitioners can then train parents on how to support and develop their child's communication and language skills at home. This is a model that through 2014 we would like to cascade to other Children Centres and PVI settings</li> <li>• Parent workshops are planned for the new year</li> </ul>	Frances Hunt Mary Smith
	18. The new joint 2 year old Health and Education Review (Integrated joint Health/Education assessment) involving health colleagues, children centre early years practitioners, the private and voluntary sector early education and childcare providers and parents will be piloted in the Aughton Early Years children centre reach area	<ul style="list-style-type: none"> <li>• Completed</li> </ul>	
	19. Rollout to all children's centres by September 2013	<ul style="list-style-type: none"> <li>• This has been rolled out to Children's Centres</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	20. Rollout to all PVI by September 2014	<ul style="list-style-type: none"> <li>This is in the process of being rolled out to the private and voluntary childcare providers</li> </ul>	
	21. Pilot with child minder's by September 2014 in preparation for a phased roll out to other areas	<ul style="list-style-type: none"> <li>This has been discussed with a small group of childminders to explore how the model could be adapted to include childminders</li> </ul>	
(iii) We will continue to develop activities for all families that promote healthy eating and lifestyles	22. March 2016 - 55% of schools to have implemented a healthy packed lunch policy	<ul style="list-style-type: none"> <li>91 schools have a 'Food in schools Policy' which incorporates all food provision including packed lunches</li> <li>Specific mention of packed lunches to be part of future Healthy Schools Re-accreditation (Whole School Review) update process</li> </ul>	Kay Denton-Tarn
	23. Overweight and obesity in primary school age children in reception and year 6 will decrease (measured by National Child Measurement Programme)	<ul style="list-style-type: none"> <li>Good performance in NCMP for reception year children, where Rotherham has made significant progress in reducing the number of children who are overweight or obese</li> <li>Progress at year 6 continues to improve with Rotherham now achieving the England average</li> </ul>	Delivery - RFT, Clifton Lane Medical Centre, MoreLife Ltd, DC Leisure  Strategy - Joanna Saunders
	24. Targets to be established in new service specifications for achievement of reduction in weight or weight maintenance for children accessing weight management services	<ul style="list-style-type: none"> <li>Specification currently being re worked, prior to recommissioning of services</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	25. Improve school meal process and promote service	<ul style="list-style-type: none"> <li>• New menus have been provided to all parents either electronically or paper copy. The switch to the banded meal system continues with the improved meal take up it provides</li> <li>• Marketing for the provision of free school meals for the under 7 children will start during the spring term</li> </ul>	Ron Parry
	26. Increase uptake of school meals (baseline 2012/2013 – 17,083 meals per day)	<ul style="list-style-type: none"> <li>• This is an annual measure and comparative statistics unavailable until April</li> <li>• The service continues to increase the take up of meals in the primary and secondary sectors</li> </ul>	
	27. Maximise health impact school meals can have on children and young people	<ul style="list-style-type: none"> <li>• Menus analysed for nutrient content continue to be provided enabling a balanced diet to be available</li> </ul>	
(iv) We will ensure that every child is registered on the Child Health Information System and increase awareness with parents/carers about the childhood vaccination programme	28. Achieve above 90% across all areas of the childhood vaccination programme	<ul style="list-style-type: none"> <li>• The Childhood and adolescent vaccination programme continues to maintain above 90% coverage for all the childhood vaccinations with a slight variation for MMR which in the second quarter achieved 89.9%.</li> <li>• There is no data collection on HPV over July and August and performance is best reviewed annually. The last annual survey for receiving all three doses was 91.5%</li> <li>• The new vaccine for Rotavirus has only recently been introduced and therefore a more accurate reflection of coverage will be available further into delivery of the programme</li> </ul>	Di Birkinshaw Fiona Jorden Kathy Wakefield Richard Hart

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	29. Ensure all children are registered on the Child Health Information System	<ul style="list-style-type: none"> <li>This is standard practice – all known children are registered on the Child health System</li> </ul>	
	30. Ensure babies identified at increased risk from TB or Hepatitis B is appropriately vaccinated. Follow up DNA's to maximise protection	<ul style="list-style-type: none"> <li>Systems are in place to pick up vulnerable children</li> </ul>	
	31. Work with NHS England Area Team to ensure the appropriate commissioning of immunisation services	<ul style="list-style-type: none"> <li>Work is ongoing in this area</li> </ul>	
(v) We will ensure that every child is registered to a dentist in their local area and increase awareness with parents/carers to ensure attendance at dental health appointments	32. Ensure that an increasing proportion of children regularly attend a dentist	<ul style="list-style-type: none"> <li>The number of children attending a dentist in the two year period up to 31 March 2013 was 74.0</li> <li>The number of children attending a dentist in the two year period up to 30 June 2013 was 73.9% and up to 30 September was 74.0%.</li> <li>The corresponding numbers were 41,470 and 41,439 and 41,482 so there has been a very small increase in access in the most recent figures</li> </ul>	Community Development Structure NHS England/ Oral Health Promotion/ Dental Public Health
	33. Identify children with special needs as early as possible, to enable an appropriate dental health preventive programme to be initiated for each child as early as possible	<ul style="list-style-type: none"> <li>Children with special needs are referred to the CDS by Paediatricians, school nurses and health visitors</li> <li>Health professionals area aware of the referral pathway</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	34. Increase knowledge and awareness of parents/carers to ensure dental disease is prevented as far as possible through sound dietary patterns and oral hygiene practices as part of everyday life	<ul style="list-style-type: none"> <li>Oral Health promotion are working with early years providers</li> </ul>	
(vi) We will reduce teenage pregnancy	35. Increase the availability of support for those at risk of becoming teen parents	<ul style="list-style-type: none"> <li>As part of an internal review of teenage pregnancy provision a teenage pregnancy plan is being developed and outlines targeted support aimed primarily at focussed intervention for looked after young people and care leavers in addition to those attending PRUs and other alternative education provision</li> <li>Target and plan to be submitted by February 2014</li> </ul>	
	36. Increasing breadth of access to contraception in the community	<ul style="list-style-type: none"> <li>To offer free Emergency Hormonal Contraception to 14-16 year olds within Pharmacies in the Borough. (It is already available for over 16's) a Paper has been produced and presented at various Management groups including Safeguarding Board and C&amp; YP Board and has been initially approved</li> <li>An automatic referral process to IYSS and Youth Clinics is being developed to ensure safeguarding and ongoing regular contraception and other issues are discussed</li> </ul>	<p>Ann Berridge H&amp;WB Lead IYSS</p> <p>Anna Clack Public Health</p>

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	37. To engage teenage parents to provide education, advice and support around relationships and sexual health to prevent further (second time) teen pregnancies	<ul style="list-style-type: none"> <li>Intensive support interventions, including the Family Nurse Partnership and the GROW teenage pregnancy service work, to prevent second pregnancies by educating, supporting and advising teen families</li> <li>IYSS provide a dedicated youth support worker to improve aspirations and access to education and the Rowan centre also contribute to this work</li> </ul>	
(vii) We will improve the mental health of children and young people by promoting resilience and mental wellbeing, and providing early and effective evidence based interventions for those who need it	38. Implementation of evidence based interventions for children and young people experiencing mental health issues and linking into locality based provision	<ul style="list-style-type: none"> <li>Task and Finish Group of the Suicide Prevention and Self-Harm Group working on a self-harm pathway to be used by Universal workers who have contact with children and young people who self-harm.</li> <li>Continued roll out of Youth Mental Health First Aid Training (Rotherham Public Health)</li> <li>Third Targeted Mental Health in Schools Conference held 15<sup>th</sup> November which raised awareness of a variety of mental health topics and services available to schools to support families and young people</li> </ul>	Ruth Fletcher-Brown Barbara Murray Sara Graham Sarah Whittle Simon Priest
	39. Increased easy access to mental health and emotional well-being services and interventions for children and young people	<ul style="list-style-type: none"> <li>Work is ongoing with the production of Top Tips, directory of mental health/emotional health services, flowchart and referral guidelines all of which will be launched with universal workers from January 2014</li> <li>Youth Cabinet Manifesto 2013-2014 looking at improving information to young people on self-harm and working with services to improve access</li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	40. Increase access to counselling through provision of drop –in sessions including self-referral for secondary school students	Currently providing drop-in sessions as follows in secondary schools: <ul style="list-style-type: none"> <li>○ Dinnington – 1 per week</li> <li>○ Maltby – 2 per week</li> <li>○ St Bernards – 1 per week</li> <li>○ Swinton – 1 per week</li> <li>○ Wath – 2 per week</li> <li>○ Wingfield -1 per week</li> <li>○ Winterhill – 2 per week</li> <li>○ Wales – 1 per week</li> </ul>	
	41. Sustained delivery of 1:1 mental health support and counselling by Rotherham & Barnsley Mind in Rotherham Schools, including primaries	Currently working with: <ul style="list-style-type: none"> <li>○ 10 secondary schools</li> <li>○ 1 PRU</li> <li>○ 15 primary schools (this will rise to 17 in January 2014)</li> </ul>	
	42. Continue to improve the transition for children and young people from CAMHS to adult services	<ul style="list-style-type: none"> <li>● This is covered in a CQUIN for 2013/14</li> <li>● RDaSH still have some work to do to improve the transition process</li> <li>● They use peer support workers to help with this process</li> </ul>	
(viii) We will have robust and effective joint commissioning of services. These include maternity, hospital and community services for ill children including those with complex health needs, continuing care needs and child and adolescent mental health services	43. Continue to support the A & E initiative where children who are presented at A & E are seen by a CAMHS clinician within 48 hours 24/7	<ul style="list-style-type: none"> <li>● This KPI is monitored on a monthly basis</li> <li>● RDaSH have met this KPI for 2 of the last 3 months and maintain that where they failed this was a data quality issue</li> </ul>	Sarah Whittle
	44. Implementation of the maternity tariff which will increase the link between payment and quality of care, therefore improving best clinical practice and better patient outcomes	<ul style="list-style-type: none"> <li>● Tariff commenced in March 2013 in line with national target</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(CAMHS)	45. Implementation of national service specification for asthma, epilepsy and diabetes which will raise the quality of care for long term conditions	<ul style="list-style-type: none"> <li>• Asthma – completed</li> <li>• Diabetes – completed</li> <li>• Epilepsy – guidance is not available</li> <li>• Further pathways are also being explored as part of this work stream</li> </ul>	
	46. Monitoring of the percentage of CAMHS staff accessing safeguarding training	<ul style="list-style-type: none"> <li>• Monitor figures relating to the percentage of CAMHS staff who access safeguarding training, but these are for RDaSH as a whole and not just the Rotherham services</li> </ul>	
	47. Supporting care closer at home by investing in the paediatric community nurse team	<ul style="list-style-type: none"> <li>• A programme of work has been developed to deliver care closer to home – this work remains ongoing</li> </ul>	
	48. Training of staff in commissioned services to deliver psychological therapies to children and young people	<ul style="list-style-type: none"> <li>• This is happening through the CYP IAPT initiative which involves RDaSH CAMHS</li> </ul>	
	49. Work with partner organisations to roll out a core service offer for children 0 – 5 to ensure children get the best start in life	<ul style="list-style-type: none"> <li>• Birth and beyond programme of care has been agreed in principle, however further work/initial investment is required to move this work stream forward</li> </ul>	
	50. Ensure there is adequate provision to enable eligible children to take up a place	<ul style="list-style-type: none"> <li>• Capital funding has been awarded to 10 providers to create 359 new 2 year old places in areas of need</li> <li>• Analysis of 2013 sufficiency data is currently being undertaken to identify additional areas where new places are needed for 2014 and where capital funding will be awarded</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
<p>(ix) We will ensure that all parents of all eligible children are aware of and supported to take up their 2 year old early education entitlement</p>	<p>51. Ensure that eligible parents are aware of their entitlement through direct contact and through partner organisations</p>	<ul style="list-style-type: none"> <li>• The DfE now provides details of eligible children on a termly basis</li> <li>• The Families Information Service (FIS) makes contact with families to raise awareness of the entitlement</li> <li>• In addition promotional banners are being produced for all childcare providers to promote availability of free places</li> <li>• Ongoing communication takes place with childcare providers and partner organisations to support the promotion of awareness raising Posters and Banners have been produced and are being distributed throughout community venues</li> </ul>	<p>Mary Smith</p>
	<p>52. Work with Children's Centre to support families to take up their entitlement</p>	<ul style="list-style-type: none"> <li>• The FIS shares the information on eligible children with Children's Centres so 1:1 support can be provided to support parents to take up their entitlement where needed</li> </ul>	

**PRIORITY: 2**

**We will engage with parents and families  
Strategic Lead: Sue Wilson, Performance & Quality Manager**

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
<p>(i) We will identify and work with families at the earliest stages of need to allow them to stay empowered, to take responsibility for their own situations, to build resilience, and enable them to regain control and become independent of services</p>	<p>1. Develop a performance management framework for Early Help within the LA (August 2013)</p>	<ul style="list-style-type: none"> <li>This has been developed and endorsed by the TFSG and the LSCB</li> <li>Population of the dashboard is now on-going</li> </ul>	<p>Warren Carratt Mary Smith</p>
	<p>2. Development of a clear and easy to understand 'local offer' of education, health and social care services to support children and young people with SEN and their families to meet the 0 – 25 SEN Code of Practice (September 2014)</p>	<ul style="list-style-type: none"> <li>0-25 EHC plan currently being drafted</li> </ul>	
	<p>3. Established an Early Help Support Panel to provide a point of escalation for "stuck" families (June 2013)</p>	<ul style="list-style-type: none"> <li>Panel has been established, and will be reviewed on a 6 monthly basis</li> </ul>	
	<p>4. Provide an annual review of the progress made and identify gaps (March 2014)</p>	<ul style="list-style-type: none"> <li>Report to be submitted to the Thinking Families group in March 2014</li> </ul>	
	<p>5. Review the effectiveness of the Early Help Prospectus offer and report to the LSCB on partner engagement (March 2014)</p>	<ul style="list-style-type: none"> <li>Report to be submitted to the Thinking Families group in March 2014</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(ii) We will develop customer feedback and the voice of the child throughout the partnership ensuring their views, feelings and wishes inform future service delivery and improvement	6. Work to take place with key partners to ensure that systems are in place to capture the voice of the child and their families	<ul style="list-style-type: none"> <li>• Focus has been on safeguarding, children and families in CYPS following the OFSTED inspection of July 2012, improvements have been made to Fostering and Adoption Services and work is now focussing on the Safeguarding elements of the service</li> <li>• Work will be rolled out during 2014 with partners to ensure that they have mechanisms for collecting, recording and evidence the work they do with children and how their voice feeds into the work they do</li> <li>• Report to be provided in March 2014 detailing progress and including examples</li> </ul>	Sue Wilson
(iii) We will improve parent and carer satisfaction by implementing the Charter for Parent and Child Voice across schools, children's centres, early years settings and services	7. Every Rotherham school and service to be working towards the Charter (in some way) by 2015	<ul style="list-style-type: none"> <li>• 8 schools and settings are currently championing the Charter</li> <li>• 22 schools and settings are working through the full process</li> <li>• 41 schools and settings are either working through the full process, have expressed an interest/requested consultations, have made a commitment to beginning the full process at some stage in the future or have declared their commitment to the principles</li> <li>• The Charter principles will underpin the LA Local Offer as a way of working so it is hoped that there will be at least commitment to the principles by all schools and settings</li> </ul>	Jayne Fitzgerald Rotherham Parent/Carer Forum

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(iv) We will work together to support young carers and their families to ensure that they are identified and provided with the appropriate support	8. Identify and evaluate what support Integrated Youth Support (IYSS) offer young carers	<ul style="list-style-type: none"> <li>• Currently in the process of providing carers' card to young people who may be caring for someone via the schools, this scheme will be introduced by March 2014</li> <li>• IYSS Young Carers lead identified and pathway development work underway</li> <li>• Closer support and integrated working to be achieved by end of January 2014</li> </ul>	Showkat Ali Kay Denton Paul Theaker Rachel Nicholls
	9. Promote a Family CAF to identify health needs and wider Early Help support for young carers	<ul style="list-style-type: none"> <li>• FSW in Children's Centres use pre CAF as the assessment tool and log with the CAF team</li> </ul>	
	10. Run short courses for young carers (e.g. cookery classes)	<ul style="list-style-type: none"> <li>• Refurbished Restaurant and Training kitchens at Rotherham College town centre campus</li> <li>• RCAT looking towards working with colleagues at RMBC to deliver training and/or short sessions for young carers to help them prepare and cook meals in 2014</li> </ul>	
	11. Support the Rotherham UK Youth Parliament Members in developing a Young Carers Card – to be reviewed September 2013	<ul style="list-style-type: none"> <li>• Young Carer's card launched September 2013</li> </ul>	
(v) We will ensure Children & Young People's Services delivering the spectrum of universal to complex services make the best possible use of the specialist substance	12. Ensuring CYPS systematically screen on drug and alcohol use making referrals and asking for specialist help at the earliest possible stage	<ul style="list-style-type: none"> <li>• This is now included in the updated family CAF</li> </ul>	Delivery – CYPS Strategy - Matt Pollard RDASH, Neil Power, CAHMS RDASH

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
misuse services	13. Substance misuse services engagement with core groups, and reviewing processes including specialist Midwifery Services	<p>Core Group Input</p> <ul style="list-style-type: none"> <li>• The drug and alcohol services staff as a whole team attend and participate in an increasing number of child in need and safeguarding core groups/conferences</li> <li>• Of all the staff the specialist TRFT midwives – particularly since their staffing levels have declined due to maternity leave attend more such meetings than most of their colleagues</li> <li>• There is positive feedback from colleagues in the Local Authority and within specific services (such as the Family Intervention Programme) regarding the contribution made by the service staff in such cases</li> </ul>	Delivery - Public Health Strategy – CYPS
(vi) We will support services working with adults who are misusing substances, and who also have children to engage in family based activities as part of their recovery	14. Continue to expand and support families in attending at venues such as the funky monkey recovery café	<p>Family Orientated Recovery</p> <ul style="list-style-type: none"> <li>• The funky monkey café has been used by a small number of service users attending with children in their care</li> <li>• This has been positive for both the children and adults but has been a cause of concern at times given the open nature of the group</li> <li>• Suggestions were put to the group that alternative premises might be beneficial but there was concern from service users about moving away from the service base</li> <li>• During November 2013 the group has temporarily relocated to a Town Centre premises away from the drug/alcohol services base (Clearways) because of significant highways construction around the building.</li> </ul>	Delivery - Matt Pollard RDASH  Strategy - Anne Charlesworth

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
		<ul style="list-style-type: none"> <li>• There has been very positive feedback from service users on this move and this has deterred the very small number of service users who had attended the session inappropriately (intoxicated), strengthening the Recovery focus</li> <li>• The group appears already to feel more ownership and control of the café and with RDaSH support and that of partner agencies including Lifeline, may be close to making the group genuinely service user led which would support more family orientated sessions</li> </ul>	
	15. Encourage families to attend events such as the regional celebration of recovery	<ul style="list-style-type: none"> <li>• Regional Recovery Celebrations for this year are 'Recovery Frost' (Dec 13) unfortunately this will not be attended by local Service Users as the local 'recovery Ball' is the night before</li> <li>• Service Users are currently being supported to bid for monies to run Funky Monkey café themselves; this would then be built on to create a family environment</li> </ul>	
	16. Maintain and expand the women's group and child care provision	<ul style="list-style-type: none"> <li>• The women's group with crèche facility continues to run at the Clearways premises weekly and provides a one stop shop for women with young children/who are pregnant to have medical and key worker input alongside one of the specialist midwives</li> <li>• The group has been structured more over the last 12 – 18 months to provide a range of educational, entertaining and socially "normalised" outlets for the women who attend and also for their children</li> </ul>	



<b>PRIORITY: 3</b>	<b>We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect</b> <b>Strategic Lead: Clair Pyper, Interim Director of Safeguarding Children and Families</b>
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ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(i) We will maximise opportunities for early intervention and prevention approaches to alcohol and substance misuse across the partnership	1. All partners who deliver alcohol messages to adopt the single alcohol message and ensure delivery reflect this	<ul style="list-style-type: none"> <li>• Single message and E-learning has been previously shared with partners – request sent for eLearning and single message to be included in IYSS newsletter, Healthy Schools and voluntary action Rotherham and requested to share with all</li> <li>• Talk delivered to supporting people provider's forum to raise awareness</li> <li>• Talk to EWO scheduled for 08/01/14</li> </ul>	Delivery – Mel Howard  Strategy - Anne Charlesworth
	2. Partners to have completed and promote Call it a Night (CIAN) e learning	<ul style="list-style-type: none"> <li>• Please see above</li> </ul>	
	3. Re instate the substance misuse scenario in Crucial Crew	<ul style="list-style-type: none"> <li>• Awaiting response from SY Police</li> </ul>	
	4. Re-commission tier 2 alcohol services to deliver more preventative work and Training/education opportunities	<ul style="list-style-type: none"> <li>• Service operational</li> <li>• Lifeline were successful in the tender process, this specification includes capacity for training workforces (for personal and professional awareness) and 4 half day sessions are to be included in the Early Interventions training prospectus for 2014/15</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(ii) We will ensure adult substance misuse services are undertaking appropriate safeguarding checks with all clients, including undertaking home visits as necessary within the agreed protocols	5. Annual audit process - to monitor compliance with existing safeguarding protocols	<ul style="list-style-type: none"> <li>• Most recent audit completed but showing slight decrease in performance</li> <li>• Repeat audit of safeguarding checks has shown that while numbers /quality is increased from baseline 2 years ago there has been a slight downshift since the audit in 2012.</li> <li>• Actions already implemented with plan to re-audit before end March 2014</li> </ul>	<p>Delivery - Matt Pollard RDaSH</p> <p>Strategy – Anne Charlesworth</p>
(iii) We will maintain the Know The Score specialist young people's service and capacity. Enabling continued delivery of both casework with individual young people using substances, supporting CYPS and schools in delivering preventative messages	6. Enhance tier 1 + 2 reporting	<ul style="list-style-type: none"> <li>• Transition plan for KTS into CAMHs re developed and under close performance monitoring</li> </ul>	<p>Delivery - Matt Pollard RDaSH, Neil Power, CAHMS RDASH</p> <p>Strategy – Anne Charlesworth</p>
	7. Maintain tier 3 treatment data and level	<ul style="list-style-type: none"> <li>• Service currently responding to changing local needs</li> </ul>	
	8. Secure funding for 2014/15	<ul style="list-style-type: none"> <li>• No current plans to reduce service</li> </ul>	
(iv) We want to identify baseline information on the percentage of cases of children in the CAF and broader social care process where parent/carer substance misuse is a concern	9. 2013/14 to establish a mechanism for collecting this information and establishing a baseline, going on to identify the trends of substance of choice, level of use, referrals onto services and the overall level of the presenting issue. Using this information to subsequently plan to meet the need. For example provision of alcohol identification and brief advice training to all social care staff and lead professionals in the CAF process	<ul style="list-style-type: none"> <li>• Agreement has been made that the FCAF will be amended to reflect separate reporting boxes for drugs and alcohol, there will also be an additional box to note the AUDIT score</li> <li>• Training will be given to those completing FCAF via an update meeting scheduled 14/01/14 and via embedded training in the Early Interventions training prospectus</li> <li>• The AUDIT tool has been 'localised' and will form part of the FCAF package and training</li> </ul>	<p>Warren Carratt</p> <p>Anne Charlesworth</p>

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	10. 2014/15 onwards to look towards reducing or at least maintaining this position as established	<ul style="list-style-type: none"> <li>To be reviewed in 2014</li> </ul>	
(v) We will continue to develop domestic abuse awareness in schools and children's centres	11. Promote agencies where support and advice can be sought	<ul style="list-style-type: none"> <li>Help and advice posters for schools to display to staff and parents/carers have contact details for DA on them</li> </ul>	Kay Denton-Tarn
	12. Promote appropriate resources e.g. 'Expect Respect' Women's Aid curriculum resource, to all phases	<ul style="list-style-type: none"> <li>Updated the primary scheme of work for PSHCE to include links to Expect Respect resource</li> <li>This is Abuse campaign materials sent to secondary phase schools.</li> </ul>	
(vi) Deliver training to the children and young people's workforce to raise awareness of the impact of domestic abuse on children and young people	13. April 2013 - launch of the Early Help Prospectus for low level DA training, and the RLSCB Prospectus for Module 2 training	<ul style="list-style-type: none"> <li>This has been included and training will continue in 2014/15</li> </ul>	Warren Carratt
	14. Next milestone will be September 2013 and six months thereafter, reviewing progress of update and evaluation on a regular basis	<ul style="list-style-type: none"> <li>Progress has been reviewed and reported into the LSCB</li> </ul>	
(vii) We will work together to safeguard children and young people by identifying signs of neglect and taking appropriate action and support to prevent escalation	15. July 2013 – improved step down of CIN/CP cases into early help by utilising Troubled Families contracts (YWCA)	<ul style="list-style-type: none"> <li>Provision has been commissioned until March 2014 to help facilitate step down from CART onto Early Help</li> <li>Step down processes have been firmed up and training has taken place with social workers</li> <li>Monthly allocation meetings taking place in localities to facilitate step down for families meeting FfC Criteria</li> </ul>	Warren Carratt

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	16. August 2013 – Analysis of long term neglect case longitudinal study following multi-agency review of selected cases	<ul style="list-style-type: none"> <li>Review has taken place</li> <li>Report received by LSCB and CYP&amp;FP</li> <li>Next steps have been included in the CYPS improvement plan</li> </ul>	
	17. August 2013 – Establishment of Early Help Support Panel to ensure robust packages of support are in place where neglect is manifestation of need  (Linked to priority 2 delivery milestone 3)	<ul style="list-style-type: none"> <li>Panel has been established, and will be reviewed on a 6 monthly basis</li> </ul>	
	18. September 2013 - Improved performance management systems in place to capture step down to Early Help Assessment Team where contacts are made to CART	<ul style="list-style-type: none"> <li>Early Help Dashboard has been developed and endorsed by the TFSG and the LSCB.</li> <li>Population of the dashboard is now on-going</li> </ul>	
	19. September 2013 – consultation of draft local protocol, which will provide a localised approach to multi-agency safeguarding practices	<ul style="list-style-type: none"> <li>Local Protocol – CMAP (Child’s Multi-agency Assessment Protocol) is out to consultation and will be tabled at December LSCB for further discussion.</li> </ul>	

**PRIORITY: 5**

**We will focus on all children and young people making good progress in their learning and development**  
**Strategic Lead: Karen Borthwick, Head of School Effectiveness Service**

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(i) We will support the Learners First school partnership group to deliver their mission of <ul style="list-style-type: none"> <li>▪ all students making at least good progress;</li> <li>▪ no underperforming cohorts;</li> <li>▪ all teachers delivering at least good learning;</li> <li>▪ all school moving to at least the next level of successful performance</li> </ul>	1. All schools to be judged by OFSTED as good or outstanding overall effectiveness grade within the next three years	<ul style="list-style-type: none"> <li>• As of 31/08/2013 73% of all schools judged to be good or outstanding for overall effectiveness compared to the national average of 78%. (Data source – OFSTED Data View)</li> <li>• (Aug 2013 is latest data available, new dataset will be published March 2014)</li> </ul>	Karen Borthwick Dorothy Smith
	2. All schools to be judged by OFSTED with a good or outstanding quality of teaching grade within the next three years	<ul style="list-style-type: none"> <li>• As of 31/08/2013 73% of all schools judged to be good or outstanding quality of teaching compared to the national average of 78%. (Data source – OFSTED Data View)</li> <li>• (Aug 2013 is latest data available, new dataset will be published March 2014)</li> </ul>	
	3. Continue increase the OFSTED grade of PVI childcare provision	<ul style="list-style-type: none"> <li>• November 2013 - Super group is 74%, compares with 76% national</li> <li>• Rotherham's performance is an increase on previous years</li> </ul>	
	4. Increase uptake of 2,3,4 year old early education provision	<ul style="list-style-type: none"> <li>• September 2013 - Take-up of 2 year old early education was at 78%</li> <li>• Summer term 2013 - Take-up of early education by 3/4 year olds was at 97%. This is an increase of 6.5% on the same period in 2012/13 (based on local data)</li> </ul>	

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	5. No secondary schools below the DfE floor standard in 2013	<ul style="list-style-type: none"> <li>In 2013 one secondary school was below the DfE KS4 floor standard. This school was also below in 2012. An Executive Head solution is in process</li> </ul>	
	6. Reduce the FSM gap to the national average FSM gap by 2013	<ul style="list-style-type: none"> <li>In 2013 attainment for pupils eligible for pupil premium (PP) at 5+A*-C inc E&amp;M is 41.7%, the attainment gap to pupils not eligible for PP is 31.8%</li> <li>National averages for attainment of pupils eligible for PP is 41.0% the attainment gap to pupils not eligible for PP is 26.3%. The Rotherham gap is 5.5% above the national gap.</li> <li>In 2013 the proportion of pupils eligible for pupil premium (PP) achieving L4+ reading, writing and mathematics combined is 59.0% against a national average of 63%. The Rotherham average gap is 1% above the national gap</li> </ul>	
	7. Reduce the number of primary schools below the new DfE floor standard to 5 schools in 2013	<ul style="list-style-type: none"> <li>The number of primary schools below the new floor standard has reduced from 9 in 2012 to 6 in 2013</li> <li>Two of the schools below the new floor standard are sponsored primary academies</li> </ul>	

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	8. To be in line with the national average in the expected levels of progress from the end of KS2 to KS4 in mathematics in 2013	<ul style="list-style-type: none"> <li>• KS2-KS4 progress by 3 levels in mathematics increased by 4.3% to 70.3%</li> <li>• National averages increased by 1.7% to 70.7%</li> <li>• Rotherham has reduced the gap to national averages to 0.5%</li> </ul>	
	9. To continue to exceed the national average in the expected levels of progress from the end of KS2 to KS4 in English	<ul style="list-style-type: none"> <li>• KS2-KS4 progress by 3 levels in English increased by 3.3% to 75.3%</li> <li>• National averages increased by 2.1% to 70.1%</li> <li>• Rotherham exceeds the national average by 5.2%</li> </ul>	
	10. To reduce the gap in the expected levels of progress from the end of KS1 to KS2 in reading, writing and mathematics to within 2% of the national average in 2013 and in line with the national average in 2014	<ul style="list-style-type: none"> <li>• KS1-KS2 progress by 2 levels in reading decreased by 3% to 83%. National averages decreased by 2% to 88%, the gap to national averages increased by 1% to 5%</li> <li>• KS1-KS2 progress by 2 levels in writing increased by 1% to 89%. National averages also increased by 1% to 91%, the gap to national averages remains at 2%.</li> <li>• KS1-KS2 progress by 2 levels in mathematics increased by 4% to 88%. National averages increased by 1% to 88%, Rotherham met the national average for the first time in 2013</li> </ul>	

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(ii) We will work with schools, young people and families to ensure a high level of attendance and engagement in learning	11. Local Authority and school level primary and secondary attendance rates to be in line with the national average	<ul style="list-style-type: none"> <li>• Nationally , the latest figures show that there has been an increase in the overall absence rates across state funded primary and secondary schools</li> <li>• KS1 – KS2 – currently 50.5% of schools are in line or above the national average</li> <li>• KS3 – KS4 – currently 19% of schools are in line or above the national average</li> </ul>	Karen Borthwick Dorothy Smith
	12. Persistent absence to be in line with the national average	<ul style="list-style-type: none"> <li>• Nationally, the latest figures show that in state funded primary schools, the percentage of pupils who were PA increased and in secondary schools, the percentage of pupil who were PA decreased</li> <li>• KS1 – KS2 – currently 63% of schools are in line or above the national average</li> <li>• KS3 – KS4 – currently 36.4% of schools are in line or above the national average</li> </ul>	
	13. Raising awareness and increasing take up by parents of early education for children at the age of 2, 3 and 4  (Linked to priority 1 delivery milestone 51 and priority 5 delivery milestone 4 and 13)	<ul style="list-style-type: none"> <li>• A number of methods are being used to raise awareness of the entitlement including:               <ul style="list-style-type: none"> <li>○ Direct contact with eligible families</li> <li>○ FIS/Children’s Centre Facebook pages</li> <li>○ Posters / flyers in community venues</li> <li>○ Banners outside childcare provision</li> <li>○ Providing a range of ways for parents to check their eligibility: telephone, online, post</li> </ul> </li> <li>• Take-up has increased significantly this year for 2 year olds as was to be expected when the availability became a national entitlement in September 2013 with 78% of eligible children taking up a place</li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(iii) We will ensure there is effective post 16 place planning based upon the learning and support needs of our young people including those with LDD and from opportunities available within the VCS	14. Development of bespoke packages with other agencies and utilising VCS	<ul style="list-style-type: none"> <li>• 18 Packages developed with 4 more in planning stages</li> <li>• The packages include Training Providers, FE Colleges, Specialist Providers, VCS agencies and IYSS staff/ services</li> <li>• Feedback from families is very positive</li> </ul>	Fiona Featherstone
	15. Learning Disability assessment completed for learners with Statements or those with significant additional needs.	<ul style="list-style-type: none"> <li>• 96.4% completed ( 2013 leavers)</li> </ul>	
	16. Mapping of provision to identify gaps in LDD post 16 Offer	<ul style="list-style-type: none"> <li>• Provision continues to be mapped and new options considered</li> <li>• Gaps identified are around complex ASC, and behavioural and emotional difficulties</li> </ul>	
	17. Work done with schools to identify future need	<ul style="list-style-type: none"> <li>• Work continuing – currently working with 2014 leavers to identify those who need additional / bespoke provision</li> </ul>	
(iv) We will continue to narrow the gap in the education of our most vulnerable groups	18. Create sufficient early education provision to enable eligible 2 year olds access to their entitlement and increase take up  (Linked to priority 1 delivery milestone 51 and priority 5 delivery milestone 4 and 13)	<ul style="list-style-type: none"> <li>• Capital funding has been awarded to 10 providers to create 359 new 2 year old places in areas of need</li> </ul>	Collette Bailey Elenore Fisher Karen Borthwick Dorothy Smith

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	19. Improved attainment of children by the age of 5	<ul style="list-style-type: none"> <li>• Due to the revised national EYFS Profile assessment of children at the age of 5 in 2013, it is not possible to compare children's attainment with previous years – as two different assessment systems</li> <li>• However in 2013 56% of children achieved a good level of development by the age of 5, which is above the national average (52%).</li> </ul>	
	20. Improve the outcomes of all vulnerable groups.	<ul style="list-style-type: none"> <li>• At KS2 the gap between the performance of girls and boys was reduced by 0.5% in L4+ reading, writing and mathematics combined. The gap is 9.6% compared to the national average gap of 7%</li> <li>• At KS4 the gap between the performance of girls and boys at 5A*-C inc E&amp;M is 10%, this is in line with national averages</li> </ul>	
	21. Improve the performance of pupils eligible for free schools meals by 10% at KS2 and 8% at KS4 by 2013 in line with the national average	<ul style="list-style-type: none"> <li>• In 2013 attainment for pupils eligible for pupil premium (PP) at 5+A*-C inc E&amp;M is 41.7%, this is 0.7% above the national average. However non PP pupil's attainment was 6.2% above the national average therefore the gap wasn't reduced.</li> <li>• In 2013 attainment for pupils eligible for PP at KS2 L4+ reading, writing and maths combined increased by 3% compared to the national average increase of 2%. Attainment is 4% below the national average</li> </ul>	

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	22. Vulnerable groups are not over-represented in the NEETs category	<p><u>November 2013 data CCIS</u></p> <ul style="list-style-type: none"> <li>• Overall picture of NEET academic age 16-18 6.4% against a target of 7%</li> <li>• LDD NEET is 9.3% showing a continued reduction on the picture last year (10.5%)</li> <li>• LAC Care leavers for whom RMBC holds corporate responsibility 26.7% NEET against a target of 24% – the majority of whom are aged 18 or above. No data for last year</li> <li>• Teenage mothers NEET stands at 66.4% a small reduction on the position at the same time last year 70.5. No change from last year, the significant majority of these are aged 18 and 19</li> <li>• Young offenders currently on orders – 53% NEET, a 13% rise on the position at the same time last year 40.9%</li> </ul>	
	23. Customer and Cultural Services will work with partners to deliver family learning activities in locations across the Borough, including in our libraries, customer service centres, Clifton Park Museum and Boston Castle	<ul style="list-style-type: none"> <li>• Skills based activity sessions in libraries during 2013-14: 15,690</li> <li>• Skills based activity sessions in Heritage service during 2013-14: 848</li> </ul>	

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(v) We will continue to focus on the improvement of communication, language and literacy skills of children and young people	24. "I Can" trainers to cascade their training to lead teachers of children's centres/PVI practitioners/child care officers at a local level by March 2014	<ul style="list-style-type: none"> <li>2 Early Years practitioners from Aughton Early Years Centres, who have been trained by the national I CAN organisers are presenting piloting training with PVI early years practitioners from PVI settings within the Aston Learning Community. Learning from this will then be shared with lead teachers of Children Centres</li> <li>This will not be complete by March 2014</li> </ul>	Elenore Fisher Frances Hunt Dorothy Smith
	25. Summer Reading Challenge, open to children from 4-11, within our Libraries and Customer Service Centres, supporting a programme of holiday time reading-related activities	<ul style="list-style-type: none"> <li>Summer 2013: 2,212 starters and 1,320 completed the challenge</li> </ul>	
	26. We will deliver the book-gifting offers of Booktrust, including the Baby pack, the Treasure pack and the Booktime packs for children as they go into the Reception year	<ul style="list-style-type: none"> <li>April 2013 to date: 1,803 Bookstart/treasure packs delivered</li> </ul>	
	27. We will offer Chatterbooks ( <i>The Reading Agency</i> ) groups in our Libraries and Customer Service Centres, delivering reading groups with related activities for children of KS1 and KS2 ages	<ul style="list-style-type: none"> <li>These are taking place in Riverside House, Aston library/customer service centre, Dinnington library/customer service centre, Maltby library, Mowbray Gardens library, Thurcroft library, Wath library, Wickersley library</li> </ul>	

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	28. We will offer children opportunities to use our services in groups, supported by their school, including visits to libraries, Clifton Park Museum, heritage sites and the Civic Theatre pantomime	<ul style="list-style-type: none"> <li>• April 2013 to date: 9,884 pupils visited libraries in class visits</li> <li>• Class visits taking place to Heritage services, including Clifton Park Museum</li> </ul>	
	29. We will offer song, story and simple craft activities for preschool children in Libraries & Customer Service Centres	<ul style="list-style-type: none"> <li>• April 2013 to date: 4,720 attendances at Rhyme-time sessions in libraries/customer service centres</li> </ul>	

<b>PRIORITY: 6</b>	<b>We will target support to families in greatest need to help access learning/employment opportunities Strategic Lead: Warren Carratt, Service Manager - Strategy, Standards &amp; Early Help</b>
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ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
(i) We will ensure appropriate, targeted and integrated learning and support for our most vulnerable young people who are, or are at risk of becoming, NEET	Care Leavers		Carole Davison Kerry Byrne Sandra Gabriel
	1. Improve access of LAC / Care leavers to the youth work curriculum to build their confidence and social skills	<ul style="list-style-type: none"> <li>• Young people involved with LAC council take up other youth work curriculum opportunities</li> <li>• LAC/ Care leavers are a target group and IYSS are currently disseminating reports on the number of young people in this group who access the curriculum and tools to measure take up and impact</li> <li>• This is being shared at training sessions in December with Youth Workers</li> <li>• Specialist staff are in place to deliver one to one work on softer skills in order to help LAC/Care Leavers engage in work, learning and access local provision</li> </ul>	
	2. Provide work experience pre 16 and work trials post 16 through liaison with schools the Get Real team and Action for Children	<ul style="list-style-type: none"> <li>• Human Resources continues to work with Action for Children/Bridges to offer, when referred by Key worker a personalised and well supported 30 day work experience to LAC/Care leavers in appropriate areas of RMBC and partner organisations Wilmott Dixon and Morrison</li> <li>• Since April 2013 this opportunity has being offered to 7 young people, 1 still active and 1 request awaiting paperwork</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	3. Provide support intensive mentoring activity in year 12 to improve retention and transitions at the end of year 12	<ul style="list-style-type: none"> <li>Partnership arrangements have been established with Rotherham College and Dearne Valley College to provide targeted work for young people identified by the School liaison officers and College support services as need ing one to one support to overcome barriers to engagement</li> <li>It is too early in the year to report on the impact of this but in learning figures are 95.6% against a target of 92%</li> </ul>	
	4. Work with employers to provide bespoke opportunities to our most vulnerable young people to develop employability skills	<ul style="list-style-type: none"> <li>Human Resources continues to work with Action for Children Bridges to offer, when referred by Key worker a personalised and well supported 30 day work experience to LAC/Care leavers in appropriate areas of RMBC and partner organisations Wilmott Dixon and Morrison</li> <li>Since April 2013 this opportunity has being offered to 7 young people, 1 still active and 1 request awaiting paperwork</li> </ul>	
	5. Develop a grant /bursary fund to support care leavers to access work experience and employment opportunities	<ul style="list-style-type: none"> <li>Initial work has been undertaken with the LSP but this has not progressed</li> </ul>	
	6. Work closely with Job Centre plus to source vacancies and support young	<ul style="list-style-type: none"> <li>Youth support workers are accompanying young people seeking work to visit the Job</li> </ul>	

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	<p>people leaving care to access and secure jobs</p>	<p>Centre to ensure that they get the best access possible to available vacancies and are also supporting young people to apply online</p> <ul style="list-style-type: none"> <li>• Awaiting a meeting in the New year to develop a data sharing agreement that will assist with sharing information with Jobcentre plus on individual young people needs</li> <li>• Work to develop wider opportunities for Care Leavers include: <ul style="list-style-type: none"> <li>○ RMBC continues to provide work experience pre 16 and work trials post 16 through liaison with schools, the Get Real team and Action for Children</li> <li>○ One young person NEET who completed an apprenticeship with the Youth Service is now in full time employment with IYSS</li> <li>○ RCAT planned and ran a successful Apprenticeship/Employer Information session for Care leavers and LAC for YR11 leavers in July</li> <li>○ Staff Force ran an assessment day for young people to become more job ready, and have offered to mentor two young people</li> <li>○ VAR have offered to support young people to access volunteer opportunities within their partner organisations</li> <li>○ Keepmoat have ringfenced 1 apprenticeship place for LAC/Care leaver, to be in place January 2014</li> </ul> </li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	Integrated Youth Support		IYD Managers Learning Partnership and Youth Offending IYSS Managers
	7. Support engagement and progression of vulnerable groups aged 11- 19 in learning through integrated case working at locality level to overcome barriers and address needs	<ul style="list-style-type: none"> <li>• Integrated teams are now established across the 7 locality areas</li> <li>• A new case management system has been introduced where cases are assessed and a multi agency response agreed.</li> <li>• AS yet it is too early to measure impact of this</li> </ul>	
	8. Work with the local authority RPA team and all learning providers to re-engage those who are disengaged from learning aged 11- 16 or NEET aged 16-18	<ul style="list-style-type: none"> <li>• Monthly meetings are arranged with Local Authority partners and local colleges to identify any LAC/Care leavers who are beginning to disengage from learning</li> <li>• Identifying young people at an early stage enables specialist IYSS staff to provide additional information, support and guidance to overcome any barriers, and where appropriate, source alternative provision</li> </ul>	
	9. Involve young people in the design, delivery and evaluation of the service	<ul style="list-style-type: none"> <li>• Young people are continually involved in the design, delivery and evaluation of the service</li> <li>• This task will never be complete but there is lots of evidence that this takes place</li> </ul>	
	Raising Participation		Anthony Evans

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	<p>10. Develop progression pathway protocols with post-16 providers to ensure that entry criteria and data sharing needs are agreed and acted upon across the partnership</p>	<ul style="list-style-type: none"> <li>• LA data sharing protocols have been updated, shared and discussed with the three colleges, as the largest providers</li> <li>• The culture of willingness to safely and securely share appropriate data has improved significantly. Where post 16 providers discover a need, we have networks in place to allow discussion and any subsequent actions to be developed collaboratively.</li> <li>• Considering processes for improved data sharing for LAC pre-post 16 and sharing of FSM data with colleges. Ofsted has recently asked FE colleagues to comment on progress of FSM learners, so they would welcome improved information sharing - with appropriate informed consent</li> <li>• Transition passport developed and training offered to all schools</li> <li>• Data portal now operational to facilitate transfer between schools colleges and work base learning providers of information regarding support needs for vulnerable young people</li> </ul>	<p>Collette Bailey Ewan Cumming Fiona Featherstone Janet Andrew</p>
	<p>11. Develop partnership arrangements with schools and colleges regarding coordinated delivery of targeted support to vulnerable students to ensure that all young people are fully supported to engage in learning and make a sustainable transition to post 16 learning</p>	<ul style="list-style-type: none"> <li>• Partnership agreements in place with all schools and colleges</li> <li>• Destination tracking arrangements agreed with all schools have worked well</li> <li>• The percentage of 2013 year 11 leavers currently in learning in Rotherham has evidenced an overall improvement <ul style="list-style-type: none"> <li>○ 96.3% (3402) as at 1<sup>st</sup> November 2013 in comparison to 95.6% (3406) in</li> </ul> </li> </ul>	

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		<p>November 2012 ( NCCIS Destination Survey Dfe)</p> <ul style="list-style-type: none"> <li>• The percentage and total numbers of year 11 leavers not in education, employment or training has continued to reduce across Rotherham <ul style="list-style-type: none"> <li>○ 2.2% (77) NEET as at 1<sup>st</sup> November 2013 in comparison to 2.9% (102) NEET as of November 2012 ( NCCIS Destination Survey Dfe)</li> </ul> </li> <li>• Improvement achieved also for vulnerable groups identified as being at risk of NEET <ul style="list-style-type: none"> <li>○ 91.9% in learning (1051) in 2013 in comparison to 1058 (90.5%) in 2012</li> <li>○ 5.7% NEET (62) in 2013 in comparison to 6.7% NEET (78) in 2012/2013</li> </ul> </li> </ul>	
	<p>12. Develop apprenticeship pathways and transition support for 16,17 and 18 year olds</p>	<ul style="list-style-type: none"> <li>• Advice and guidance is provided by IYSS</li> <li>• Bespoke arrangements for transition support for one year completers from learning in place with colleges and sixth forms</li> <li>• Project activity with pilot 6<sup>th</sup> forms to increase access of AS students to apprenticeship routes has had a good uptake as yet unable to report on outcomes</li> <li>• RMBC and schools apprenticeships are embedded and numbers are continuing to</li> </ul>	

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		<p>increase year on year</p> <ul style="list-style-type: none"> <li>The LA will also design additional programmes that support pathways and transition when funding is available</li> <li>The LA will continue to work closely with NAS, employers, schools and training organisations to maintain this momentum</li> </ul>	
	13. Develop and publish the post 16 Rotherham Offer for students with LDD	<ul style="list-style-type: none"> <li>Work progressing – the Post 16 non-school based element is almost updated</li> </ul>	
	14. Ensure that tailored provision is developed around traineeships ESF, and Youth Contract to address the learning needs of all Rotherham’s young people not in education employment and training , with a particular focus on the most vulnerable young people in the borough	<ul style="list-style-type: none"> <li>Meetings held with Lead for ESF and IYSS managers to ensure that interim ESF programme meets the needs of Rotherham young people NEET with a particular focus on young people permanently excluded at transition young people who are teenage parents and young offenders and young people looked after and care leavers</li> <li>NEET Academic age 16-18 Out turn for November 6.4% against a target of 7%</li> <li>Post-16 education and training is developed at the flexibility and autonomy of individual colleges, sixth forms and work-based learning providers based upon demand from young people</li> <li>RPA event held with schools and IYSS staff to raise awareness of study programmes and traineeships available across Rotherham and promote the transition passport</li> <li>The LA is no longer responsible for delivering ESF provision as the contract for delivery from</li> </ul>	

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		<p>2014 has been awarded to Hull Learning Consortium (HLC) Officers are working with HLC to ensure that their ESF offer is developed based upon the needs of young people NEET in the Borough and to compliment the mainstream offer</p> <ul style="list-style-type: none"> <li>• There has been an increase in young people participating in Level 3 programmes largely as a result of continued increases in Key Stage 4 attainment outcomes of 5 A-C GCSE including English and maths</li> <li>• Training provided to all IYSS staff on transitions and routes to learning and employment</li> <li>• Youth Contract continues to perform in the top quartile in terms of recruitment and top 4 in Y and H in terms of re-engagement</li> </ul>	
	<p>15. Implement managed transitions for young people with LDD, utilising the S139a and managed moved protocols</p>	<ul style="list-style-type: none"> <li>• In Oct 13 3% of 16,17 and 18 year old LDD were not known (Target was 11.7%) and 86.7 % were in learning (target was 77.9%)</li> <li>• Review and transitions process agreed and in place for all students with 139a in work base learning and colleges</li> <li>• Section 139 a training for all IYSS staff completed</li> <li>• Specialist LDD assessments and transition managed to ensure appropriate specialist placements which evidence appropriate curriculum and value for money</li> <li>• Successful transition has taken place for 2013</li> </ul>	

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		leavers. 96.4% of S139a completed <ul style="list-style-type: none"> <li>Transition passport and managed moves protocols now in place across all schools and colleges in Rotherham</li> </ul>	
	16. Manage the September Guarantee for 16 and 17 year olds and ensure offers lead to participation in line with RPA	<ul style="list-style-type: none"> <li>September guarantee met <ul style="list-style-type: none"> <li>Year 11 students – 98.5%</li> <li>Year 12 students -88.5%</li> </ul> </li> <li>Evidenced improvement in RPA</li> </ul>	
	Teenage Parents		Carole Davison Collette Bailey Kerry Byrne
	17. Provide support to young parents to access tailored, accredited and non-accredited, personal and social development opportunities to improve motivation, confidence, aspiration, life and employability skills including volunteering and enterprise	<ul style="list-style-type: none"> <li>Accredited learning offered to young people who access the youth work curriculum e.g. Local Award, ABC, AQA, ASDAN, OCN, Trinity Arts Award</li> <li>An IYSS (Specialist) worker is leading on the development of 2 Local Drop In Services in the Maltby and Dinnington areas, to commence in January 2014, supported by staff from the local Children’s Centre with a view of encouraging young parents to</li> </ul>	

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		<p>contribute to the design and delivery of programmes which best suit their needs</p> <ul style="list-style-type: none"> <li>• IYSS are currently developing a specification for voluntary sector involvement to develop engagement programmes for teenage parents NEET and we are confident that a bespoke programme will be in place for 16-19 year olds early in the new year</li> <li>• IYSS are in discussion with recently appointed ESF managing agent Humberside Consortium with regard to developing an ESF programme to link into the VCS programme to offer a transition programme to formal learning</li> <li>• The Rowan centre and RCA are already offering a transition programme for year 11 leavers from the Rowan to link into Rotherham College provision and this is evidencing some success in terms of achieving the RPA targets in terms of year 11 transitions to further learning – figures to be verified in January 2013</li> <li>• Work is being developed through ESF provision and IYSS targeted teams to improve access to accredited and non accredited programmes for young parents NEET</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	<p>18. Provide intensive transitional support to ensure successful retention, achievement and progression to post 16 opportunities including information on care to learn</p>	<ul style="list-style-type: none"> <li>• The percentage of 2013 year 11 leavers currently in learning in Rotherham has evidenced an overall improvement as a result of the work with schools around Risk of NEET indicators and negotiation of targeted support packages for students through IYSS <ul style="list-style-type: none"> <li>○ 96.3% (3402) as at 1<sup>st</sup> November 2013 in comparison to 95.6% (3406) in November 2012 ( NCCIS Destination Survey DfE as yet unverified)</li> </ul> </li> <li>• The percentage and total numbers of year 11 leavers not in education, employment or training has continued to reduce across Rotherham <ul style="list-style-type: none"> <li>○ 2.2% (77) NEET as at 1<sup>st</sup> November 2013 in comparison to 2.9% (102) NEET as of November 2012 ( NCCIS Destination Survey DfE as yet unverified )</li> </ul> </li> <li>• Improvement achieved also for vulnerable groups identified as being at risk of NEET <ul style="list-style-type: none"> <li>○ 91.9% in learning (1051) in 2013 in comparison to 1058 (90.5%) in 2012</li> <li>○ 5.7% NEET (62) in 2013 in comparison to 6.7% NEET (78 ) in 20123</li> </ul> </li> </ul>	
	<p>19. Deliver locality based targeted work with young women at risk of early pregnancy and young men at risk of early fatherhood, with particular emphasis on the 11 highest deprivation neighbourhoods</p>	<ul style="list-style-type: none"> <li>• Young women and men are being supported via assisted referral or self-referral by IYSS locality staff. The offer includes a range of support to help raise aspirations, overcome barriers to attending school/college and to ensure regular contraception in taken up by</li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
		<p>the young person</p> <ul style="list-style-type: none"> <li>• Sexual Health Week enabled opportunities to raise awareness amongst young people via a presence in All Saints Square and at locality events and detached work using the Health Bus as a way of engaging its audience. Approx. 300 young people were reached via these events</li> <li>• Youth Clinics provide an opportunity for staff to engage young people in discussions about positive relationships, delaying early sex and raising aspirations along with offering free contraception and sexual health interventions.</li> <li>• Attendance at the Youth Clinics is low with approx. 350 young women and 80 young men across the 9 clinics in the Borough</li> <li>• Youth centres and Projects offer sexual health as part of ongoing curriculum work. The following has been undertaken in the Sept-December quarter <ul style="list-style-type: none"> <li>○ Sexual Health: 149 sessions</li> <li>○ Relationships: 380 sessions</li> <li>○ Sexual orientation: 105 sessions</li> </ul> </li> </ul>	
(ii) We will support families to look after their children when they need it and helping children and young people and their families to prioritise healthy and positive behaviour	20. Delivery of Healthy activities through Children Centre service delivery	<ul style="list-style-type: none"> <li>• November 2013 - performance data shows that 52% of families have accessed activities to promote their health and wellbeing</li> </ul>	Warren Carratt Frances Hunt Paula Williams
	21. Parenting Programmes in Children's Centres	<ul style="list-style-type: none"> <li>• Children's Centre staff have undertaken training in Family Nurturing/Links research based training to cascade put to parents</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	22. Short term targeted individual and small group support in schools to promote positive behaviour for learning and the successful inclusion of those children identified by schools as in need of early intervention	<ul style="list-style-type: none"> <li>Schools have started using the primary behaviour support team service</li> <li>From April 2014 this will be a traded support service to schools</li> </ul>	
	23. Seven outreach mentors to be deployed to work in two Learning Communities	<ul style="list-style-type: none"> <li>7 mentors are now in place</li> <li>From April 2014 this will be a traded support service to schools</li> </ul>	
(iii) We will support adults to access learning to improve their chances of securing or retaining employment	24. Completion of Community Learning Strategy	<ul style="list-style-type: none"> <li>The current strategy is being reviewed and should be complete by 31/3/14</li> </ul>	Elenore Fisher Julie Roddis Karen Borthwick Mary Smith Sue Skalycz (DWP)
	25. Delivery of adult learning through children's centre delivery	<ul style="list-style-type: none"> <li>This is ongoing work with some pilot activity with targeted centres being developed to improve effectiveness</li> <li>Work is being planned to identify realistic levels of interest for individuals signing up for adult learning in 2 children's centre areas to develop a coherent pathway to inform service delivery.</li> <li>Between 1<sup>st</sup> April – 30<sup>th</sup> September 2013 390 families have accessed adult learning through a Children's Centre</li> </ul>	
	26. Delivery of associated actions (as per strategy)	<ul style="list-style-type: none"> <li>As above</li> </ul>	
	27. Increase the use of children's centres, Libraries & Customer Service Centres as places to access information and improve skills, including offering free	<ul style="list-style-type: none"> <li>2013: free access to the internet provided in all libraries and library/customer service centres.</li> <li>Supported sessions available in use of</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	access to and assistance to use the internet	ICT/internet, including e.g. basic and advanced skills, family history, access to employment <ul style="list-style-type: none"> <li>• 2013: Informal learning and readers' groups taking place at most libraries</li> <li>• Attendees at adult skills based sessions in libraries 11,827 Heritage service 114</li> </ul>	
	28. Offer opportunities for apprenticeships, placement and volunteering within Customer and Cultural Services	<ul style="list-style-type: none"> <li>• Apr-Oct 2013 – 46 volunteers in libraries; 109 volunteers in Heritage</li> <li>• Theatre Services approx. 20 per month</li> <li>• Apprenticeships in Customer Services, Heritage Services</li> </ul>	
	29. Provide assessment of need, in particular with regard to basic skills and ESOL, referrals to information, advice and guidance and appropriate use of training	<ul style="list-style-type: none"> <li>• Initial Assessment of all learners with regard to basic skills</li> <li>• Targeted activity for ESOL assessment with progression to accredited learning outcomes</li> <li>• Effective links with Prospects for the delivery of impartial IAG for all learners</li> <li>• Weekly ESOL sessions taking place in Mowbray Gardens library</li> </ul>	
	30. Provide work clubs in children's centres, customer services centres and libraries and access to/signposting parents to adult learning opportunities	<ul style="list-style-type: none"> <li>• Between 1<sup>st</sup> April to 30<sup>th</sup> September 2013, 69 families have accessed work club services in the 12 Children's Centre's currently offering these services</li> <li>• April 2013 to date 1,380 attended work clubs or accessed advice on employment in libraries and library/customer service centres</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	31. Attendance rates will rise and participation in the earliest forms of education – e.g. children’s centres	<ul style="list-style-type: none"> <li>Registration of children at CC has increased to 93% in 2013,</li> </ul>	
(iv) Further develop the partnership response to respond to the needs of the ROMA community and new arrivals	32. Deliver and evaluate a pilot multi-agency ‘family induction day’ at Lifewise – Sept 2013	<ul style="list-style-type: none"> <li>A pilot multi-agency EU Migrant / Roma ‘family induction day’ was held at Lifewise on the 17<sup>th</sup> September 2013</li> <li>The event was attended by 125+ adults and children who attend 6 local schools</li> <li>The event has been evaluated, with feedback from both the adults and children who attended the event and also the range of professionals who were involved in organising and delivering each aspect of the day</li> <li>An evaluation report has been produced and distributed to key stakeholders</li> <li>A further event has been scheduled for 10.02.14 and incorporates the findings from the evaluation</li> </ul>	Dorothy Smith
	33. Engage key relevant Headteachers and senior staff from within CYPS to discuss long term strategy to accommodating New Arrivals	<ul style="list-style-type: none"> <li>Head teachers and Director of Schools and Lifelong Learning attend EU/Roma Strategic Group meetings</li> </ul>	
	34. Extend the Strategic Management Group to include key representatives from schools and the Director of Lifelong Learning - June 2013	<ul style="list-style-type: none"> <li>Achieved June 2013</li> </ul>	
	35. Implement the Roma Matrix delivery plan, meeting key deliverables and outcomes with the Roma Community as per funding requirements and delivery	<ul style="list-style-type: none"> <li>Progress is being made in delivering the key deliverables and outcomes of the Roma Matrix programme</li> <li>A number of changes have been requested</li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	plan. –June 2013 to March 2015	from Migration Yorkshire and the European Commission to time scales for some activities and to some of the deliverables. e.g. the original delivery plan is asking for printed leaflets, we are requesting that this be changed to online downloadable resources that can be used in the future	
	36. Reduce the number of Roma / EU Migrant children who are not accessing full-time education	<ul style="list-style-type: none"> <li>• An EU Migrant Community Engagement Officer was appointed in July 2013</li> <li>• This officer has supported the swift resolution of CME cases and facilitated the admissions and appeals process for EU Migrant families</li> <li>• She has supported <ul style="list-style-type: none"> <li>○ 79 children through the Appeal process</li> <li>○ 86 Children on to a school roll between September and December 2013</li> <li>○ 40 children via the Fair Access Protocol</li> <li>○ 250 CME pupils to be removed from the CME list from September 2013</li> </ul> </li> <li>• There are currently: <ul style="list-style-type: none"> <li>○ 99 EU Migrant open cases going through the Admission process – awaiting school place allocation ( visits, parental contact, school contacts) 5 ‘</li> <li>○ Post 16’ - cases open (inc 3 SEN students)</li> </ul> </li> </ul>	

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	37. Overall NEETs profile will continue to improve with no disproportionate increase for this community	<ul style="list-style-type: none"> <li>In April 2013; 5 out of 17, 16-18 year olds with an ethnicity of White Gypsy/ Roma were recorded as NEET (31.3% of that ethnic group compared with an overall NEET figure of 7.8%)</li> <li>In November 2013; 4 out of 26, 16-18 year olds with an ethnicity of White Gypsy / Roma were recorded as NEET (16% of that ethnic group compared with an overall NEET figure of 6.4%)</li> </ul>	
(v) We will reduce the inequalities gap in outcomes for the boroughs most deprived communities	38. We will look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work to align with action 2 of the poverty theme of the HWB strategy	<ul style="list-style-type: none"> <li>9 of the 11 DC communities have identified adults skills and employability as a priority for action</li> <li>An employment and skills group now established for the 11 deprived communities</li> <li>Governance and Communications structures developed in each area to progress action against priorities and actions being developed</li> </ul>	Andrea Peers Malc Chiddey Waheed Akhtar Zaidah Ahmed

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
		<p>to provide bespoke local solutions to issues</p> <ul style="list-style-type: none"> <li>• Type of activity being undertaken <ul style="list-style-type: none"> <li>○ Consultation to identify gaps in provision for adult skills and employability</li> <li>○ Programmes of adult and employability skills training being developed with community groups and vol com sector, particularly focused Creation and development of local job clubs</li> <li>○ Closer working arrangements between providers being developed to provide enhanced provision, particularly with Children Centres and Job Centre plus</li> <li>○ Focus on basic skills and ICT training</li> <li>○ Mapping of public access to ICT provision</li> <li>○ Disability Employment Advisor to hold weekly advice sessions in East Dene on a 3 month rolling pilot for up one year with built-in reviews to ascertain take up.</li> <li>○ Matching local people to local job opportunities/apprenticeships</li> </ul> </li> <li>• Bespoke initiatives with hard to reach groups being developed e.g. Roma Community</li> </ul>	
	<p>39. We will recruit and train people within the community to become Community Advocates whose role will be to act as liaisons between the various organisations, charities and groups to help promote skills, training and employability services to the wider community</p>	<ul style="list-style-type: none"> <li>• Increased links with the employability agenda, attending and reporting to the Employment and Skills group, and the Work and Skills provider group on volunteer demographics in the borough</li> <li>• Increased reach into deprived neighbourhoods in Rotherham with the use of</li> </ul>	<p>Janet Wheatley VAR</p>

ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
		<p>new publicity materials, highlighting the benefits of volunteering particularly those who are furthest from the labour market</p> <ul style="list-style-type: none"> <li>• Increased the opportunities for young people under the age of 16 to Volunteer in Rotherham through our TRIS work</li> <li>• Promoted Volunteering to a number of groups supporting young people, including South Yorkshire Housing, Target Housing, and RCAT</li> <li>• Recruited 4 Community Volunteer Ambassadors from diverse communities in Rotherham. Part of their focus is to promote volunteering as a route to increase employability skills to those who would not usually engage, i.e. those from BME backgrounds, those furthest from the labour market</li> <li>• Recruited 5 active citizens' participants, these are young people who have then undergone training around communities, local and global connections and social action. (in partnership with the British Council)</li> <li>• Sending 2 young people (Active Citizens) to Sri Lanka to explore the opportunities for Social Action in Sri Lanka compared to Rotherham</li> <li>• Worked with Jobcentre Plus to highlight the implications of volunteering for those on benefits, exploring the difference between work placements, work trials and volunteering</li> </ul>	



ACTION	DELIVERY MILESTONES	Update December 2013	LEAD/S
	40. We will support families by getting them work ready and encouraging a stable and supportive family life through the Families for Change programme	<ul style="list-style-type: none"> <li>• 415 families who meet the Families for Change identification triggers are now engaged with services, including Children's Social Care, Youth Offending Services, Families for Change commissioned Services as well as through a multi-agency approach overseen by Families for Change Coordinators</li> <li>• This is 68% of the total we have committed to work with by April 2014</li> <li>• 141 families have achieved improved outcomes for school attendance and anti-social behaviour</li> <li>• 5 families have an adult who has remained in continuous employment for 3-6 months (dependent on the benefit previously claimed)</li> <li>• For 6 families we were able to claim the progress to work outcome for voluntary engagement because a family member has either engaged with Wiseability or accessed the Work Programme on a voluntary basis</li> </ul>	Jenny Lingrell

<b>ROTHERHAM BOROUGH COUNCIL – Report to DLT</b>
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<b>1</b>	<b>Meeting:</b>	<b>Children, Young People and Families Partnership</b>
<b>2</b>	<b>Date:</b>	<b>15<sup>th</sup> January, 2014</b>
<b>3</b>	<b>Title:</b>	<b>CYPS Commissioning Strategy</b>
<b>4</b>	<b>Directorate:</b>	<b>NAS</b>

## **5. Summary**

This report presents the CYPS Commissioning Strategy for 2014-2017. This strategy aligns with the Corporate Plan, the Health and Wellbeing Strategy (HWBS) and the life stages priorities and the CYPS service Plan and meets the new requirement of OfSTED for a commissioning plan. The commissioning priorities contained within the strategy will be refreshed annually to reflect the priorities of CYPS to improve life chances of children, young people and their families.

The CYPS commissioning strategy also aligns with the commissioning priorities document which forms the work programme for operational commissioners.

Consultation on the commissioning strategy has taken place across the council and with partners in health and the VCS. Comments and amendments have been incorporated where appropriate.

## **6. Recommendations**

**That the Children, Young People and Families Partnership:**

### **6.1 Endorse the CYPS Commissioning Strategy**

## **7. Background**

### **7.1 Introduction**

There is no current CYPS commissioning strategy in place. A commissioning strategy has been developed for CYPS which aligns with the Corporate Plan, the Health and Wellbeing Strategy (HWBS) and the life stages priorities and the CYPS Service Plan.

The strategy is deliberately concise and clearly sets out the purpose of the strategy, defines strategic commissioning and sets out the national and local priorities and commissioning activities. The commissioning strategy is for three years but will be refreshed annually in terms of activities to ensure the strategy reflects the priorities of CYPS.

One intention of the commissioning strategy is to inform colleagues, Elected Members and partners of the work of the commissioning function within the council including the principles and priorities. Sitting beneath the strategy is the commissioning priorities work programme which identifies the work streams to be delivered on by operational commissioners working with CYPS Directorate leads.

There is a new requirement from OfSTED to have a CYPS commissioning strategy in place and this is met and this strategy will be incorporated within the suite of evidence for the next inspection.

The commissioning strategy is attached to this report and DLT is asked to endorse the strategy.

An 'Easy Read' none jargon version of the commissioning strategy is being developed for use with children and young people.

### **7.2 Consultation**

The strategy has been widely distributed for consultation with Elected Members, across the council, health partners and the VCS. Comments and amendments were incorporated where appropriate which have led to an improved strategy.

## **8. Finance**

There are no financial implications in this report

## **9 Risks and Uncertainties**

1. That should the CYPS commissioning strategy not be agreed the requirement of OfSTED will not be met. That any efficiency gains achieved will need to be proportionate across the Directorates
2. Should the strategy not be endorsed there will be a gap for the commissioning function in setting out the work programme for operational commissioners.

**10. Background papers**

- RMBC Corporate Plan
- HWB Strategy
- CYPS Service Plan

**Contact:**

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# Children & Young People's Commissioning Strategy

2013-2016

**Version:** Version 2.0

**Date:** 23<sup>rd</sup> December 2013

**Document History**

<b>Document Location</b>	G:\ Business Development and Commissioning\Commissioning Strategy
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<b>Version Number</b>	<b>Revision date</b>	<b>Summary of Changes</b>	<b>Change By</b>	<b>Changes accepted</b>
1.0	21.11.13	First draft following initial meeting	SM	Yes
1.1	25.11.13	Amendments in meeting	SM	Yes
1.2	25.11.13	Amendments following meeting	SM	Yes
1.3	26.11.13	Second Draft CW insertions	CW	Yes
1.4	28.11.13	Second Draft CW insertions	CW	Yes
1.5	28.11.13	Addition from PT & formatting	SM	Yes
1.6	02.12.13	Amendments from CB	SM	Yes
1.7	03.12.13	Amendments from JT - glossary	SM	Yes
1.8	04.12.13	Amendments from SW pg 4 & 6	SM	Yes
1.9	23.12.13	Amended formatting	SM	Yes
2.0	23.12.13	Final amendments with	CW	Yes

<b>Approval Process</b>			
<b>Name/Meeting</b>	<b>Date of Issue</b>	<b>Version Number</b>	<b>Approved</b>
DLT			
Cabinet Member for Children & Young People's Services			

## INTRODUCTION

The RMBC Children, Young People's and Families Strategy sets out the key priorities for commissioners over the next three years to improve outcomes for Rotherham's youngest people and their families.

This document presents how Children and Young People Services (CYPS) commissioning aligns with the Health and Wellbeing Board's Strategy, the CYPS 4 big things and our partners plans and strategies.

### **Why do we need a commissioning strategy?**

Deprivation and poverty in Rotherham is higher than the national average and worsening.

We know that we need to increase Safeguarding measures, drive improvements to educational attainment and skills, health, disability and employment in order to address child poverty in Rotherham.

Evidence suggests that information, advice and guidance on support services for parents needs to increase and be more outcome focused. Deprivation and education/skills are highly correlated. Therefore, there is an emerging need to further increase the skill base of Rotherham's school leavers.

Our function as commissioners is to commission safe, good quality, and value for money services that meet priorities outlined in the Health and Wellbeing Strategy, working collaboratively with strategic partners in RCCG, Public Health, Regulatory Bodies, Police, VCS.

This strategy sets the direction for the commissioning of services to deliver against the key priorities identified.

This commissioning strategy is part of a suite of documents that form the policy '*Golden Thread*' for Rotherham Metropolitan Borough Council (RMBC), other key documents include:

- RMBC Corporate Plan 2013-16
- Joint Health and Wellbeing Strategy 2012-15
- Children & Young People's & Families Partnership Plan 2013-16
- Children & Young People's (CYPS) Service Plan 2013-16
- Public Health Plan
- Joint Strategic Needs Analysis (JSNA) 2013

It is of critical importance that this commissioning strategy 2013–16 and annual commissioning priorities plan aligns with these documents

The Strategy was informed by and aligns with the Health & Wellbeing Strategy, the JSNA, the Children & Young People's Plan (CYPP) and our commissioning priorities as agreed with Elected Members.

Beyond the council this strategy should also align with the Rotherham Clinical Commissioning Group (RCCG) Annual Commissioning Plan (ACP) as presented to the Health and Wellbeing Board.

This strategy, an easy read version, plans and other relevant information can be found on the Council's website at [www.Rotherham.gov.uk](http://www.Rotherham.gov.uk).

**Who Should Read this Strategy?**

This strategy is for all stakeholders:

- Children, Young People and their families
- Elected Members
- Council Officers
- Current and potential providers
- Other public sector organisations we work in partnership with

**What is Commissioning?**

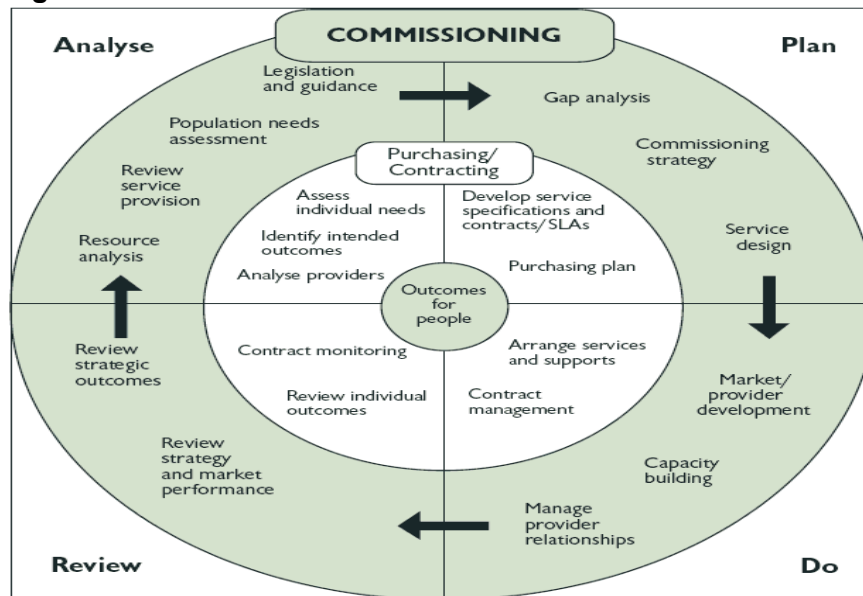
The Modernising Commissioning Green Paper (2011) defines commissioning as:

*‘..the cycle of assessing the needs of people in an area, designing and then achieving appropriate outcomes.’*

In effect commissioning is the process of considering what a group of people need – whether the grouping is by geography, characteristics or requirements – based on evidence gathered and consultation, and delivering this in the most appropriate, effective and efficient manner possible. However, the cycle does not stop there: there is continuation to the process in examining whether those needs have been met, considering was this an effective and efficient way to meet the needs and then re-examining needs to see if they are still required and if so should they be provided for in the same or a different manner.

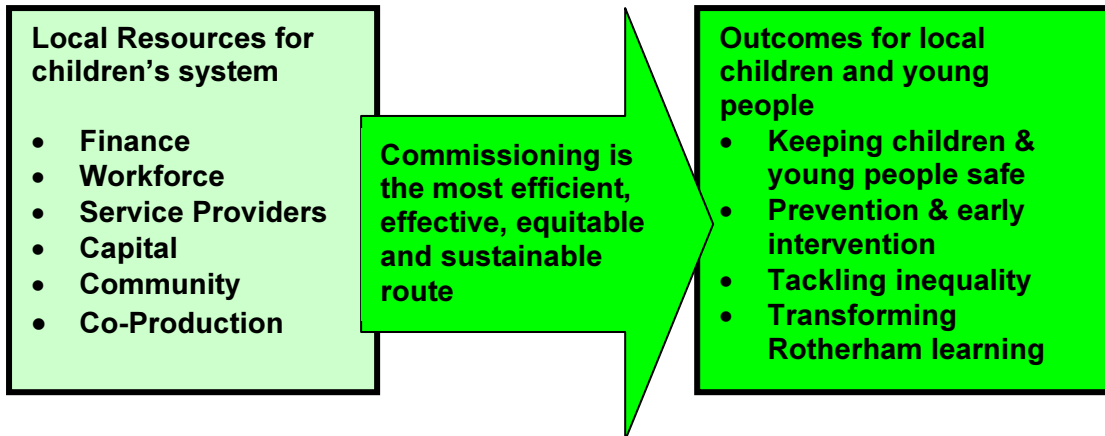
The process is cyclical and may never reach an end as there may always be a requirement for those needs to be met. This cyclical process is demonstrated clearly by the Institute of Public Care’s (IPC) commissioning model shown at Figure 1.

**Figure 1**





**Figure 2** A graphical representation of strategic commissioning



The Strategic Commissioning team sits within the Neighbourhood and Adults Directorate (NAS) with a direct reporting arrangement to the Strategic Director of NAS. The strategic commissioning team also includes Adults commissioning and there are strong working relationships within this team and externally with colleagues in the Directorates, Public Health and with health commissioners.

Commissioners have a range of skills and all are qualified in the Institute of Public Care (IPC) Intelligent Commissioning Programme. Effective commissioners are tenacious, challenging and objective. They aim for continuous improvement, verify and revisit assumptions, challenge traditional ways of working and share learning points with colleagues. All decisions are based on improving outcomes for children, young people and their families with a clear rationale for decisions, including evidence based work. This focus on outcomes runs through all aspects of the commissioning process: mapping needs and demand, ensuring user participation, using outcomes-based contracts and monitoring service effectiveness. All of this is underpinned by continuous improvement, exploring opportunities for new ways of working and communication with the market and other commissioners to identify good practice and innovation.

#### **What is commissioning not?**

Commissioning, procurement and purchasing are seen as interchangeable terms but this is not the case. Commissioning is the whole process as set out in Figure 1 and is not the procurement of goods and services, but is a process to meet the needs of service users and their carers. Commissioning is not about achieving the lowest price, but about ensuring the highest quality at the best value that meets the needs of the service user, the process is also about monitoring of performance and sanctions when high performance is not achieved by the provider.

Strategic Commissioning is not micro commissioning where the individual or their representative purchases a service to meet their individual need which is not monitored or managed by the council.

## **Strategic Commissioning Intentions**

In order to achieve good outcomes for children and young people and control costs it is essential that a long term strategic approach to planning and commissioning services is maintained.

Joint commissioning of Looked After Children specialist placements and services must consider the needs of the whole child and their family, and address health, education and social care needs in order to improve and to avoid escalating costs.

An effective strategy must include preventative and support services to maintain and sustain the child in a family environment where appropriate.

For the small number of children and young people with the most complex needs, we will work collaboratively with stakeholders to commission the most cost effective and high quality solutions.

Involving children and young people, families, carers and professionals in the design, delivery and monitoring of all services is vital so we know that we are getting it right and importantly that the care experience of the child or young person is improved as a result.

Supporting Looked After Children to make a successful transition into adulthood through the provision of good quality education, training and employment, suitable accommodation and support is an essential part of an effective strategy.

## **What we do**

- Commission health and social care services on behalf of the HWBB and CYPS utilising revenue and grant allocation
- Decommission to recommission for early intervention and prevention and other identified priorities
- Work corporately, regionally and sub regionally on specific projects eg CtS, JSNA, RHW
- Deliver value for money on all contracts
- Deliver efficiencies through innovation
- Ensure compliance with NICE guidelines, quality standards and external inspection regimes
- Support Directorates to identify and realise budget efficiencies
- Ensure safe services through quality assurance and robust contract management
- Ensure a consistent safe approach to delivering excellent customer service

## HOW WE WORK

**Our Vision:** To improve the outcomes for children, young people and their families in Rotherham

### Our Principles

Principle	We do this by:
<b>To improve outcomes for children and their families.</b>	<ul style="list-style-type: none"> <li>○ All of our commissioning is outcomes focused. This includes identifying local needs in the JSNA and other needs analyses, inclusion of high quality standards in tenders, specifications and other commissioning documents and performance management through contract monitoring.</li> <li>○ Putting children and their families at the heart of everything we do through their involvement in the whole of the commissioning cycle and specifically at the tender evaluation stage.</li> </ul>
<b>To be open and transparent</b>	<ul style="list-style-type: none"> <li>○ Communication with all stakeholders throughout the whole of the commissioning cycle.</li> <li>○ Working in partnership.</li> <li>○ Consultation with stakeholders which includes enabling children and young people to have a voice and to influence outcomes focussed commissioning. Wherever possible we include children, young people and their families in developing services and selecting providers.</li> </ul>
<b>To apply best practice and quality standards.</b>	<ul style="list-style-type: none"> <li>○ All our staff are qualified in IPC Commissioning.</li> <li>○ Applying best practice as identified through the NICE guidelines and quality standards.</li> <li>○ Meeting legislative outcomes.</li> <li>○ Benchmarking from other Local Authorities.</li> <li>○ Self assessment and internal challenge to improve learning.</li> <li>○ Applying intelligent commissioning as defined by IPC.</li> </ul>
<b>To apply high standards of governance</b>	<ul style="list-style-type: none"> <li>○ Working to Council Standing Orders, Financial Regulations and EU Procurement rules.</li> <li>○ Elected Members and Directorates are our customers. We work to their governance procedures including Cabinet, Portfolio Holders Delegated Powers, SLT and DLT.</li> </ul>
<b>To achieve best value for money for the Council</b>	<ul style="list-style-type: none"> <li>○ Working with finance and directorate colleagues to identify and deliver financial efficiencies against every contract, including negotiating every child placement.</li> <li>○ Working with providers to identify how they will add value and deliver social value.</li> <li>○ Application of improved commissioning practices such as working with neighbouring authorities and regional council consortiums.</li> </ul>
<b>To continuously improve commissioning practice</b>	<ul style="list-style-type: none"> <li>○ Using frameworks to deliver high quality improved outcomes and efficiencies.</li> <li>○ Building relationships with providers.</li> <li>○ Using Market Position Statements for providers to understand our commissioning direction of travel going forward, including identifying opportunities for market development.</li> <li>○ Regional and sub-regional commissioning with other Local Authorities.</li> <li>○ Decommissioning and recommissioning to lever change from traditional service provision to an early intervention</li> </ul>

	<p>and prevention approach.</p> <ul style="list-style-type: none"> <li>○ Learning from our commissioning colleagues in regional and sub-regional consortiums and learning forums.</li> <li>○ Work with the VCS to provide feedback and learning on increasing the voice and influence of children, young people and their families.</li> </ul>
<b>To work in partnership.</b>	<ul style="list-style-type: none"> <li>○ Not working in isolation, having a strong communication approach</li> <li>○ Having a flexible approach.</li> <li>○ Listening to the needs of children and young people and other stakeholders.</li> <li>○ Appreciating the priorities and demands on our partners.</li> <li>○ Seeking advice from Legal, Finance and Procurement colleagues as appropriate.</li> </ul>
<b>To performance manage contracts</b>	<ul style="list-style-type: none"> <li>○ Robust contract management, including performance reviews and quality assurance.</li> <li>○ Escalation to improvement action planning, default and decommissioning as appropriate.</li> </ul>
<b>To support the local economy</b>	<ul style="list-style-type: none"> <li>○ Work with local providers to develop their offers.</li> <li>○ Ensure a local presence from providers.</li> <li>○ Support local job creation.</li> <li>○ “Buy local” if appropriate.</li> <li>○ Work with the local provider market to maximise local spend whilst delivering value for monies and efficiencies.</li> <li>○ Work with the provider market to stimulate and develop their offers and to help local job creation and sustainable economic contribution to Rotherham.</li> </ul>

### National Priorities

The following legislation feeds into and influences this strategy:

- Caring for our Future White Paper (2012)
- Children and Families Bill (2013).
- Health & Social Care Act (2012)
- Local Government Act (2012)
- Localism Act (2013)
- Open Public Services White Paper (2011)
- Public Services (Social Value) Act (2012)
- Support & Aspiration Green Paper (2012)

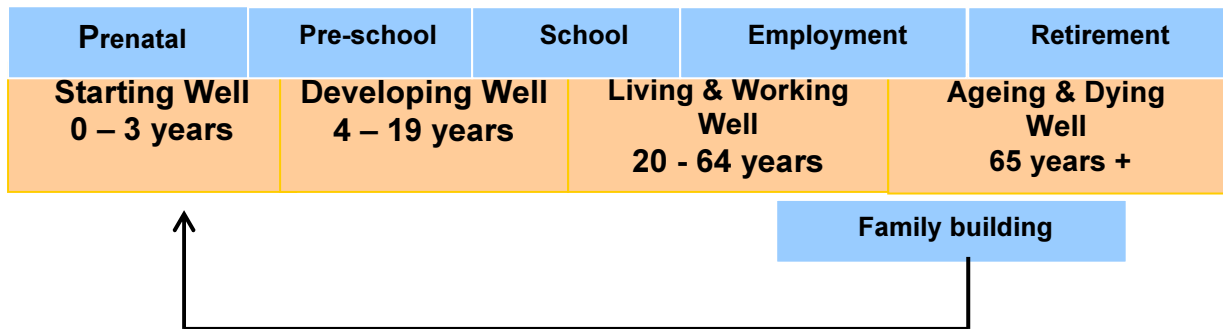
### Rotherham Health and Wellbeing Board

There are six identified high level priorities for the HWBB:

1. Prevention and Early Intervention - Rotherham people will get help early to stay healthy and increase their independence
2. Expectations and Aspirations - All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances
3. Dependence to Independence - Rotherham people will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
4. Healthy Lifestyles - People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles
5. Long-term Conditions - Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life
6. Poverty - Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

All these are across the Life Course Framework adapted from the Marmot Life Course. Of particular relevance for children and young people is Starting Well and Developing Well. The diagram below shows how the life course for this strategy links to the key point in people’s lives:

**Figure 3** Current CYPS commissioning activity against the Life Stages of the HWBS and alignment between this and the CYPS Commissioning Strategy



**The ‘Big Issues’**

The ‘big issues’ as identified by the JSNA and health inequalities consultation for children, young people and their families are:

<b>Starting Well</b>	<ul style="list-style-type: none"> <li>• Low birth weight and high infant mortality</li> <li>• High smoking rates in pregnancy</li> <li>• Low breastfeeding rates</li> <li>• High teenage conceptions</li> <li>• High obesity rates</li> <li>• High levels of oral disease and tooth decay</li> </ul>
<b>Developing Well</b>	<ul style="list-style-type: none"> <li>• Low attainment and aspiration</li> <li>• Low levels of physical activity</li> <li>• High rates of teenage pregnancy</li> <li>• High rates of emotional, behavioural or attention deficit disorders</li> <li>• Meeting the needs of increasingly diverse minority ethnic and migrant communities</li> <li>• High levels of lifestyle risks – smoking, alcohol, diet, obesity</li> </ul>
<b>Living and Working Well</b>	<ul style="list-style-type: none"> <li>• Low levels of physical activity</li> <li>• Low qualification and skills levels</li> <li>• High deprivation</li> <li>• High levels of depression and anxiety</li> </ul>
<b>Ageing and Dying Well</b>	<ul style="list-style-type: none"> <li>• Big gap in life expectancy in least and most deprived areas in Rotherham</li> <li>• Increase in age related conditions such as: dementia, mobility &amp; hearing impairment, diabetes, falls</li> <li>• High levels of depression</li> <li>• Low levels of physical activity</li> <li>• High levels of lifestyle risks – smoking, alcohol, diet, obesity</li> </ul>

### **Local Commissioning Priorities for CYPS**

All Children & Young People's Commissioning supports the priorities as identified in the Children & Young People's Service Plan:

1. We will focus on all children, young people and their families to improve their qualifications and skills and for them to be economically active through lifelong learning
2. We will safeguard children and young people from all forms of abuse, violence and neglect
3. We will identify need and support children, young people and families at the earliest possible stage
4. We will enable children to access opportunities to improve their health and wellbeing and have the best start in life

### **Strategic Commissioning Activities**

The key commissioning activities for CYPS to April 2014 and beyond. This section will be updated for 2015-16. The 4 points above are the thread that connects all of the following to one another.

### **Special Educational Need and Disabilities**

This area refers to the work to meet the requirements of the Support and Aspiration Green Paper, leading and contributing to service transformation to ensure services are at the optimum level of effectiveness and efficiency so that the outcomes for children, young people and their families are transformed.

### **Leaving Care**

This is a piece of work to recommission a service for improved outcomes and continuity of care for 3 years from April 2014

### **Contract Management of In-House Services**

All in-house CYPS services have contracts, service specifications and performance management frameworks.

### **Mental Health**

CAMHs where positive emotional health and well being very early in life can impact on health outcomes, improved aspirations and expectations and increased dependence in later years. It is a priority to seek improvements in mental health services capacity and outcomes. We will work closely with our clinical and commissioning colleagues in RCCG on Tier 2 and 3 CAMHs services and NHS England on Tier 4 CAMHs.

### **Maternity and Children's Service**

We will work closely with Public Health in the council on breastfeeding and smoking cessation during pregnancy. For Early Years and Children's Centres we will work with partners such as Health Visitors and the Family Nurse Partnership (FNP) particularly with the intention of supporting children to get the best start in life which is a HWBB priority.

### **Continuing Health Care**

We will support practitioners to work with RCCG on CHC for children and seek to align assessments and joint funding arrangements with those in adults.

## **Market Position Statement**

This work is already in place in Adults services and will be developed in CYPS commissioning, particularly in relation to SEN in order to inform providers of what is required from the market going forward to meet the SEN reforms and other statutory requirements on personal budgets and provision for children in need (CiN). We will work closely with RCCG and NHS England commissioners and providers including the VCS and the Children's Consortium to gain a comprehensive view of the provider market for children, young people and their families in Rotherham.

## **Review Partnership Commissioning Arrangements for Children and young people**

There is a potential risk of the fragmentation of health commissioning for children and young people across the new NHS architecture. The different commissioning responsibilities are spread across RCCG (CHC, Disabilities, 0-5 services, Tier 2 and 3 CAMHs), NHS England (Family Nurse Partnership, Tier 4 CAMHs), Public Health (Health visiting, school nursing, FNP and the children's and maternity screening and immunisation programmes). This does not capture all activity nor that responsibilities for commissioning different services will change in 2015.

Current joint commissioning arrangements with RCCG for children and adults include:

- Community Occupational Therapy Service
- Integrated Community Equipment Service (REWS)
- Learning Disability Service – NHS Contract
- Learning Disability Partnership Agreement - MOU
- Intermediate Care Services
- Mental Health Service (CAMHs) – Social Care Partnership
- Dementia Services (several contracts)
- Residential and Funded Nursing Care Services.

The joint working arrangements include joint commissioning, memorandums of agreement, lead commissioning and partnership protocols. The intention is that this joint work grows to meet the integration agenda under the Care Bill and the integrated commissioning responsibilities of the HWBB, including planning for the implementation of the Integrated Transformation Fund (ITF) which is to be implemented in August 2015.

## **Alignment with RCCG Commissioning**

The RCCG report their Annual Commissioning Plan setting out the timescales for consultation on commissioning intentions for 2014-15. This plan indentified the following priorities:

- Unscheduled Care
- Mental Health
- Learning Disability
- Maternity and Children's Service
- Joint Commissioning
- Continuing Health Care
- End of Life
- Primary Care

The above will all be incorporated in future joint working arrangements.

### **Public Health Commissioning**

Public Health (PH) transferred into the Council from RCCG as part of the new health architecture from April 2013. A review will take place in 2013-14 to align commissioning across PH, NAS and CYPS.

### **Our Commissioning Achievements 2013**

- White Rose Residential Contract – working with 7 other Local Authorities to deliver a framework for children and young people residential placements, achieving savings of £0.25m this year and each year going forward.
- Savings of £361k on fostering and residential care placements for children and young people through contract negotiations.
- Developed and implemented generic contract documents for all children and young people's services.
- Reworked the contracts concern database to extend to children and young people – helping to keep all Rotherham children and young people safe.
- Commissioned Healthwatch Rotherham as the new consumer champion for health and social care services.
- Published the Rotherham report card for CYPS to inform Elected Members, colleagues and members of the public about the services provided and their current performance levels.

### **WHAT NEXT?**

#### **Delivering the Strategy**

The Strategic Commissioning team of operational commissioners, LAC & SEN placement officers and contract officers will be responsible for a series of work streams working closely with colleagues in the NAS & CYPS directorates, Public Health and partners in Health and the independent sector.

An annual commissioning priorities work plan is in place to deliver the actions within the identified priorities and is appended to this document.

#### **Reviewing the Strategy**

The strategy presented here is a three year plan and we will review it annually and refresh the commissioning priorities work plan as appropriate. We will utilise the JSNA and other needs analyses, views and opinions of children, young people and their families. This annual review and refresh will tell us how we as Strategic Commissioners are doing in delivering commissioning activities against the national, corporate and local priorities, allowing us to reallocate capacity as required.

Children, young people and their families are at the heart of what we do and we will ensure that improved outcomes are delivered through robust commissioning.



**Glossary of Terms**

ACP	Annual Commissioning Plan
CAMHs	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
CiN	Children in Need
CtS	Connect to Support
CYPP	Children & Young People's Plan
CYPS	Children & Young People's Services
DLT	Directorate Leadership Team
EU	European Union
FNP	Family Nurse Partnership
HWBB	Health & Wellbeing Board
IPC	Institute of Public Care
ITF	Integrated Transformation Fund
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Children
MOU	Memorandum of Understanding
NAS	Neighbourhood & Adult Services
NHS ENGLAND	National Health Service England
NICE	National Institute for Health & Clinical Excellence
PH	Public Health
PMF	Performance Management Framework
RCCG	Rotherham Clinical Commissioning Group
REWS	Rotherham Equipment & Wheelchair Service
RHW	Rotherham Health Watch
RMBC	Rotherham Metropolitan Borough Council
SEN	Special Education Needs
SLT	Senior Leadership Team
VCS	Voluntary & Community Sector

**ROTHERHAM YOUTH CABINET MEETING  
26 November 2014**

**Minutes**

**Present:**

Alicia Wilson	Chair
Oliver Blake	Support

Josh Parker, Josh Grundy, Chalea Lynch, Tom Jackson, Sam Mitchell, Toni Paxman, Paige Hobson, Megan Stagles, Hannah Kong, Haleema Ali, Mateen Duresmain, Joon Kim, Brad Sargeson, Shannon Worthington.

**Apologies**

Rumbi Kambarami

**Introductions**

Young people gave their names, where they are from and if they liked the Hunger Games.

New members were welcomed to the group.

**Minutes from last Meeting**

The group read through minutes of last meeting.

**Manifesto Launch**

Josh P reported on Manifesto Launch. He said that the Manifesto Launch is an annual Youth Cabinet and UKYP event which allows them to showcase what they did the previous year and what they aim to do the following year. He felt it was a fabulous event and liked the ice breaker at the beginning of the session. He said there were some fantastic speeches from Roger Stone and Chris Brodhurst-Brown.

**Training Day Update**

Mateen talked about the training day and that MIND came to deliver training to the group around Self Harm to support them in their Manifesto Aim around this issue. Mateen said she was very surprised about what she learnt and felt a lot more enlightened and that her original thoughts were changed. She talked about the tasks they worked on, looking at what Self Harm actually is and what people could do to support this.

In the afternoon, the group wrote today's agenda, did updates and had some fun, played games and did team building activities.

**11Million Takeover Day**

The first half of this years will be reporting on actions from last years 11 Million takeover day's theme of Transport. The second half will be around access to support services for young people around Self Harm.

At the next sub group, young people were going to discuss who to invite from Health. A list of suggested people was read out and the group wanted them all invited. The sub group will discuss this further at the meeting on Thursday 28 November..

The group were reminded of the dates for 11 Million Takeover day; 30<sup>th</sup> January to discuss issues with professional health workers and 27 February for the Cabinet Meeting/full 11Million Takeover day event. Invites will be going out soon from Caroline Webb.

### **Visit to Houses of Parliament, London**

Sarah informed the group that Sarah Champion MP had invited the group to visit the Houses of Parliament in London on 25 February 2014, following her meeting with the group at the Manifesto Launch.

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### **Safe Havens and Rotherham Ready – Josh Grundy**

There is no update on Safe Havens as because of exams they have not been involved very much. Josh explained what Safe Havens was for new members as being a youth run anti bullying organisation run by young people in several schools in Rotherham.

Josh explained that Rotherham Ready is a youth enterprise group set up by Rotherham Council and most schools are involved. Josh said that Rumbi was currently in London talking about Rotherham Ready and Youth Enterprise.

### **Publicity and Promotion Sub Group**

The group had put together a promotional pack for schools but this needs finishing.

Brad and Shannon had been to Rawmarsh School to talk to the school council about Rotherham Youth Cabinet and Josh P and Paige went to St Pius school to help them set up their school council. They said that they seemed very keen to set up and improve their school council.

Oliver explained for new members that Youth Cabinet were on Twitter and Facebook.

### **LACC**

There was no updated from LACC as members were out on a meal during Youth Cabinet meeting so couldn't attend.

### **UK Youth Parliament**

Josh P and Nina went to House of Commons sitting. They debated on issues voted by around 500,000 young people across the country. The issues were Votes at 16, Curriculum for Life, Combating Youth Unemployment, Zero Tolerance to Bullying and Better Work Experience. The vote for the next national campaign were for 'Votes at 16' and 'better work experience for all'.

There has been a training session last Saturday for potential candidates for the next Youth Parliament elections which will take place in February. He said it was a reasonably successful day and they got lots done.

### **LGBT Update**

It was explained that LGBT is planning for next LGBT event in February and had recently done an event for Black History month.

### **Finance Update**

Oliver informed the group of what had been spent from the budget during the previous couple of months.

### **Youth Cabinet Constitution.**

Members looked through the current constitution and discussed changes they would like to make. The revised constitution will be agreed at the next training day.

### **Big Dream DVD**

The Big Dream DVD was shown to the group to highlight issues around living in Care.

### **Christmas Meal**

The group discussed where they would like to go for their Christmas celebration event. They voted for Orient Express in Rotherham.

### **AOB**

None

### **Debate**

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### Rotherham Local Safeguarding Children Board

#### Minutes from the meeting of Rotherham Local Safeguarding Children Board (RLSCB), held on Friday 13<sup>th</sup> September 2013, 10:00am – 12:30pm at Riverside House

##### In attendance

Steve Ashley – Chair	Independent Chair, Rotherham Local Safeguarding Children Board
Stacey Attenborrow – Minute Taker	LSCB Administrator, Rotherham Safeguarding Children Board
Richard Burton – Member	Lay Member, Rotherham Local Safeguarding Children Board
Kevin Stevens – In attendance to present agenda item 10	Safeguarding Quality Assurance Officer for Rotherham Local Safeguarding Children Board and Children and Young People's Services
Sue Cassin – Member	Executive Lead for Safeguarding at the Clinical Commissioning Group, Rotherham
Phil Morris – Advisor	Business Manager, Rotherham Local Safeguarding Children Board
Tracey McErlain Baines - Member	Interim Chief Nurse, The Rotherham NHS Foundation Trust
Anne Riley – Member	Service Manager, Children and Family Court Advisory and Support Service (CAFCASS)
Sue Wilson – in attendance to present agenda item 4	Performance and Quality Manager, Resources Directorate, Rotherham Metropolitan Borough Council
Warren Carratt – Advisor	Service Manager - Strategy, Standards and Development, Children and Young People's Services and Rotherham Local Safeguarding Children Board
Sarah Mainwaring – Member	Head of Probation – Rotherham, South Yorkshire Probation Trust
Deborah Wildgoose - Member	Deputy Director of Nursing, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
Joyce Thacker – Member	Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council
Councillor Paul Lakin – Participating Observer	Lead Member for Children and Young People's Services, Rotherham Metropolitan Borough Council
Robin Williams – Advisor	Service Solicitor for Children and Young People's Services, Rotherham Metropolitan Borough Council
David Polkinghorn – Member	General Practitioner, Clinical Commissioning Group, Rotherham
Paul Grimwood – Member	Youth Offending Services Manager, Rotherham Metropolitan Borough Council
Tracy Holmes – Advisor	Head of Corporate Communications and Marketing, Chief Executive's Department, Rotherham Metropolitan Borough Council
Jane Skupien – Member	Headteacher, Sitwell Infants School
Zafar Saleem – Advisor	Community Engagement Manager, Community Engagement Team, Rotherham Metropolitan Borough Council
Morri McDermott – agenda item 4	Operations Manager, Children's Residential Services, Rotherham Metropolitan Borough Council
Dorothy Smith – Member	Director of Schools and Lifelong Learning, Children and Young People's Services, Rotherham Metropolitan Borough Council
Debra Wadsworth – Member	Lay Member, Rotherham Local Safeguarding Children Board
Jason Harwin – Member	Chief Superintendent, District Commander, Rotherham South Yorkshire Police
Sam Newton – Deputy for Shona Macfarlane - Member	Service Manager, Safeguarding Adults, Neighbourhoods and Adult Service, Rotherham Metropolitan Borough Council
Cath Toovey – Deputy for Steve Green – Member	Group Manager, Emergency Response and Intervention, South Yorkshire Fire and Rescue
Sue Wynne - Member	Voluntary Sector
Tracey Slater – In attendance to present agenda item 12	Patient Experience Manager, Nursing Directorate, NHS England (South Yorkshire & Bassetlaw)
Liz Thackray – In attendance to present agenda item 2	Childline, NSPCC
Linda Alcock – In attendance to present agenda item 5	Safeguarding Children Unit Manager, Rotherham Metropolitan Borough Council
Alan Windle – Observer	Safeguarding Adults, Rotherham CCG
Deborah Johnson – In attendance to present agenda item 4	Quality & Performance Officer, Rotherham Metropolitan Borough Council
Anna Clack – Deputy for John Radford	Director of Public Health, Rotherham Public Health

**Apologies:**

Catherine Hall – Advisor	Nurse Consultant for Safeguarding Children, Clinical Commissioning Group, Rotherham
Mark Monteiro – Member	Detective Inspector, Rotherham Public Protection Unit, South Yorkshire Police
Nick Whittaker – Member	Headteacher, Hilltop and Kelford Schools
Pete Horner – Member	Public Protection Unit Manager, South Yorkshire Police
Clair Pyper - Member	Interim Director of Safeguarding Children and Families, Children and Young People’s Services, Rotherham Metropolitan Borough Council
Sherif El-Reftee - Advisor	Designated Doctor, The Rotherham NHS Foundation Trust
Shona MacFarlane - Member	Director of Health and Wellbeing, Neighbourhoods and Adult Services, Rotherham Metropolitan Borough Council
Anne Deeney – Advisor	Service Manager, Children’s Social Care, Rotherham Metropolitan Borough Council

**Agenda Item**

**1. Welcome/Apologies and Introductions**

Attendance and apologies were noted as above.

For the benefit of the new RLSCB Independent Chair, Steve Ashley, introductions were made by all.

Steve Ashley clarified his expectations of the board as being an opportunity for members to make positive changes, challenge decisions and resolve issues. The board needs to remain focussed on evaluating performance, reviewing action plans and ensuring their compliance.

The work of Alan Hazell, previous Independent Chair, was acknowledged, along with the assistance he provided to ensure a smooth handover took place.

**2. Childline Schools Service Presentation – Liz Thackray**

Attendees were provided with a report and information from Liz Thackray regarding the work being undertaken by Childline in schools.

Dorothy Smith asked what help Rotherham Council could provide to support Childline to access schools. Liz Thackray responded that at present Childline are using word of mouth to promote their services, attending head teachers meetings and liaising with the healthy schools coordinators.

Jane Skupien enquired what capacity the project had to deliver sessions. Liz Thackray explained that the project is delivered by volunteers. The process is that they apply to deliver the sessions, attend a group interview, an enhanced DBS check is carried out along with the relevant NSPCC checks, an online training course is completed, followed by 2 days of in house training, then coaching in schools, before the volunteers are signed off and split into pairs to deliver the training.

Kevin Stevens questioned if parents are required to ‘opt in’ for their child to attend the session. Liz Thackray clarified that parents are asked to return a slip if they choose to opt out of their child

attending the sessions. This number has been relatively low, and schools are encouraged to discuss with parents why they have chosen to opt out.

Anna Clack suggested that she meet with Liz Thackray to discuss how Public Health can assist Childline to deliver the sessions in schools.

Liz Thackray left the meeting.

**3. Revised Public Law Outline – Anne Deeney**

This item was rescheduled for the December board meeting.

**4. Safeguarding Children Performance National Indicators – Sue Wilson & Deborah Johnson**

The above report was explained in further detail by Deborah Johnson.

Steve Ashley queried if the data could be matched locally. Ms Johnson responded that they have access to this information from a national database for Looked After Children, however the national database only produce figures annually. The team are currently in the process of comparing Rotherham data against national data set to evaluate how accurate Rotherham data is.

Steve Ashley went to say that he would be asking the chair of the performance sub group to consider this information, analyse it and prepare a report for the RLSCB highlighting areas for concern. **ACTION No3.**

Steve Ashley queried if the performance team ever received performance information from any other agencies, if not this should be the responsibility of the performance sub group. Deborah Johnson responded that the information received by her team relates only to Rotherham Council. **ACTION No4.**

Phil Morris commented that whilst some indicators are anomalous they are driven by the Munro report, whilst others are driven by using data to look at outcomes. Steve Ashley responded that there is a need to look at local and national indicators to ensure an improvement in outcomes.

Dr Polkinghorn queried the availability of social care statistics considering how prominent this is in the media at present, information relating to vacancies and sickness levels for social workers is not easily found. He requested that this information be made available at the next RLSCB meeting. Sue Wilson replied that this information is made available to DLT, but this is in a format that would not be appropriate for the RLSCB meeting. Joyce Thacker also added that social worker positions are very tightly managed with a vacancy figure of below 5%.

This information prompted Steve Ashley to add that performance reports should be cascaded to agencies and lay members to allow individuals to analyse, query the reports, and provide feedback on how easy to understand they are. **ACTION No2.**

Jason Harwin questioned if there was a similar Safeguarding Board in England to compare with Rotherham, Sue Wilson answered that we are comparable to Doncaster, Barnsley, Wakefield , and Wigan.

Deborah Johnson and Sue Wilson left the meeting.

**5. Management of Allegations Against Professionals & Carers**

Linda Alcock presented the annual report for 2012-13 on the above topic.

This report will now be discussed annually.

Richard Burton queried who would be responsible for investigating an allegation against a professional out of area who was caring for a Rotherham Looked After Child. Linda Alcock explained, if a LAC child placed out of authority made an allegation against a professional, it wouldn't be a Rotherham Local Authority Designated Officer (LADO) case, but would be the responsibility of the area in which the allegation was made. Rotherham would offer advice and information to the LADO in that area.

Richard Burton went on to say that a report has been published today regarding children who are placed out of area. Joyce Thacker countered that she had seen this report, and was reassured that Rotherham only have a small percentage of LAC children placed out of authority, which is well within guidance.

Steve Ashley queried in LADO cases that were found to be substantiated, would this information transfer onto a Disclosures and Barring Service (DBS) check. Linda Alcock explained that all LADO findings are reported to DBS.

Debra Wadsworth requested information relating to the previous year's data for comparison, she felt that 25% of cases substantiated against foster carers and children's centres was relatively high.

Deborah Wildgoose oversees the LADO role across a number of localities for RDASH. She commented that the lack of referrals from health could be interpreted as both good and bad. Across RDASH there is awareness of the LADO role, however an on-going programme of training and practice development across agencies including RDASH would be beneficial. With the appointment of a new LADO this would be an excellent time to consider this.

Warren Carratt suggested that LADO data should be a function of the performance sub group to support the investigation of data gathered. Steve Ashley added that the data should be submitted on a quarterly basis. Brief information reports could then be produced to allow members to review and question the data and findings without the need for lengthy reports. Board members agreed with this suggestion. Steve Ashley went on to credit Linda Alcock with providing a very comprehensive report which documents the progress of LADO.

Linda Alcock informed board members that the new LADO is Jill Brookes.

Linda Alcock left the meeting.



**6. Previous RLSCB Minutes From 14.06.2013**

Updates on action points are covered in the table at the end of the minutes

**7. RLSCB Business Plan 2013-16**

Phil Morris described the main update to the plan from March 2013 being a result of the latest version of Working Together to Safeguard Children. Any additional priorities have also been incorporated. On 18<sup>th</sup> September the Business Plan is being presented at Scrutiny Panel.

**8. RLSCB Sub Group Update Reports**

Steve Ashley explained that each sub group was required to provide a report to the LSCB detailing what actions have been resolved, planned activity for the sub group, and who is attending the meetings. If issues are unable to be resolved at sub groups they should be brought to the RLSCB meetings for discussion.

**8.1 Performance and Quality Sub Group**

Phil Morris presented an update on behalf of Juliette Greenwood. This group is now being separated, with the final meeting scheduled for October. The meeting will establish how to split the group and which group attendees will report to.

**8.2 Policy & Procedures Sub Group**

Phil Morris presented this report. He informed board members that this sub group would be disbanding. With the introduction of Tri-X, this sub group is no longer a necessity.

**8.3 Serious Case Review Sub Group**

Phil Morris presented this update. He reported that Rotherham agencies had recently been involved in contributing to a serious case review in Croydon.

In relation to the 3 hanging deaths over the past 18 months, at this stage there will not be a serious case review, as the deaths are currently being examined operationally. Joyce Thacker added that a lessons learned report would be available in December.

**8.4 Learning & Development Sub Group**

Warren Carratt presented this report, explaining that 63 practitioners been through the Early Help Safeguarding Workshops during the first part of this financial year. Moving forward, the sub group will also take responsibility for improvement.

Joyce Thacker asked if this group would now address the multi-agency thresholds as discussed in an earlier agenda point, as this is an opportunity to reinforce learning. Warren Carratt responded that this issue is covered in the Core Group 3 workshop, and is already being addressed by this sub group.

### **8.5 CSE (Child Sexual Exploitation) Sub Group**

Jason Harwin reported that this sub group was well attended and relevant to the subject matter. The sub group meets every month for 2 hours. With such a plethora of information being continually released on this subject the group needs to be flexible and quick to react. The strategy has been refreshed, taking into account the report from the Home Affairs Select Committee and the Rochdale Inquiry.

Steve Ashley commented that there needs to be an audit trail of these issues raised by the Home Affairs Select Committee, and how they have been dealt with.

Jason Harwin went on to state that the delivery plan for the sub group has been refreshed, with tight timescales introduced. A number of actions remain the same, however over time these will evolve. The minutes of the meeting are available to share. When confidentiality is required there is a closed session.

Steve Ashley added that the CSE sub group filters into the RLSCB, however there are other related groups that will run alongside. The CSE group is strategic and is required to contribute to the RLSCB business plan, and having the correct professionals attend this meeting is key to its success.

Joyce Thacker pointed out that a communication strategy is required to make the remit of this sub group clear. Cllr Lakin agreed that agencies are under pressure to ensure CSE messages are cascaded to the public. This sub group should look at how this can be cascaded along with warnings to the community. Cllr Lakin also questioned if the actions from the extraordinary meeting form part of the CSE delivery plan. Jason Harwin confirmed that the actions are part of the new delivery plan.

In relation to a recent Times article there is an investigation on going. With regards to inspections, the Police Commissioner has ordered 3 reviews in South Yorkshire. A further inspection will look at the role of the Crown Prosecution Service in relation to historical cases. HMIC are planning one of the reviews on the progress of South Yorkshire Police.

Cllr Lakin questioned what the protocol is for reporting back on HMIC inspections. Jason Harwin explained that the format is open and shared with the public. Steve Ashley added that HMIC always publish reports unless there is a specific reason not to. HMIC if invited in to perform an audit will work to Terms of Reference, but may if they decide extend their scope.

Steve Ashley commented that with a large number of national recommendations in place, along with the RLSCB delivery plan, there will inevitably be some contradictions, so it is essential that we are aware of what is happening locally rather than solving national problems.

Joyce Thacker reported that an independent inquiry has been commissioned into child sexual exploitation in Rotherham between 1997 and January 2013. Timescales for the reporting of the inquiry have yet to be agreed, this will take place when an independent professional is appointed to lead the inquiry. The Terms of Reference for the enquiry are thorough and specific.

Joyce Thacker went on to announce that the Government have released a response to the Home Affairs Select Committee report. There is a real possibility of inspection from December 2013 and arrangements are being made to prepare for this.

Steve Ashley added that all LSCB's have issues and areas for concern, it is the LSCB's who aren't aware of their issues that are dangerous. Supporting staff is key to addressing our issues, and if Rotherham can overcome the current challenges we face, we will discover that we have the best teams possible in place.

Joyce Thacker commented that there have been increased number of referrals to social care regarding CSE, this is no doubt result of the increased awareness of this issue and improved processes.

Dorothy Smith left the meeting.

#### **9. Revised RLSCB Constitution & Terms of Reference**

Phil Morris explained that the constitution had been updated to include the revision of the RLSCB sub groups, with the main amendments being the introduction of the CSE sub group, and the separation of the performance and quality sub group. The new performance sub group requires a chair.

Steve Ashley asked if any agency wished to put forward a recommendation for a chair for the performance sub group. The response was negative.

Terms of reference for the sub groups aren't prescriptive allowing the sub groups to work together.

Deborah Wildgoose suggested that the signatories on the constitution be redone, as they are dated from 3 years ago. **ACTION No 9.**

#### **10. Multi-Agency Review of Serious Child Neglect**

The report was presented by Kevin Stevens.

Cath Toovey left the meeting

Steve Ashley commented on the excellent quality of the report, it focusses people on the outcomes for children. Agreed the report, with a case study, will go to the next Children, Young People and Families Partnership.

Tracey McErlain Baines, Zafar Saleem and Deborah Wildgoose left the meeting.

**11. HM Inspectorate of Probation Annual Report**

This report was presented by Joyce Thacker.

Phil Morris questioned if the RLSCB should seek assurance from the Corporate Parenting Board. Joyce Thacker agreed, and Sarah Mainwaring commented that there is a real role for the RLSCB to keep a close eye on this.

Richard Burton commented that the public have concerns with private companies offering probation services, due to their lack of experience. He questioned if the RLSCB would be able to influence decisions or make comment to the relevant organisations. Sarah Mainwaring responded that Alan Hazell had previously written a very good letter highlighting this. She also thanked RLSCB colleagues for their support.

Steve Ashley added that if there is evidence that companies such as G4S are not performing adequately the RLSCB will address this.

**12. NHS England Progress Report**

Tracey Slater presented this report.

Sarah Mainwaring added that there have been some changes in legislation with regards to mental health, which had also affected the Probation Service which were also undergoing considerable change.

**13. For Information**

**13.1 Minutes from extraordinary meeting of RLSCB held on 08.07.13**

Joyce Thacker reported that she had been working with Phil Morris following this meeting on the HASC report.

**13.3 Minutes from Rotherham Safeguarding Adults Board held on 03.07.13**

Phil Morris is in the process of arranging a meeting with the Safeguarding Adults Board Chair

**13.5 Briefing on CAFCASS Roles, Responsibilities and Priorities**

Attendees were advised to contact Anne Riley with any questions.

**14. AOB**

**14.1** On behalf of John Radford, Director of Public Health, Anna Clack informed the board that Public Health was looking to extend the emergency hormonal contraception initiative, which is aimed at under 16's. John Radford has discussed this with Joyce Thacker and proposes to present a paper on this topic at the Sexual Health Strategy meeting. The rationale behind extending the project is due to the immense impact on teenage pregnancy rates, it also provides an opportunity to access vulnerable young people.

Joyce Thacker added that the planned extension has been debated at the Children and Families Partnership. The project allows Pharmacists to act as a further source of help and support for young people in risky situations.

**14.2** Richard Burton commented that in light of the recent criticism directed at Rotherham Council, it is disappointing that the appointment of a new RLSCB Chair has not been widely publicised. Steve Ashley responded that he is working with the media team on a communication strategy.

**Actions Points Raised / On-Going from RLSCB Meeting Held on 14.06.2013**

<b>No:</b>	<b>Owner</b>	<b>Details</b>	<b>Update</b>
1.	Sonya Chambers	Table an update for the RLSCB to be briefed on the progress towards the 7 recommendations	On-going Planned for December 2013 Board meeting
2.	CSE Sub Group	The processes for when children are placed out of area need to be strengthened	On-going - The Exploitation sub group requested that Safe at Last conduct a review requested by Clair Pyper. Has this action been taken forward by CSE Sub group?
3.	Pete Horner	Provide an update regarding the restructure of the Criminal Investigation Department of South Yorkshire Police, which would affect the Public Protection Unit	On-going. The restructure is still on-going. Update to be provided when finalised.
4.	Deborah Wildgoose & Clair Pyper	Rotherham, Drug and Alcohol Services, Adult Mental Health Services and Children's Social Care are working together effectively to address any safeguarding concerns. The required audits, as stated in the Ofsted recommendations to LSCBs, are underway in Rotherham and the results will be reported back to Rotherham LSCB.	On-going. Deborah Wildgoose to meet with Clair Pyper to clarify exactly what is required.
5.	Shona Macfarlane	Provide an update to the December Board on the actions taken from the Ofsted – What About Children report	On-going. To be discussed at December RLSCB meeting.  DISCHARGE – as already covered by action point 4 above.
6.	Clair Pyper	Provide an update on how Child S' family would be supported following the publication of the Home Affairs Select Committee report into child sexual exploitation	On-going. Update to be provided at December meeting

**Actions Discharged from RLSCB Meeting Held on 14.06.2013**

<b>No:</b>	<b>Owner</b>	<b>Details</b>	<b>Update</b>
1.	P&QA Sub Group	Performance and Quality Assurance Sub Group will soon be able to report multi-agency performance information back to Rotherham LSCB.	This group has now been separated, performance information will be the responsibility of the Performance Sub Group
2.	Phil Morris	The 7 recommendations to be developed and progressed through an action plan.	Done – see point 6
3.	Phil Morris	Add an update to the Rotherham LSCB Constitution in relation to the secure handling of paper documents/reports.	Done
4.	Phil Morris	Share RLSCB information sharing practices with RLSCB members	Done
5.	Kevin Stevens	Include the recommended suggestion in the Section 11 Audit Process.	Done

6.	Warren Carratt & Phil Morris	Produce an action plan to progress the 7 recommendations which were a result of the review.	Done
7.	Sonya Chambers	Circulate an electronic copy of Ofsted report to Board Members	Done
8.	Sonya Chambers	Amend the minutes from 15.03.13 to show Martin Kimber as an 'observer' rather than 'participating observer'	Done
9.	Phil Morris	Position for lay member should be filled for the September RLSCB meeting	Done –Debra Wadsworth was welcomed as the new Lay Member
10.	Sonya Chambers	Circulate an electronic version of 'Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework'	Done
11.	Phil Morris	Circulate the RLSCB Annual Report to Board Members before the September meeting	Done
12.	Sonya Chambers	Arrange a meeting to discuss the implication of the Home Affairs Select Committee report on sexual exploitation	Done
13.	Phil Morris	Gather nominations for professionals interested in attending the police led MACIE Training	Done – MACIE training has taken place with full representation from Rotherham
14.	Alan Hazell	Consider the impact of changes in organisation structure on the attendance at RLSCB meetings	Discharged – The issue of suitable representation was discussed at September RLSCB meeting
15.	Phil Morris	Provide Richard Burton with leaflets relating to Neighbourhood watch and sexual exploitation	Done – The leaflets are available for Richard to collect. Jason Harwin also volunteered to look at distributing copies.

### Actions from RLSCB Meeting Held On 13.09.13

No	From Agenda	Owner	Action
1.	Item 2	Phil Morris	Notify Liz Thackray of the point of contact for feeding back updates on the Childline project.
2.	Item 4	Sue Wilson	Send performance reports to Sonya Chambers for distribution to Board Members, allowing them to review current performance.
3.	Item 4	Steve Ashley	Discuss with Clair Pyper how the Performance sub group are going to review information and ensure that key points are translated into meaningful information for the RLSCB.
4.	Item 4	Performance Sub Group	Performance Sub Group to include all data sets from other agencies.
5.	Item 5	Phil Morris	Provide Debra Wadsworth with the previous year's information relating to LADO cases.
6.	Item 5	Phil Morris	Arrange a meeting for Steve Ashley to meet LADO, Jill Brookes, to allow an understanding of her role and how things are progressing.
7.	Item 5	Steve Ashley	Meet with Linda Alcock to discuss the lack of LADO referrals in certain agencies.
8.	Item 9	Steve Ashley	Discuss potential chairs for the performance sub group with Phil Morris
9.	Item 9	Sonya Chamber	Update signatures on RLSCB Constitution
10.	Item 8.1	Steve Ashley	Attend the Performance Sub group to gain an understanding of the information reviewed.
11.	Item 8.4	Jason Harwin	Provide Sonya Chambers with an updated CSE delivery plan for distribution.
12.	Item 8.4	Sonya Chambers	Circulate the CSE action plan to Board members
13.	Item 8.4	Jason Harwin	For the next RLSCB meeting in December provide a progress update for this sub group along with an agenda item to discuss the delivery plan.
14.	Item 8.4	Sonya Chambers	Circulate the link to the Governments response to the Home Affairs Select Committee report.
15.	Item 10	Steve Ashley	Meet with Kevin Stevens to discuss the Multi Agency Review of Serious Child Neglect report further and establish how it fits into the RLSCB. Table for the December RLSCB meeting.
16.	Item 10	Joyce Thacker & Cllr Lakin	Report to go to the Children, Young People's and Families Partnership on 20 <sup>th</sup> November, 2013.
17.	Item 12	Sarah Mainwaring Tracey Slater	Discuss the issues Probation is having with the new mental health legislation.