

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

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

Date: Wednesday, 14th January, 2015

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 - 13)
3. Matters Arising
4. Issues and Concerns

For Discussion:-

5. Foundation Years' Service - Best Start Strategy (Pages 14 - 33)
Frances Hunt to present
6. Children and Young People's Action Plan Update (Pages 34 - 39)
Sue Wilson to present
7. Emergency Hormonal Contraception Update (Pages 40 - 44)
Gill Harrison, Public Health
8. CSE Update
Jane Parfremment to report

For Information:-

9. Youth Cabinet (Pages 45 - 53)
Minutes of meeting held on 20th November, 2014
10. Any Other Business.
11. Date of Future Meetings
18th March, 2015
27th May
15th July
All meetings will commence at 2.00 p.m. in the Town Hall

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP
Wednesday, 19th November, 2014

Present:- Councillor Beaumont (in the Chair); Councillor Roche, Rebecca Atchinson Dr. David Clitherow, Tracey Guest, Ian Hill, Phil Morris, Barbara Murray, Rachel Nicholls, Roche, Wheatley and Whittle and Sue Wilson.

2 members of the public were present (Dave Pickering and Christine Peters).

Apologies for absence were received from Steve Ashley, Harwin, Mott, Radford, Smith, Parfremment and Ormondroyd.

307. MINUTES OF THE PREVIOUS MEETING HELD ON 24TH SEPTEMBER, 2014

Resolved:- That the minutes of the previous meeting held on 24th September, 2014, be approved as a correct record subject to the inclusion of a member of the public (Mr. D. Pickering) as being in attendance.

308. ISSUES AND CONCERNS

There were no issues and concerns to report.

309. BUDGET ANALYSIS ACROSS ALL AGENCIES

In accordance with Minute No. 304 of 24th September, 2014, further discussion took place on the ability to disseminate partners' budget spend across the Children and Young People's Plan priorities.

It was again questioned what the outcome and benefit to children would be of the exercise. In theory an understanding as to how much each partner contributed to the different parts of the children's agenda was very much needed but in reality was quite complex due to the budgets not being aligned in that manner.

There would be an element of double counting and the data being out of date very quickly.

Partners, however, did feel that there needed to be an understanding of the finances and how much each was contributing to Children Services but not assigned to the priority headings.

Resolved:- That Joanne Robertson, Finance Manager, contact each of the partners for the total spend that supported the Children and Young People's Plan

310. IAN THOMAS, INTERIM STRATEGIC DIRECTOR OF CHILDREN AND YOUNG PEOPLE'S SERVICES

The Chair introduced Ian Thomas, the newly appointed Interim Director of Children and Young People's Services, who would take up post on 1st January, 2015.

311. ROTHERHAM LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Phil Morris, Business Manager of the Local Safeguarding Children's Board, presented the 2013-14 Annual Report.

Boards were required to produce and publish an annual report on the effectiveness of safeguarding children in the local area as mandated in the Children Act 2004 (S14a) as amended by the Apprenticeships, Skills, Children and Learning Act 2009. Under the recently revised statutory guidance, the annual report should:-

- Provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the cause of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period
- Be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.
- List the contributions made to the Board by partner agencies and details of what the Board had spent including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All Board member organisations had an obligation to provide Boards with reliable resources (including finance) that enabled it to be strong and effective. Members should share the financial responsibility for the Board in such a way that a disproportionate burden did not fall on a small number of partner agencies

Key priorities for Rotherham's Board within its Business Plan and highlighted in the 2013/14 Annual Report included:-

- Child Sexual Exploitation
The LSCB had provided excellent training and awareness sessions for professionals working with families and the community. It had audited the risk assessments used on child sexual exploitation cases and identified some improvements which had been implemented. The priority for support for victims was currently being progressed with the Health and Wellbeing Board and commissioning groups within the Borough
- Child Neglect
In 2013 the LSCB had undertaken a review of cases where children

had been seriously neglected. The review, the key findings of which were briefly outlined in the 2012/13 annual report, highlighted the importance of identifying neglect early, utilising assessment tools designed to assist in identifying neglect and in assertive interventions with the aim of addressing the factors underpinning the neglectful parenting.

The challenge to all agencies working with children and families was to ensure the review's lessons were implemented. To this end, the RLSCB had disseminated the review's key lessons through presentations at a range of high level strategic inter-agency meetings including the Improvement Panel

– Domestic Abuse

In 2013 the Council's Improving Lives Select Commission conducted a Scrutiny Review of Domestic Abuse the focus of which was to develop more integrated domestic abuse service provision that had clear protocols and pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other workstreams were addressing the impact as it had on victims. By responding to the review recommendations, Rotherham would be able to

- Evidence its local compliance with the national Violence Against Women and Girls' agenda
- Evidence that the Domestic Abuse Priority Group on behalf of the Safer Rotherham Partnership were proactive in reducing the risk of domestic homicide in line with emerging national best practice that was focussed and co-ordinated
- Enable the actions of agencies to withstand scrutiny in a Serious Case Review or Domestic Homicide Review
- Respond to victims and their families effectively

As part of the Service developments, the Local Authority, Police and other partners were implementing a Multi-Agency Safeguarding Hub (MASH). A domestic abuse hub was being developed that would see Police Officers, Social Workers, independent Domestic Violence advocates and other professionals working together to provide an effective and timely response possible to domestic abuse. This would include the use of a Domestic Abuse Risk Assessment matrix to enable identification of risks, protective factors and the most effective response for individual children and their families.

The definition of domestic abuse had been changed in March, 2013, to include young people aged 16-18. In 2013-14 13 young people (aged 16-17 years) had been referred to Rotherham MARAC. The Department of Education had provided funding for a Young Persons Domestic Violence Advocate who had key responsibility for the high risk cases that were referred to MARAC and provided specialist

advice to professionals on cases of under 16's. In 2013-14 there were 328 (of 455) cases referred to MARAC which encompassed a total of 518 children.

A priority area identified for improvement in Rotherham was the multi-agency response for children and their parents where there was domestic abuse and the victim had no recourse to public funds.

- Early Help
In the last 12 months the Local Authority had developed an early help dashboard to provide the LSCB members and advisors with an overview of activity in the Borough. This included caseload information relating to child/young person/family support provided by, amongst others, Children's Centres, Targeted Family Support Team, Integrated Youth Support Service and Learning Support Service.
- Voice of the Child
The LSCB had listened to what children and young people had said through:-
 - The results of the Lifestyle Survey
 - The work of the Looked After Children Council on experiences of children in the care of the Local Authority
 - The work of the Youth Cabinet on self-harm issues
 - The advocacy support work for children on a Child Protection Plan

Discussion ensued on the report with the following issues raised/highlighted:-

- An executive summary at the beginning of the document would be useful
- The report would be submitted to the Health and Wellbeing Board, Cabinet and the Police and Crime Commissioner. Partners reported that they would be taking through their respective governance structures
- It was a public document and attention should be drawn to the fact that it was available
- There was an open invitation from the Chair of the LSCB for contact with any professional within or outside the Borough or member of the public
- The annual report had been due to be published in early September and referred to the previous business year. The introduction had been changed acknowledging the Alexis Jay report. Progress on the Jay report recommendations would be reported on a frequent basis to

the Board and would be reflected in the 2014/15 annual report

- The Board placed great value on the voice of a child and there were a number of specialism in terms of listening to what a child said e.g. for Looked After Children there was the Corporate Parenting Panel which the Board saw as being the primary forum for Children in Care having a voice and being listened to. The Board took assurance from the Panel that action was being taken and responded to the voice of children in care
- The challenge was to say how a training course attended by an officer made any difference to the outcomes for children. Following completion of the training course feedback sheets, the Board undertook a 10% sample 3 months later asking what difference the training had made. Audits were used within the quality assurance framework to ascertain if the learning had been translated into outcomes
- Early Help Services/Youth Worker/Welfare Officer/Health Visitors etc. needed to ensure they were capturing the voice of the child so they had a safe journey
- The Board had had discussions with the National Working Group for CSE, regarding understanding the motivations of offenders, to ascertain if any research had been conducted nationally either by the Group or in partnership with an academic institution which might be useful
- Differences in the statistics contained within the Board's annual report and those quoted in the newly published Ofsted report
- Suggestion that the Performance Indicators in terms of vulnerability were too narrow and should include Mental Health, CAHMS, Sexual Health, school attendance and Police
- The report referred to the work of the Youth Cabinet and Lifestyle Survey
- Senior managers would have a visible presence and would accompany front line staff on visits

Resolved:- That the report be noted.

312. ORAL HEALTH OF CHILDREN IN ROTHERHAM

Rebecca Atchison, Public Health, presented a report on the oral health of children in Rotherham.

Oral health had become the responsibility of the Local Authority and Public Health in April 2012. Public Health held 2 Service Specifications to

deliver oral health activity i.e. Oral Health Promotion Service and the Dental Epidemiology Service. Each of the specifications had been reviewed and the values reduced to ensure value for money. Dentists and specialist community dentistry were commissioned by NHS England.

The CYPS Performance Team had been requested by the CYPS Departmental Leadership Team to explore dental health activity and performance against Indicators. A meeting was held to discuss the current commissioning and provider agreements and review the plans for the future.

Current performance was measured by the DFMT rates in the Public Health Outcomes Framework 4.03 (Tooth Decay in Children aged 5). It was recognised that the rates did not evidence the full impact of dental issues within the communities.

An Oral Health Improvement Strategy had been developed to address the issues and develop a clear outline of the Oral Health Needs of Rotherham residents. It was anticipated that the Strategy would be out for formal consultation by December, 2014.

Discussion ensued on the report with the following issues highlighted/clarified:-

- The reasons for Rotherham's increasing poor dental wellbeing was not known, however, the Strategy would address oral health improvement across the Borough. It would allow the Authority to take stock of where it was now as well as a clear vision of where it intended to go in the future
- The newly commissioned Oral Improvement Service was now more focussed and targeted and hopefully would start to deliver improvements across the whole of Rotherham. It had focussed funding on specifically increasing fluoride within the vulnerable communities targeting those communities where there were known high levels of dental decay
- Dental Nurses no longer went into schools to check children's teeth on a regular basis. A survey was conducted on an annual basis by dentists but only for a particular cohort. It was planned to move to developing "brush groups" that a specialist would go into school and set up sessions so that schools could take them forward with the messages provided by a number of professionals. It was also noted that the Colleges had a high number of ESOL students with whom work could take place
- The Healthy Schools Programme advocated and encouraged schools to only provide water and not have fizzy drinks/other drinks on the premises. It was also strongly advocated that for younger children milk or water be the drinks of choice

- It was suggested that dental health be included in the new Pre-Birth and Beyond Programme that was currently being developed
- Public Health England were working on the issue of water fluoridisation
- The options appraisal that would be considered by the Council would include fluoridisation possibly on a sub-regional basis due to the boundaries of the various water companies in South Yorkshire
- The Strategy would be subject to consultation as from December, 2014

Resolved:- (1) That the review information that was collected by CYPP to align with the date within the Service specifications be noted.

(2) That an options appraisal be developed for increasing fluoride across communities possibly as a South Yorkshire project

(3) That the consultation and reporting process for the Oral health Improvement Strategy be approved.

313. TERMS OF REFERENCE

Consideration was given to the Partnership's terms of reference and membership.

It was felt that both required updating to reflect the findings of both the Alex Jay and Ofsted reports and a review of the Partnership's purpose which would determine the terms of reference. Partners suggested the following:-

- Addition of a Children and Young People's Consortium representative
- Representation from the Youth Cabinet
- The Partnership should be pro active

Resolved:- That a review of the Partnership's terms of reference and membership be undertaken.

314. CHILDREN AND YOUNG PEOPLE'S SERVICES PERFORMANCE INDICATOR REPORT - QTR1 2014-15

Sue Wilson, Performance and Quality Manager, presented the outline performance as at the end of Quarter 1 2014/15 against targets with direction of travel against previous year's performance and comparisons with statistical neighbours and national data where available.

Attention was drawn to the following:-

- There were no red Indicators in Quarter 1
- Thematic qualitative case audit process - 192 case audits
- Qualitative audit checklists for all Looked After Children Reviews – 267 cases reviewed resulting in 18 informal concerns, 7 Stage 1 concerns and 4 Stage 2 concerns being raised
- Qualitative audit checklists for all Initial and Review Child Protection Conferences – 197 conferences (421 children) resulting in 38 concerns being raised through the escalation/challenge procedure
- Active involvement in the development and contribution to the LAC Action Plan
- Development of a new LAC Care Plan and LAC statutory visit template together with refreshed guidance and standards
- Multi-agency training regarding the new Children in Need/Child Protection Plan delivered to 50 front line professionals
- Refresh of CYPS Team Manager Learning Sets including the development of an intranet site providing a central repository of information that encompassed changes in national guidance, changes in legislation, sharing of good practice, evidenced based practice and research papers
- Development of “Capturing the thoughts, feelings and wishes of Children involved with Social Care Services in Rotherham”
- Monthly meetings between the LSCB Business Manager/Quality Assurance officer and CART manager or responsible Service Manager to carry out dip sample of contacts that had been deemed to required No Further Action

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

(2) That any Indicators where there were ongoing issues or poor performance be subject to performance clinics.

315. CHILDREN AND YOUNG PEOPLE'S SERVICES PERFORMANCE INDICATOR REPORT - QTR2 2014-15

Sue Wilson, Performance and Quality Manager, presented the outline performance as at the end of Quarter 2 2014/15 against targets with direction of travel against previous year's performance and comparisons with statistical neighbours and national data where available.

Attention was drawn to the following:-

- Priority 2: Protecting our most vulnerable people and families, enabling them to maximise their independence - Measure Nos. 40 (% of Assessments completed to target date) and 41 (% of Assessments completed within 35 working days (local upper limit)) were rated Red
- Qualitative Case Audit Process – 47 case adults including Child Sexual Exploitation risk assessments, enhanced Child Protection, Children in Need and Looked After Children

- Qualitative Audit Checklists for all Looked After Children Reviews – 274 cases reviewed resulting in 54 informal concerns, 12 Stage 1 concerns and 1 Stage 2 concerns being raised
- Qualitative Audit Checklists for all Initial and Review Child Protection Conferences – 203 conferences (429 children) resulting in 31 concerns being raised through the escalation/challenge procedure. 2 concerns had progressed to Stage 2 of the procedure
- Active involvement in the Ofsted Inspection
- Delivery of the new Children in Need/Child Protection Care Plan to 12 newly qualified Social Workers as part of the Assessed and Supported Year in Employment
- Learning Set developed and delivered to LAC Teams about the importance of how CSE Risk Assessments informed and influenced the child's Care Plan
- Development of CYPS Social worker Practice Aide-memoirs – initial 4 included reflective practice, missing children, meeting the needs of LAC children and LAC reviews

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

(2) That any Indicators where there were ongoing issues or poor performance be subject to performance clinics.

316. LOOKED AFTER CHILDREN'S COUNCIL (LACC) UPDATE

An update on the work of the Looked After Children's Council was submitted highlighting:-

- Voice and Influence
The LACC were currently meeting for weekly training and development sessions.

They held regular meetings on weekends and evenings to prepare presentations and complete high profile project work. Up to 15 Looked After and Leaving Care young people had attended meetings at any 1 time during the quarter in question.

Over the past 5 months the LACC had engaged in a variety of Voice and Influence sessions working on team building skills, self-awareness and self-esteem.

- Annual Peer Consultation Feedback
LACC members had conducted their annual consultation asking 62 Looked After and Leaving Care young people their opinions of the

Service they had been provided with over the previous year. Face-to-face consultations had also taken place as well as visits to local residential accommodation and semi-independent units. Social Care Managers had been asked to support the process and given the LACC 'Have Your Say' form to distribute around the young people they worked with to encourage their voluntary engagement, however, this had had limited success.

- Youth Voice Vehicle Overnight Residential
The LACC, UK Youth Parliament and Youth Cabinet had an overnight residential to Habershon House on 23rd and 24th July. As well as team building activities they had collated and analysed the feedback from the above consultation and started to form the basis of their recommendations to improve their Service.
- Summer Holidays Chill and Chat Activities
Young people had worked together to create a complete summer activity Chill and Chat activity schedule to cover the 6 weeks summer holiday with the aim of giving themselves the opportunity for continuing support, keeping in touch with each other and spending positive time together engaging in fun activities.
- Healthy Eating on a Budget
A successful bid had been made to Easy P's to purchase 5 Healthy Eating Life Skills Sessions whereby young people were encouraged to work together to create healthy eating on a budget menus and work in kitchens to cook their own creations. The group had engaged in 2 of the sessions so far.
- CSE Ofsted Inspection
2 Ofsted Inspectors had visited LACC to discuss, amongst other things, avenues and experiences of support, feelings and perceptions about the recent findings in the Jay report and media coverage. 4 LACC members chose not to participate.
- Peer Consultation Feedback
Councillors Beaumont, Lakin and Jane Parfremment had been invited to a meeting where the feedback was presented together with recommendations to improve the Looked After and Leaving Care Service for Rotherham young people. It was agreed that the suggestions should contribute to the LAC Pledge when it was updated.
- Children in Care Council (CiCC) Conference
Members had visited Nottingham to take part in the conference which focussed on the Health and Wellbeing of Looked After and Leaving Care young people. The annual conference drew together LAC Councils from across England to discuss and explore ideas.
- Youth Voice Vehicle Training Day

The LACC, UK Youth Parliament and Youth Cabinet had worked together as part of the 3 strands of youth democracy in Rotherham which made up the Youth Voice Vehicle. The training day had involved planning youth democracy projects for the coming year and engaging in team building exercises.

- Remembrance Sunday Parade and Service
4 young people had represented the LACC at the Service in Rotherham Minster. They had written a special message and laid their poppy wreath of remembrance on behalf of all looked after and leaving care young people.

317. CSE UPDATE

Ian Thomas, Interim Strategic Director of Children and Young People's Services, gave the following update on CSE.

- There was an action plan following the Jay report and the Ofsted themed inspection
- Work had started on the Hackney Carriage and Private Hire Licensing Policy which was now out for consultation and to be introduced as from 1st April, 2015
- Deputy Leader to launch a new campaign on 24th November at the New York Stadium entitled "Standing Together Against CSE"
- Consideration being given to the practices in terms of CSE when referrals were received. Working closely with the Police to ensure appropriate action was taken
- Raising awareness of issues in terms of grooming, signs to look for etc. It was hoped a learning event would be held in the New Year with other authorities that had secured convictions
- The themed inspection had revealed that no area in the country had solved the problem and every partner should look at themselves critically and ensure they had all the processes and systems in place to prevent and disrupt such criminals

The voluntary and community sector reported on the following meetings that had taken place:

- A conference had been held on 5th November which over 100 people from the voluntary and community sector had been invited to talk about some of the lessons learnt and moving forward in terms of community awareness training. A number of victims had been in attendance and had spoken. The conference had been commissioned prior to the publication of the Jay report

- A VCS Women’s BME CSE meeting had been held on 3rd November as well as a meeting with some of the BME groups whose main focus of delivery was women. The messages from those meetings needed to be fed in. It had also been highlighted the need to work specifically with BMI groups and Asian women/girls/young people. It was clearly not just the voice of young people but also the voice of women
- There had been 5 specific areas of concern – raising awareness, working and supporting the victims, bringing the perpetrators to justice, issues with some specific areas where they did not feel safe and the rebuilding of Rotherham, learning from what had happened and building trust.
- Agencies who worked with older people, especially within the Asian community, stated that women did not feel safe going out any more and the impact it had had on families
- A meeting had been arranged with the Police on 1st December because of the number of issues raised about the use of the 101 telephone number

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

(2) That the notes of the VCS Womens BME CSE meeting held on 3rd November be circulated to Partnership Board members.

318. ROTHERHAM LOCAL SAFEGUARDING CHILDREN BOARD

The contents of the minutes of the meeting of the Rotherham Local Safeguarding Children Board held on 4th September, 2014, were noted.

319. ANY OTHER BUSINESS

Ian Thomas, Strategic Director, Children and Young People’s Services gave a verbal update on the Ofsted Report the recommendations of which were fully accepted and the Local Authority committed to putting right.

There had been a series of non-compliances at the Council. The 2013 statutory guidelines “Working Together” had not been adhered to. The Service had no vision, the Service Plan was weak, performance management was not used to drive performance, partnerships were fragile, lack of management from some partners and the LSCB had been found to be inadequate around the challenge to seek resolution and remedial action

Although the Service was not as bad as Ofsted had stated, more could have been done prior to the inspection to get the Authority to a much better position. Assessments under the new Framework were much tougher with only 27% of authorities having reached “good”.

It was not just Social Workers who came in at the end and dealt with the minority of cases. There needed to be effective and robust Early Help Services that worked with community partners e.g. Health Visiting Service, GPs, teachers who saw the problems first before the clients met the Social Care threshold.

There needed to be 3 clear objectives. Firstly to ensure people were protected from offenders, secondly that they were healthy and ready to start school and thirdly ensure young people and their families were ready to learn. An action plan would flow from those with smart objectives that held agencies to account. Frontline workers needed to be supported with their workload with management oversight through effective supervision.

A community response was required. Meetings were to take place with Rotherham United and other sports/athletics clubs who had iconic status with the young people. All were very supportive, as was the voluntary and community sector, in rebuilding the town.

320. DATE AND TIME OF NEXT MEETINGS

Resolved:- That the next meeting of the Children, Young People and Families Partnership be held on Wednesday 14th January, 2015, commencing at 2.00 p.m. in the Town Hall, Rotherham.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Children, Young People's and Families Partnership
2.	Date:	14th January
3.	Title:	Foundation Years Service/ 'Best Start' strategy
4.	Programme Area:	Schools and Life Long Learning – Children's Centres as part of the Early Years and Child Care Service

5. Summary

In order to continue to improve outcomes for children and families, as a result of service delivery across all Rotherham's Children's Centres, it has become increasingly apparent that improved integrated multi agency partnership working is urgently required. This is especially the case for the future improvement of outcomes for the most disadvantaged children and families, within the context of an integrated early help offer. This, together with the context of the significant restructuring of the 22 Children Centres across Rotherham, (September 2013 – April 1st 2015), will result in a reduction of the number of designated Children's Centres, but at the same time increase the size of each remaining Children Centres reach area. This means individual Children Centres will have greater numbers of children and families to work with from April 2015. In order to meet this challenge, work started in March 2014 to plan and develop an improved and sharper integrated multi agency partnership working arrangements, with a particular focus on Health, with Children Centres at the hub of each locality. This was initially, through the concept of a 'Foundation Years' service, which has now evolved into an integrated 'Best Start' Partnership Strategy'. This strategic work, which is being completed jointly by both strategic and operational staff (including Children Centres; Public Health; Rotherham Health Foundation Trust; Troubled Families/Early Help; Voluntary and Community Sector; LA performance management; and schools is still ongoing and developing. This paper describes the nature of this development work and the progress being made.

6. Recommendations

For the group to receive and take note of information and progress being made with regard to the development of the 'Best Start' strategy

7. Proposals and Details

A short term aim of the 'Best Start' Strategy, is that by April 1st, 2015, (to coincide with the implementation of the restructuring of Children's Centres) the following will be in place and being implemented to support increased and improved integrated partnership working for the benefit of improving outcomes for children and families.

- Agreed data sharing information and reporting protocols between Health; adult/family learning; DWP/Job Centre Plus; 'Troubled families'; LA Performance and Management team and Children Centres
- An integrated Children's Centre leadership team model, including representation from Health and 'Troubled Families', as well as the Head of Centre and lead Family Support worker
- An agreed mapped core universal Health service offer, including Health workforce in each locality/Children's Centre reach area.

Vision of an integrated 'Best Start' partnership strategy

Children's Centres acting as a hub for an integrated 'Best Start' partnership way of working with the following vision:

- A coherent, holistic and integrated approach to universal early childhood service delivery from pre- conception to 5, ensuring better targeted resources to meet children and family's needs to improve outcomes, particularly for the most vulnerable, within the context of community based services

Principles of the 'Best Start' partnership

- All children and their families across Rotherham would be entitled to a core offer of universal services. Upon identification of further need, additional services would be available at community and Borough level
- Engagement with early childhood health services (universal and targeted)
- Multiagency team approach from pre - conception to 5
- Sign up and agreed protocols for communication, reporting and sharing information and data
- All partners accountable, with responsibility for driving vision
- Working together to develop a plan to achieve the vision
- All partners agree and take responsibility to deliver the shared vision
- Quality staff development and quality assured service delivery
- Staff work in a professional, integrated and evidenced based way
- Barriers are removed to make sure the improved integrated partnership working is successful
- The service should be universal and community needs led
- All partners maintain core service delivery
- All partners will follow data and information sharing protocols (as agreed by the Data Sharing Task Group)
- All partners are to communicate effectively and efficiently

Development work so far

Stakeholders event held 2nd April 2014 –led jointly by Public Health, Head of Midwifery Services and LA Early Years and Child Care services. The purpose of this event was to gather initial views and ‘sign up’ from a range of key partners on a proposed draft vision, aims and principles to improve integrated partnership working within the context of Children’s Centre/locality service delivery. This event was attended by senior strategic representatives from CYPS; Public Health; Rotherham Health Foundation Trust; Midwifery, Health visitors; Voluntary and Community Sector; Troubled families, social care; adult and family learning service; Headteachers; school governors

May 2014, the creation of a Best Start strategic group with agreed terms of reference. Membership representation reflects the above range of integrated services at a senior strategic level. A project plan and timeline was agreed. In September 2014, a presentation and learning was gained from Leeds LA ‘Early Start’ programme (a model of integrated partnership working). The Best Start strategic group continues to meet alternate months, since May 2014, and receives feedback from each of the chairs of the 3 Best start task groups

June 2014, creation of 3 individual task groups, with agreed terms of reference and action plans, which focus on driving agreed actions and development work required to meet the expected outcomes as of April 1st 2015. These 3 task groups have representation of integrated service membership, including operational staff from Children Centres and Health, Voluntary and community sector; LA HR and performance management staff. These individual task groups continue to meet on a monthly basis. The task groups are as follows:

- Integrated leadership task group
- Data and performance task group
- Universal service offer/Resources/Buildings and staffing

Completed tasks by members of the integrated leadership task group, as referenced to this groups agreed terms of reference and action plan priorities.

Review of Job descriptions for Head’s of Children Centres, lead Family support workers, with reference to the integrated leadership model for Children’s Centres.

The creation of a visual integrated leadership model/structure for Children’s Centres, including ‘team around the child locality meetings’. This diagram identifies proposed attendance, purpose, remits and expected outcomes for each element of the leadership model. This continues to be a ‘working document (**See appendix A**)

Created ‘Best Start’ workforce principles/ shared vision statement/philosophy regarding ‘Best Start’ integrated working

Learning from a visit to Woodville Children’s Centre in Derbyshire (7th January 2015) – to inform the development of Children’s Centres advisory board groups- as part of the integrated leadership model

Completed tasks by members of the Integrated Data and performance task group, as referenced to this group agreed terms of reference and action plan priorities

This group has developed an agreed Rotherham protocol for sharing integrated data and information between multiagency services and Children Centres. This includes the identification of specific data streams, and what should be shared, by whom and when. (See appendix B)– Best Start protocol sharing document, and data requirements

As Part of the LA Transformational Challenge Award bid for Mash developments (which has been successful), and included some development funds for a ‘single view of a child’ This is a data system which will enable data streams from all organisations to be collected, identifying which services are working in identified children-

Completed tasks by members of the Integrated Universal service offer/Resources/Buildings and staffing task group, as referenced to this groups terms of reference and action plan priorities

Alignment of the new Children Centre boundaries to that of Health visiting boundaries

Completed draft single referral form for all services to use to refer into Children’s Centres

Working on a universal Health pathway, including ‘Baby and Beyond’ programme

Mapping of existing buildings in each new Children Centre reach area, which are presently being used for the delivery of ‘early help’ services. This includes the identification of RMBC buildings; GP surgeries, libraries and Children Centre buildings (including Children Centre buildings that will becoming ‘linked sites from April 1st 2015). Work on the mapping of buildings is continuing.

7. Finance

At present there has been very little cost to the work involved in the initial stages of the development of the Best Start integrated partnership strategy. This is due to the initial work being focused at a strategic level. Costs for the stakeholders event in April 2014, was funded from the Early Years and Childcare budget.

Costs will need to be identified and planned for, and a decision as how these will be funded. These costs will primarily be needed to cover integrated service staff training, and a communication policy

9. Risks and Uncertainties

The recent proposal to restructure CYPS, suggests that Children Centre’s will be under the remit of Universal and Targeted services from April 1st 2015. With this

change in mind, the Best Start development work which has already been completed, together with a longer term vision for improved integrated partnership working between services needs to be considered and planned for prior to April 1st. This will ensure a smooth transition from implementing the short term aims by April 1st leading into a longer term vision

Plans to communicate the 'Best Start' strategy with and also gather the views of both families in communities and with operational staff from different early help services has been delayed until the above activity has been completed. The same applies to the required planned training of the relevant integrated operational workforce from services who provide early help offer, in order that improved integrated partnership becomes embedded and operational in each Children's Centre locality area .

Urgent consideration needs to be given to the possibility of the existing boundaries for Social Care and midwifery services aligning with the new Children Centre boundaries from 1st April 2015

10. Policy and Performance Agenda Implications

The initial work completed so far, through the Best Start strategy, will provide an effective foundation, enabling teams with the universal and targeted service to build further upon, in order to improve integrated service delivery of early help offer to families and children 0-19. This will also support the delivery of Rotherham's Children's and Young People's Services vision and also contribute to the achievement of outcomes as identified below.

The Vision for Rotherham's Children's and Young People's Services

Working with children, families and our partners, for Rotherham's Children's Services to be rated outstanding by 2018. Our key outcomes will be:

- Children and young people are healthy and safe from harm
- Children and young people start school ready to learn for life
- Children, young people and their families are ready for the world of work

11. Background Papers and Consultation

- Rewiring Public Services, Children's Services, LGA, 2013
- Evidence for the Frontline, Alliance for Useful Evidence, Dr. Jonathan Sharples, 2013
- Integrated Commissioning Strategy for Early Years services for children with additional needs 2008-2011, Devon County Council, 2008
- The Tail, How our schools fail one child in five: what can be done, Marshall, 2013
- Strategic toolkit for planning integrated working, 4 Children, 2010
- Bright Futures: local children local approaches, LGA, 2013
- Report of the Children and Young People's Health Outcomes Forum, The CYP Forum, 2012
- The State of the State 2013, In Search of Affordable Government, Deloitte and Reform, 2013

- Children and Families Bill, DfE, February 2013
- The Foundation Year: Preventing poor children becoming poor adults, Frank Field, Dec 2010
- Supporting Families in the Foundation Years, Frank Field, 2010
- Best Practice for Sure Start: The Way Forward for Children's Centres, Report from the all party parliamentary sure start group, July 2013
- Birth and Beyond, Department of Health, 2011
- Sure Start Children's Centres Statutory Guidance, Department for education, April 2013.

Contact Name : Frances Hunt – Assistant Head of School Effective/Head of Early Years and Child Care Service

REPORTS – CHECKSHEET

This Checksheet must be completed by all report writers and the Democratic Services Officer.

Meeting:	
Date:	
Title:	
Directorate:	

1. Have you completed this report strictly in accordance with the Cabinet template and guidance notes?

YES

2. Has the Chief Executive or relevant Executive Director approved this report for consideration by Members?

YES / NO

Name of Report Author:-

3. Is the report OPEN or ~~EXEMPT~~. If exempt please give reason(s).

....

To be completed by Democratic Services Officer

1. Confirm that you have done a quality control check before publishing this report.

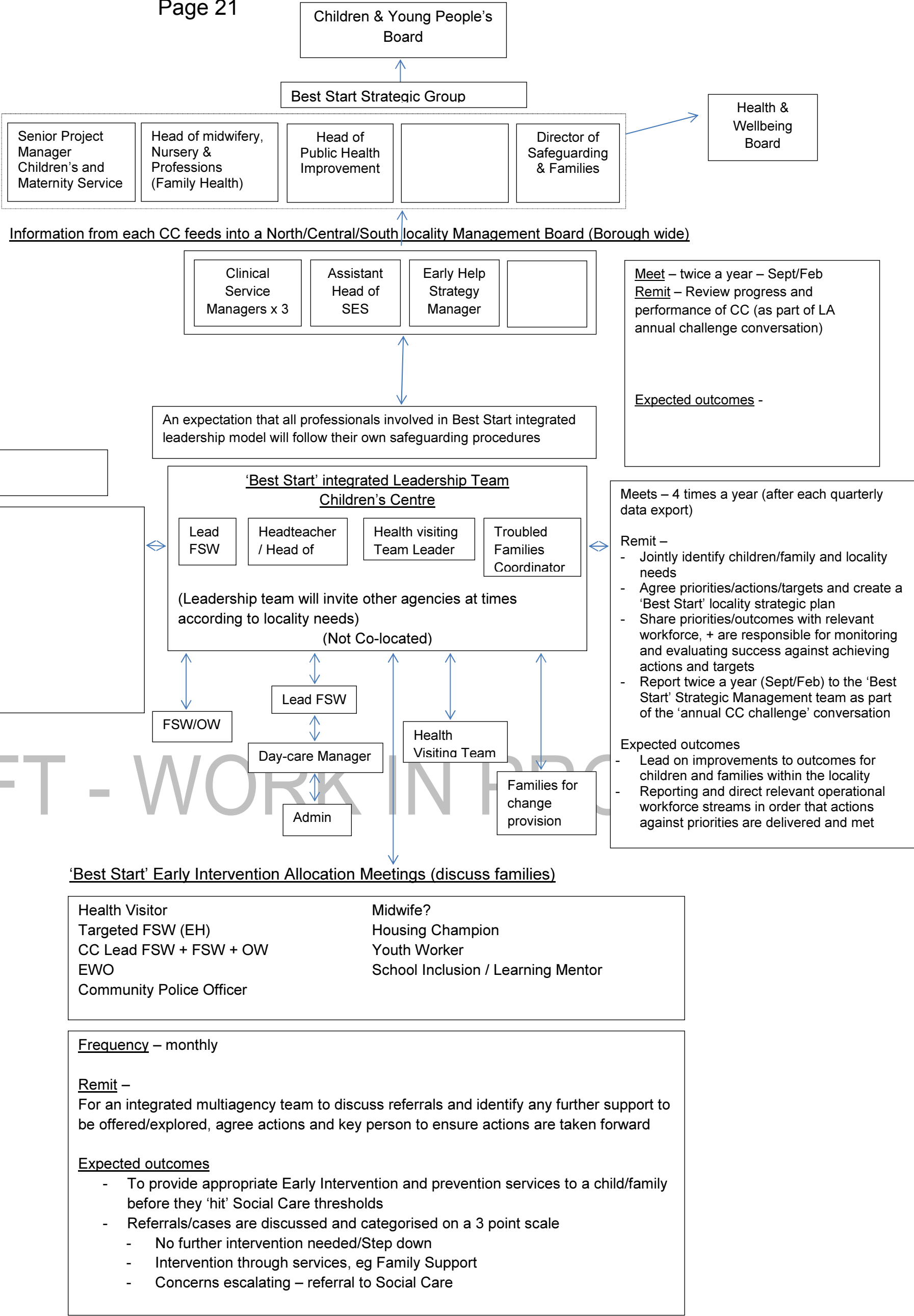
YES/NO

2. Specify any amendments made:-

.....

3. Check OPEN or EXEMPT.

Name of Democratic Services Officer:-



DRAFT - WORK IN PROGRESS

- Communications:
Communication channels with:
- Schools in Learning communities (especially with schools who have taken on a Children's centre 'link site')
 -
 -
 -
 -
 -

Operational Staff Forums (across the borough)

Frequency – 3 times a year

Remit

- provide multi agency training across all sectors of staff – as integrated ('Best Start' teams)

Expected outcomes

- Staff receive training from other 'disciplines' in order to increase their awareness & understanding of each other's work
- Share good practice
- Work out solutions to challenges/barriers

Appendix B**Service Specific Protocol –x xx****1 Aim**

To provide clear guidance for partner organisations to help them share information safely, in compliance with the law while respecting an individuals right to privacy and confidentiality whilst supporting the development of a new Best Start Service for families with pre and post birth children under five.

2 Pre Requisites

All organisations **MUST** commit to the Rotherham Overarching Information Sharing Protocol.

All Best Start team members are required to see this agreement alongside organisational policies for:

- Information Governance including Email use, use of moveable media devices
- Records Management including Safe Transfer of Paper Records, Electronic Records Guidance
- Safeguarding Children Policies

3 Why do we need to share information?

- ❖ To ensure that children and parents/carers receive the best possible service
- ❖ To ensure that the service children and parents/carers is both coordinated and complimentary
- ❖ To ensure all services have a **complete** cohort of young people for whom they should be providing a service
- ❖ To fulfil Ofsted data requirements for the 'Best Start' service.
- ❖ To analyse and identify strategic needs and baseline analysis for each locality/reach area

There are shared cross Governmental target that Children & Young People's Services these are:

- Increase the prevalence of breastfeeding at 6 – 8 weeks from birth
- Reduce obesity among primary school age children in Reception Year
- Reduce hospital admissions caused by unintentional and deliberate injuries to children and young people
- Reduction of Teenage Conceptions
- Reduce the proportion of children in poverty
- Increase the take up of early education places by low-income/vulnerable families
- Increase early access for women to maternity services
- Reduce the numbers smoking during pregnancy
- Increase access to family and adult training and increase employability
- Improve attainment in relation to the % achieving a good level of development by the end of the Early Years Foundation Stage and narrow the attainment gap

The sharing of appropriate information is a key step for these joint targets to be met.

This protocol is intended to cover the sharing of information relating to children and parents who are entitled to the following services which are provided via the 'Best Start' Service team.

- Access to antenatal advice and support for parents / carers
- Child health promotion programme
- Information and guidance on breast-feeding, hygiene, nutrition and safety
- Promoting positive mental health and emotional wellbeing including identification, support and care for those suffering from maternal depression
- Access to parenting programmes
- Early identification of children with special needs and disabilities
- Access to speech and language and other specialist support
- Support for Healthy lifestyles
- Help to stop smoking
- Access to free early education provision
- Access to childcare provision
- Access to early childhood services
- Access to training to improve personal skills, education and employability

4 Legal basis

Children's Centres are multi-disciplinary teams to provide services to individuals and families relating to health care, social care and educational development, the provision of such information to partner bodies is within the scope of Section 2 of the NHS Act 1977 which permits things calculated to facilitate or conducive or incidental to, the discharge of duty to provide a health service.

Section 22 of the same act also places a specific duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

In addition NHS bodies and Local Authorities have a clear responsibility to be proactive in the sharing of information with Children's Centres. This is set out in the Department of Health Priorities and Planning Framework and through the Department of Health Public Service agreement objective of working together to improve the life chances of children.

This means that NHS bodies and local government can and should share basic personal information as long as confidentiality and data protection requirements are met. This protocol sets out the procedures to be followed to ensure these requirements are met.

As such the legal basis for the sharing between L.A., NHS organisations, Voluntary/Community sector, JCP/DWP, Maintained Schools and Academies for the 'Best Start' Service is to enable the exercise of statutory functions. As such, the applicable fair processing conditions in the Data Protection Act are Condition 5(b) in Schedule 2 for personal data and Condition 7(b) in Schedule 3 for sensitive personal data. The relevant statutory duties which the Council is required to comply with are set out in sections 1 to 4 of the Childcare Act 2006 which relate to the Council's duty to improve the wellbeing (definition which includes physical and mental health and emotional wellbeing; protection from harm and neglect; education, training and recreation) of young children in its area and to reduce inequalities between young children in its area. Of importance is the fact that the LA is under a duty to make

arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to facilitate access to those services, and maximise the benefit of those services to parents, prospective parents and young children.

4 What information is to be shared?

Data Flow A – GP data is required for all under 5's in the Rotherham area in order to establish an initial baseline of the shared cohort. This data will need to be supplied on a quarterly basis. Personal designated data fields required are:

- Name
- Address
- Postcode
- DOB
- Ethnicity

This data will be used to identify all children not registered at a Children's Centres

Data will be collected via GP's and sent to LA Central contact

Data Flow B1 – The following data is required on a weekly basis for all Pregnancies in the Rotherham area:

- Name
- Address
- Postcode
- DOB
- Health Worker Name

Data Flow B2 – The following data is required on a weekly basis for all new Births in the Rotherham area

- Name
- Address
- Postcode
- DOB
- Health Worker Name

This data will be used provide services both pre and post birth.

Data will be collected by Midwifery Service/HV and sent to CC's

Data Flow C – The following data is required quarterly(Adult and Family Learning in SES) for those who have attended training, the training attended, qualifications gained and the numbers of any who have gone onto further training or into work

- Name
- Address
- Postcode
- DOB

This data will be used to provide services to those who are unemployed, require training or re-training or wish to improve personal skills

The data will be collected by SES and sent to LA central contact

Data Flow D - The following data is required annually (Public Health Outcomes)

- breastfeeding, smoking cessation, obesity figures in F2, immunisations, hospital admissions/accidents, teenage pregnancies
- aggregated into Children's Centre reach areas/postcodes

Data will be collected by the Public Health Team and sent to the individual CC's

Data Flow E – The following data is required Quarterly (Midwifery and HV universal coverage)

- % of contacts made by midwives
- % of contacts by HV's (through healthy child programme)

Data will be collected through System 1 and sent to LA central contact

Data Flow F – The following data is required annually (LA Performance and Management Team) from schools and academies

- EYFSP data for those children who have accessed Children's Centres services

Data will be collected by the LA Performance and Management Team and sent to a LA central contact

Data Flow G – The following data is required quarterly (Troubled Families)

- % or number of families with under 5's who are participating in the families for change programme

Data will be collected by And sent to LA central contact

Data Flow H – the following data is required quarterly (Job Centre Plus)

- Number of adults referred by the Children's Centre to DWP
- Numbers of the above who have been supported into secure employment

Data will be collected by Job Centre Plus and sent to individual Children's Centres

6 How and when will data be shared?

The appropriate data flows will be transmitted via a secure electronic mechanism (to be defined – presumable GC mail to NHS.Net) and loaded onto the e-start database. This database is subject to RMBC password and Information security procedures. An agreed person will acknowledge receipt.

7 Retention of information

The data received will be subject to RMBC Security and Archiving procedures.

8 Quality Assurance.

RMBC and all Partner Agencies will be responsible for the quality and accuracy of the information they provide to each other.

9 Renewal of the service specific protocol

The service specific protocol will be reviewed every 24 months unless any specific operational changes dictate otherwise

Signed Date:

Rotherham Metropolitan Borough Council

Signed Date:

NHS Organisations

Signed Date:

D.W.P

A.N. Other

Appendix B

Best Start Service/Team – Proposed Data Requirements 15/16

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
Name, date of birth, address and ethnicity of all children aged under 5 as at 1 st April living in Rotherham	Postcode – sorted to SOA level	Quarterly	GP data currently used	Collected by Performance and Quality Team (CYPS)
Number of lone parents with a child under 5 years as at 1 st April	Postcode / Children's Centre reach	Annual	Revenues and Benefits	Sandra Wright (EYCCS)
Number of disabled parents with a child under 5 years as at 1 st April	Postcode / Children's Centre reach	Annual	Revenues and Benefits	Sandra Wright (EYCCS)
Number of children aged under 5 years as at 1 st April living in households dependent on workless benefits	SOA	Annual	Dwp.gov.uk	Sandra Wright (EYCCS)
Number of teenage mothers registered with a Children's Centre	Postcode / Children's Centre reach	Annual	eStart	Sandra Wright (EYCCS)
Number of teenage mothers having (sustained) engagement with Children's Centre	Postcode / Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of lone parents registered with a Children's Centre	Postcode / Children's Centre reach	Annual	eStart	Sandra Wright (EYCCS)
Number of lone parents having (sustained) engagement with Children's Centre	Postcode / Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of BME children registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of BME children having	Postcode sorted to SOA	Quarterly	eStart	Sandra Wright (EYCCS)

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
(sustained) engagement with Children's Centre	level			
Number of disabled children registered with a Children's Centre	Postcode / Children's Centre reach	Annual	eStart	Sandra Wright (EYCCS)
Number of disabled children having (sustained) engagement with Children's Centre	Postcode / Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of disabled parents registered with a Children's Centre	Postcode / Children's Centre reach	Annual	eStart	Sandra Wright (EYCCS)
Number of disabled parents having (sustained) engagement with Children's Centre	Postcode / Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of fathers/male carers from targeted groups registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of fathers/male carers from targeted groups having (sustained) engagement with Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of children living in workless households registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of children living in workless households having (sustained) engagement with Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of children registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of children having (sustained) engagement with Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
Number of children living in a 30% SOA registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of children living in a 30% SOA having (sustained) engagement with Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of families registered with a Children's Centre	Postcode sorted to SOA level	Annual	eStart	Sandra Wright (EYCCS)
Number of families having (sustained) engagement with Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of families living in workless households seen at Adult Learning and support to access employment events	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of babies under 6 months old registered with a Children's Centre	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of home visits undertaken	Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of Children's Centre events to promote and support breastfeeding	Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of mothers who have accessed Children's Centre events to promote and support breastfeeding by target group	Postcode sorted to SOA level	Quarterly	eStart	Sandra Wright (EYCCS)
Number of referrals made to other agencies	Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of Peer Supporters (breastfeeding and generic)	Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
supporting service delivery				
Take up of 2, 3 and 4 year old EEF	SOA	Termly	School Census QA	Collected by Performance and Quality Team (CYPS) & Early Years and Childcare Service
Number of teenage mothers (under 20 years as at 1 st April)	Postcode / Children's Centre reach	Annual	No longer able to access.	Could use; Midwifery service data? Commissioned by CCG Or HV data Commissioned by NHSE – to be transferred RMBC.
Breastfeeding rates (6-8 weeks) Suggest also collecting; Initiation of breast feeding. (note; this is by hospital rather than residency) Will be performance managed for HWB strategy.	Children's Centre reach	Annual	Public Health - currently provided at Ward level as 2 year averages	RFT have this data at postcode level. Not PH, we would need their permission to use this and has time implications. From April this will be retrospective from System 1 data. HV asking after the event. Memory may create an additional variable and effect data completeness. HV will input as part of new national contract.
Smoking cessation rates amongst	Children's Centre reach	Annual	Public Health –	From RFT data sets.

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
pregnant women Suggest using; Smoking at delivery – postcoded data			currently provided at Ward level as 2 year averages	Contracts will need amending to incorporate this
Childhood obesity rates for Reception Year	Children's Centre reach	Annual	Public Health – currently provided at Ward level as 3 year averages	Can be requested as postcode data. This is PH data. Small numbers so are identifiable PH to look to see if this is feasible by children centre reach.
Emergency hospital admission rates for under 5's – including reason for admission May need to not include reason. ?? very small numbers. May not be useful data? RA to make suggestion as to alternative.	Children's Centre reach	Annual	Public Health – currently provided at Ward level with no reason for admission	HES data. RFT and CSU hold this information provide to PHE on CCG area basis. Low numbers and possibly patient identifiable. Query why you may want this information and it's helpfulness. E.g. one very poorly child in an area could completely skew data.
Immunisation Rates	Children's Centre reach	Annual	Public Health – currently provided at Ward level	Not accessible by PH. NHSE may be able to provide.

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
				Need to also review what's collected on the HV system on this.
% of pregnant women seen by a midwife RA to suggest alternative data set to meet this.	Children's Centre reach	Quarterly	Not currently collected	Not PH – Suggested that this aligns with the information in the Maternity service Spec. CCG commissions this service – Emma Royle
% of children seen by a health visitor through the Healthy Child Programme RA suggests 10/14 days Consider using Joint 2 year assessment data.?	Children's Centre reach	Quarterly	Not currently collected	Not PH – Suggest that we mirror the contacts in the HCP, see national spec.
Number of pregnant women seen by a midwife	Children's Centre reach	Quarterly	Not currently collected	
% of children seen by a health visitor through the Healthy Child Programme	Children's Centre reach	Quarterly	Not currently collected	
Name, DOB and address of all Family Learning Contacts (outside Children's Centre)	SOA	Quarterly	Not currently collected	
Name, DOB and address of all Adult Learning Contacts (outside Children's Centre)	SOA	Quarterly	Not currently collected	

Data Required	Geographical Area	Frequency	Data Source	Responsible for collection
EYFSP Data by child and school – include name, DOB, address and postcode and scores	Child postcode	Annual	Not currently collected	Performance and Management Team
Number of families with a child under 5 and number of children aged under 5 who are participating in the families for change programme	Children's Centre reach	Quarterly	Troubled Families – not currently collected	
Number of adults referred by a Children's Centre to DWP	Children's Centre reach	Quarterly	eStart	Sandra Wright (EYCCS)
Number of adults referred by a Children's Centre to DWP who have been supported by DWP into secure employment	Children's Centre reach	Quarterly	DWP – not currently collected	Job Centre Plus

ROTHERHAM METROPOLITAN BOROUGH COUNCIL

1.	Meeting:	Children, Young People and Families Partnership
2.	Date:	14th January 2015
3.	Title:	Children and Young People's Plan – 3rd Progress Report
4.	Directorate:	Children and Young People's Services

5. Summary:

The current version of the partnership Children and Young People's Plan (2013-16) (CYPP) is based on a "plan on a page" style and has been in place for almost 2 years. This is the 3rd monitoring report being presented to the partnership and this time is by exception and presented as a highlight report instead of the detailed action plan which has been submitted to previous meetings.

Progress is reported against each of the 7 priorities in the CYPP

6. Recommendations:

- (i) The Partnership receive the 3rd monitoring report against the Children and Young People's Plan (CYPP)**
- (ii) The Partnership agree to undertake a formal review the structure and content of the plan earlier than originally planned to ensure that it is aligned to the current improvements in CYPS arising since the publication of both the Alexis Jay and the OFSTED inspection report.**

7. Proposals and Details:

The current version of the Children and Young People's Plan (2013-16) was developed by the Children, Young People and Families Partnership in 2013 and was based on a "plan on a page" style.

The original six priorities and progress made against these in the last six months has been:

7.1 We will ensure children have the best start in life

What's working well

- An increase in the uptake of school meals, currently 21,500 meals per day, rising from 18,000 in November 2013
- Take-up of 2 year old early education in the Autumn term was one of the highest in the country (78%). A marketing plan has been produced with the corporate marketing team and a programme of promotional activity is in place to increase this further.
- Currently 96% of all children under 5 and their family are registered with a Children's Centre
- 919 children out of 978 achieved weight loss who accessed weight management services (93%)
- The development of The Best Start Service is well underway working jointly with partners developing services for children 0-5 and their families around the remaining children's centres from 1st April 2015

7.2 What we are concerned about

- There are concerns in relation to the increasing number of children in reception and year 6 who are overweight or obese, of those children measured, both saw an increase from the previous year and are higher than Yorkshire and Humber and National Comparators.
- The work to progress midwives in Rotherham consistently and accurately assessing levels of alcohol consumption during pregnancy by the use of the screening tool Audit C has been delayed due to the late start of the alcohol project in the hospital

7.3 We will engage with parents and families

What's working well

- Further work has taken place to embed the "Rotherham Charter" and to continue the co-production and commitment to genuine partnership working with young people and their families
- A group of parents are involved in refining the Rotherham Charter for Early Years Settings
- Work is underway to pilot a "Young Inspectors" group of young people who will work with services to carry out quality assurance and inspection activity

7.4 What we are concerned about

- In September, OFSTED inspectors found that the voices and experiences of the most vulnerable children were not routinely heard in Rotherham and that their views and wishes and feelings were not always taken into account when planning services, work is already under way to address this.

7.5 We will reduce harm to children and young people who are exposed to domestic abuse, alcohol / substance misuse and neglect

What's working well

- A substance misuse scenario was delivered during September and October 2014 by Know The Score staff to those young people from Rotherham Schools from Year 6 attending the Crucial Crew events at Hellaby.
- Alcohol awareness week pack development is underway with themed days that can be delivered by any partner
- Know The Score (KTS) specialist young people's drug and alcohol service has been fully transferred as planned to the Child and Adolescence Mental Health Services (CAMHS) team.
- Domestic Abuse awareness raising continues in Rotherham secondary schools and information now included in the Personal, Health and Social Education, (PHSE) curriculum for primary schools around "Expect Respect"
- Early Help Support Panel established and will be reviewed as part of the Early Help Strategy refresh in 2015.

7.6 What we are concerned about

- In relation to adult substance misuse services needing to ensure that appropriate safeguarding checks are undertaken, the most recent audits completed have shown a slight decrease in performance highlighting a slight downshift since the original audit in 2012.

7.7 We will work with partners to eradicate child sexual exploitation

What's working well

- Partners have recently co-located to work together around the safeguarding children agenda including the Child Sexual Exploitation (CSE) Team. This will progress to the development of a Multi-Agency Safeguarding Hub (MASH).
- Work has started on the completion of a CSE Needs Analysis. This work is led by a Public Health consultant. The initial focus will be to identify the post-abuse support needs of CSE victims
- A conference was held for over 100 delegates from the Voluntary and Community Sector (VCS) to build understanding across the sector and to identify what they can do as individual organisations and collectively to support the CSE agenda in Rotherham.
- 557 Young People have been involved in CSE education programmes led by the CSE teams in schools. With an additional 695 young people working with

our Integrated Youth Support Service (IYSS) on informal curriculum sessions related to CSE.

- Police intelligence staff have locally developed and introduced a specific CSE suspect risk assessment and Disruption Plans. 167 individuals have been assessed with 32 scoring as high risk.

7.8 What we are concerned about

- In relation to the Crown Prosecution service increasing their understanding and awareness of CSE, work continues and meetings have been arranged to discuss this with them further

7.9 We will focus on all children and young people making good progress in their learning and Development

What's working well

- KS1 to KS2 progress by 2 levels in writing increased by 2% to 91%. National averages increased by 1% to 93%. The gap to national average has been reduced to 2%.
- Childminders who have received good or better grades at Ofsted inspections is now at 82.1% this is above the National average of 78.4% Early Years receiving good or better grades at Ofsted inspections is now at 89.7% this is also above the National average of 83.3%
- Improved attainment of children by the age of 5 has increased by 6.5% to 62.2% in 2014, up 2% above the national average at 60.3%.
- In 2014 KS1-KS2 progress by 2 levels in mathematics increased by 2% to 90%. National averages increased by 1% to 89%. Rotherham averages were above the national average for the first time.

7.10 What we are concerned about

- Two secondary schools were below the DfE KS4 floor standard in 2014. One of the schools was below in 2013, this school has an Executive Headteacher system leadership arrangement is in place. It is the first year that the other school has been below floor standard, this school converted to an Academy in September 2013 graded a good school by OFSTED.

7.11 We will target support to families in greatest need to help access learning / employment opportunities

What's working well

- During the period November 2013 to 31 October 2014 Integrated Youth Support Service (IYSS) have provided one to one support for 4766 young people aged 11-19 IYSS have worked with 885 young people aged 11-19 through early intervention and currently are supporting 461.
- IYSS have 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. Partnership arrangements are now in place with schools and colleges.

- Targeted work with schools has now been instigated using the risk of NEET (Not in Education, Employment or Training) indicator. Retention activity is delivered in the colleges.
- Rotherham Offer for post 16 students with Learning Difficulties and Disability has been published and was launched in the summer
- The November 2014 NEET figure for Rotherham was verified at 5.9%, in comparison to our statistical neighbour average of 5.7% and a national average of 4.6%. This is based on Rotherham residents of academic age 16,17 and 18.

7.12 What we are concerned about

- Our Rotherham NEET figure is higher than both National and Statistical Neighbours, our Not Known return of 4.7% is significantly lower than both National (11%) and Statistical Neighbours (10.7%), which suggests more robust data.

7.13 An additional and seventh priority around the SEND Transformation (Special Educational Needs and Disability) was added during 2014 as part of implementation of the SEND reforms in Rotherham.

With parents and young people, we will transform how education, care and health partners ensure that children and young people with special educational needs or a disability are identified early and supported to achieve the best possible outcomes in adult life. We will focus on making the transition between different services as seamless as possible.

What's working well

- Rotherham's Local SEND Offer database was developed and the website was available from September 2014, this is based on Connect to Support model and was developed involvement from young people and their parents
- Rotherham Parent Carer Forum (RPCF) role refreshed in line with SEND reforms and new business plan produced for 2014 – 17 .
- A Joint Commissioning implementation group has been established, bringing together education, health and care commissioners, including NHS England and colleges as commissioners. A Project initiation document has been agreed.

7.14 What we are concerned about

- We still need to make temporary or permanent arrangements to the post of SEND Inclusion Manager, this will be addressed as part of the new structure in children's services moving forward.
- We need to clarify how SEND information and advice is organised and how it fits with the broader RMBC communications strategy

7.15 Moving forward an early refresh of the current Children and Young People's Plan will commence early 2015 to ensure that it reflects Rotherham's current position and identifies the key priorities for the Borough across the partnership.

8. Finance:

High level costings against each of the priorities are currently being worked on with partners to align budgets and spend with the priorities in the plan, further information will be submitted to a future meeting

9. Risks and Uncertainties:

Partners continue to prioritise their services for children and young people, however, given the current financial position across the partnership, it will become increasingly important to ensure that services are prioritised for those most vulnerable.

10. Policy and Performance Agenda Implications:

It is no longer a statutory requirement to have a Children and Young People's Plan, however, it is considered good practice and evidences the continued partnership commitment to children's services and the shared priorities.

11. Background Papers and Consultation:

1st and 2nd monitoring reports
Children and Young People's Plan on a Page

Contact Name: Sue Wilson, Performance and Quality Manager (CYPS),
sue-cyps.wilson@rotherham.gov.uk ext 22511

ROTHERHAM BOROUGH COUNCIL –

REPORT TO CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

1.	Meeting	Children, Young people and Families Partnership
2.	Date	14/01/2015
3.	Title	Arrangements for the provision of Emergency Hormonal Contraception (EHC) for young girls aged 14 – 16 (Update)
4.	Directorate	Public Health

5. Summary

This report is to update the Board in relation to the progress made to date on the expansion of the Emergency Hormonal Contraception (EHC) sexual health services commissioned from Community Pharmacies across Rotherham and the development of care pathways and safeguarding reporting mechanisms for all young people accessing these services.

Service providers and commissioners have developed care pathways, reporting mechanisms and training for the expansion of the scheme to young people aged 14 and 15 years of age. Once pharmacists are aware of all the protocols and have accessed all relevant training, including online CSE training, then the scheme can be expanded with the first wave anticipated to be active January 2015.

6. Recommendations

That the Board notes and accepts the report

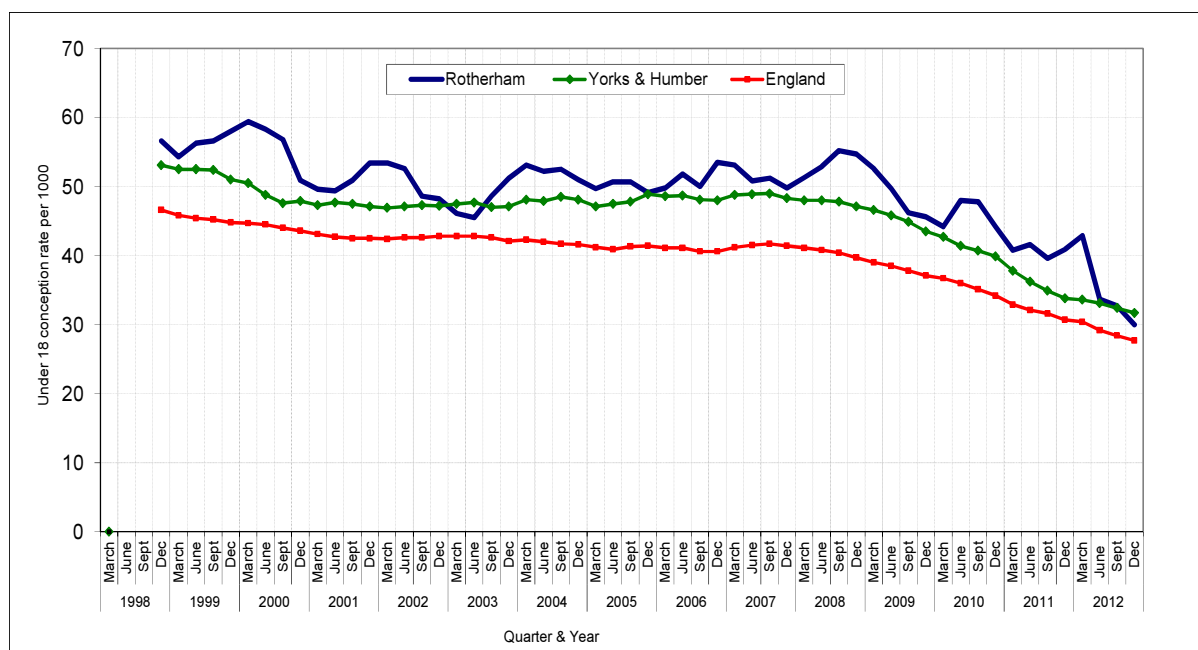
7. Proposals and details

The current Public Health Services contract (from April 2013) in relation to Emergency Hormonal Contraception (EHC) with Pharmacists operating in Rotherham specifies that they provide the service, free of charge, to females aged 16 years and over. This is an alternative choice of provision within the community to that which is offered by General Practitioners, outreach Nurses and the Rotherham Integrated Sexual Health Service. The contract is designed to provide greater access and choice for women/young women in Rotherham and aims to reduce unintended pregnancy and termination of pregnancy.

Females under 16 years are not able to obtain EHC at pharmacies under this contract at present denying this vulnerable group of young people a valuable service choice based in the community. It is acknowledged that by extending this service to this age group the service providers need to be especially vigilant in relation to any safeguarding issues which may arise, especially concerns around the possibility of child sexual exploitation (CSE). It was proposed by the Children, Young People and Families Board (October 2014) that the contract be renegotiated to allow for an extended service to females 14 and 15 years and that a referral pathway be introduced to address any safeguarding issues which may arise.

Good progress has been made on reducing teenage pregnancy in Rotherham and it is important for this trend to continue. Rotherham's under 18 conception rate has fallen to its lowest in the period 1998-2012 at 30.0 conceptions per 1,000 females aged 15-17. This represents a 26.7% decrease over the 2011 rate of 40.9. The number of conceptions has decreased from 201 to 144, a decrease of 28.4%. Rotherham's 2012 rate is the lowest rate in South Yorkshire and is close to the England rate of 27.7 (and to Rotherham's 2010 target of 28.3). The rate for under 16 conceptions has also fallen from 9.4 to 6.8 conceptions per 1,000, bringing Rotherham statistically in line with the rest of England.

U18 Conception Rates by Quarter 1998 – 2012 Rotherham compared to Yorkshire & Humber and England (rolling 4 quarterly average)



It is acknowledged that there are also specific safeguarding issues in relation to this vulnerable group of young women which need to be taken into consideration. It was also agreed therefore, by the Board, that a referral pathway for any young woman under 18 years accessing EHC provision in a Pharmacy setting was developed with specific reference to the identification of any concerns in relation to CSE. Consequently it is proposed that any Pharmacist supplying EHC to a young woman aged 14 and 15 years will automatically refer through to Rotherham IYSS where support, appropriate referral and a further risk assessment will be carried out.

The proposal to extend the provision of EHC at Pharmacies to young women aged 14 and 15 has been taken to the Local Pharmaceutical Committee (LPC) who agreed, in principle, to the necessary variations to the local contract. The variation will include the necessity for all participating Pharmacists to have successfully completed the RMBC online training package on CSE and sexual abuse.

The referral pathway for Pharmacists dispensing EHC to young women has now been developed (**Appendix 1**). An assessment against the CSE risk indicator descriptors for all young women asking for EHC will be used together with the newly proposed automatic referral for those aged 14 and 15 years. An electronic recording system (already in use for supervised consumption of drugs at Pharmacies) is now also in use in relation to EHC to allow for more accurate monitoring. Data collected by this system is able to give a much clearer picture of the use of pharmacy accessed EHC.

The electronic recording system has now been modified and, once, 'live' this modification will flag an automatic alert (when indicated by age/date of birth) for a

young woman aged 14 and 15 years and will highlight the required referral process. IYSS have produced a protocol and guidelines (**Appendix 2 and 3**) for the referral of young women from accessing EHC via Pharmacies. The number of younger women coming through this referral pathway is not anticipated to be large (based on the under 16 conception rate of 6.8 per 1,000 young women aged 15 and under but numbers will be monitored).

Pharmacists are required to indicate that they have referred the young woman on the electronic recording system before they are allowed to progress. There is an additional new alert which will indicate whether or not the individual has accessed EHC before (either at the same pharmacy or any other pharmacy in Rotherham).

A timetable for delivering training to Pharmacists in the use of the CSE and sexual abuse risk indicator tool, the electronic recording system and the referral process, including the online CSE training is now being put together and the LPC have been consulted once again in relation to operation of the system. Once the training has been delivered the contract variation will be processed and Pharmacists signed up to the new contract will be able to operate the service extension. The first pharmacists, targeted in relation to their EHC activity, are expected to be offering the expanded service in January 2015.

8. Finance

There should be no additional financial concerns as the overall contractual value for the Pharmacy EHC contract in Rotherham takes into account an estimated level of activity across all ages.

9. Risks and uncertainties

Rotherham has made good progress in relation to tackling unintended teenage pregnancy, the numbers having fallen considerably in recent years. The lack of community based EHC provision for younger, vulnerable young women could reverse this trend. Rotherham also needs to tackle the level of sexually transmitted infections in the population by targeting those most at risk. There are, however, safeguarding issues to be taken into consideration with sexual activity below the ages of 16 years and, therefore, an automatic referral system between Community Pharmacists and IYSS is being introduced.

10. Policy and Performance Agenda Implications

There are implications for performance in relation to the Public Health Outcomes Framework (Teenage pregnancy, Chlamydia screening and HIV early detection).

The further development of the safeguarding measures should also be seen as a contribution to measures designed to identify and prevent sexual exploitation.

11. Background Papers and Consultation

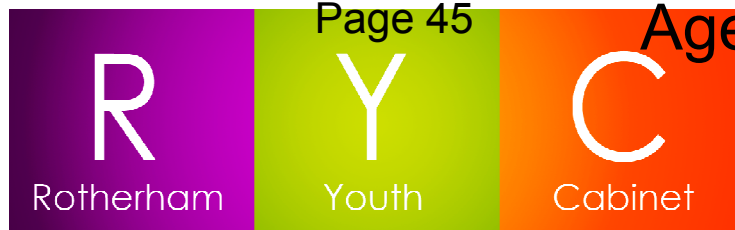
Public Health Outcome Framework for England, 2013 -2016

Keywords: sexual health; teenage pregnancy; contraception; young people,

Officer: Gill Harrison, Public Health Specialist

Manager: Sue Greig, Locum Consultant in Public Health

Director: John Radford, Director of Public Health



The Voice Of The Future

Rotherham Youth Cabinet Meeting

Minutes

Thursday 20 November 2014

5 pm to 7.30 pm

Chair: Rebecca
Support: Emilia

Present:

Rebecca Parkin, Emilia Ashton, Jake Vickers, Oliver Blake, Josh Parker, Tom Jackson, Ashley Gregory, Toni Paxford

Also Present:

Ann Berridge (IYSS), Ruth Fletcher-Brown (RMBC Public Health), Paul Theaker (Commissioning), Janet Spurling (Scrutiny), Cllr Christine Beaumont, Cllr Simon Currie, Richard Glover (Clinical lead Rotherham CAMHS), Nigel Parks (Clinical Commissioning Group/CAMHS Commissioning), Sharon Cope (Healthwatch).

Apologies:

Paige Hobson, Alisha Wilson, Cllr Steele

Introductions: Everyone gave their name, age, school and what super power they would wish for.

Self Harm Review following Children's Commissioner Takeover Day 2013

Rebecca said that it was Children's Commissioner Takeover Day tomorrow and to celebrate this, they thought it would be appropriate to have a review on the Self Harm recommendations which were the theme of last year's Takeover Day.

Ruth Fletcher-Brown reminded the group about the work Youth Cabinet had done around Self Harm. The group had 10 recommendations and she said they can report back on 9 of them. The lead for the tenth recommendation is with schools so they can't report on that.

Recommendation 1 - That a consistent, concise and simple message is developed and disseminated for use by ALL organisations (including schools, health and social care, youth services, vol-comm sector) and Recommendation 8 - That the provision of information on self-harm to all schools and colleges is improved and standardised:

Ruth said they are still working on the self harm guidelines which will help workers understand what is self harm, why young people self harm, what to do if you come across people who are self harming and where do you go for more information. It should be out for consultation in December this year and she will come to Youth Cabinet for comments. They have also developed a Card – which has pull out information about self harm. There is one for front line workers and one for the general public. This has been put on a range of website. Richard said that they have got some pens which have simple straightforward guidelines for professionals.

Recommendation 2 - That agencies work together to develop clear, consistent referral routes that are shared with ALL relevant organisations:

There is work currently being undertaken through CAMHS looking at Pathways; how people get the help they need, looking at what currently happens, who young people can talk to and where they go for help and support. There are meetings happening with other organisations such as CAMHS, Youthstart, Rotherham and Barnsley MIND etc to discuss what currently happens if a young person is self harming and then going back to look at what it should look like to make improvements. Changes will be brought back to Youth Cabinet. Cllr Currie said that Youth Cabinet young people need to be fully involved and not just a report being brought back to them. Ruth said the work which Youth Cabinet did has already been incorporated within the Pathways and there is a lot of work currently happening around ICT, including the Youthi website. However information needs getting out to parents and carers. Ruth said that it was a big thing Youth Cabinet going to the Suicide Prevention conference and comments within the evaluation showed that people had took on board messages young people were giving and it was an excellent opportunity for people to hear what the group had been doing.

Recommendation 3 - In line with recommendations 1) and 2), ensure that resources/training/ support are available for schools, colleges, parents, young people etc:

Ann said that the IYSS annual conference theme was around health, including self harm and suicide prevention. Within the day all members of IYSS staff did the Make Every Contact count training, making sure that every time staff come into contact with young people they use the opportunity to look at the wider issues and use opportunities to support young people. Since then IYSS have been undertaking a review with staff on how people work one to one with young people. They are also looking at whether staff are using appropriate interventions and developing better health messages, ensuring professional development for staff around different health issues within their day to day work. Paul Theaker said Ruth and he were going to meet Safeguarding to discuss where they were at with the Mental Health Strategy and Pathways to help understand training needs of professionals.

Recommendation 4 - That young people are involved in developing user-friendly information/media messages (including new technology/social media):

Ann said that the Youthi website had now been launched and is promoted in a wide range of areas so people know it's there. There are a wide range of health messages with a section on self harm and a section on positive mental health; trying to promote people into looking after their own health. It includes two downloadable leaflets. The next step on the Youthi Website is to look at a section of Frequently Asked Questions. To help develop this

there will be an 'Ask Eric' where young people can anonymously ask a question and get an answer. Jayne Bowns is visiting Youth Cabinet next week to take this forward. Oliver asked how often the FAQ are checked and who it is run by. Ann said the site was checked every day and professionals will answer the questions on the day. There are two admin staff who are managing the site on daily basis and will look regularly at Q & A then will seek support for responses. Cllr Currie asked if there are links from School websites to the Youthi Website. Ann said it has been shared with schools through Kay Denton and via the Healthy Schools newsletter. Ruth referred to exams stress, and one of the things she has done with colleagues at Communications Department was to work with pupils at Wingfield Academy to review a leaflet on exam stress and asked them for comments. They are now working on this from the comments they received.

Recommendation 5 - That young people are involved in service design e.g. commissioning of school nurses:

Paul said he had brought the Commissioning Strategy to Youth Cabinet for comment. They have also set up an email address for people to contact Commissioning directly. Paul said they need to know how young people want to be involved in Commissioning. Ruth said that Anna Clack came to talk to Youth Cabinet about School Nurses Commissioning. School Nurses have been asked to promote their work and contact details so young people can get in contact with them. Not all schools offer this but it is now part of the Contract that School Nurses make themselves known to young people. Ruth said that they need young people to check out if this is working.

Recommendation 6 - That advice to young people on self-harm is available through drop-ins, one-to-one sessions as well as web-based materials:

Richard said that CAMHS were offering a drop in on Thursday afternoons at Youthstart and asked for feedback on this service. Paul added about the Mental Health strategy which will drive the Self Harm strategy. He said he needs to know how young people want to get involved in the strategy. The strategy talks about out of hours services and response to young people. A young person said he had accessed CAMHS and found the experience of the drop in satisfactory. However, later when accessing CAMHS through the Kimberworth base that the service was unsatisfactory. He found the system clinical but from young people's perspective this is not the best way. He said the service was inflexible as they don't go to youth centres, schools etc where young people are and feel comfortable. It is also hard to get to Kimberworth for many young people. He said that in his opinion, CAMHS don't always get it right. One young person said she had an appointment in her Youth Centre and felt this was much better for her and helped her open up as she felt comfortable. A further young person said there needed to be more of a push on the complaints process as it is not satisfactory. Cllr Currie said national research said CAMHS was not young people friendly or child centred and needs to be improved. Richard said they had set on new people and young people have a right to hold CAMHS into account. Richard said young people haven't said anything he doesn't agree with and complimented young people on their work and their honesty. He said they need to start listening to young people. He offered his contact details to members of Youth Cabinet. Janet said she works with Elected Members on the Health Select Committee and people from RDASH are coming in next week to do some work on this and how they can link with Youth Cabinet. Nigel said he would reinforce this. He works for the Clinical Commissioning

Group and his job is to commission CAMHS services and give CAMHS a hard time. He said they work well together they are encouraging RDASH/CAMHS to change.

Sharon Cope said she advocates for children and young people regarding NHS complaints and is still getting complaints. One example she gave are letters being sent home and not keeping to the young person's wishes of keeping it confidential from parents, ignoring a request for communication by email. Sharon offered to share this information from children and young people with CAMHS. She said young people are telling her CAMHS is not working. A young person said he had similar problem getting letters home and not through text or email. Some young people don't choose to tell parents and this is a huge issue. He also said that the Kimberworth place is an imposing building and not young people friendly. Also where young people have to wait is uncomfortable as they feel other people know why they are here. Another young person said that double booking and having to move straight out of the room is a problem if the appointment run over as they have to move out.

Ann said she would round up with positive information around the joint drop in at Youthstart. She said she had brought a breakdown of information to show how beneficial it has been. Since April, there had been 37 young people; 25 female and 12 male – aged between 12 to 17 years. Fourteen young people who presented had self harming or suicidal thoughts. Of the 37, a lot of them had multiple issues. . JP added that there are issues around the transition from Children's Mental Health Services to Adults Services. Richard said they had support workers to assist with this transition and they are listening to comments from young people

Ruth said this is the review about what has happened around Self Harm and some things they will keep coming back to Youth Cabinet about. Ruth said she thinks it is fantastic that young people are passionate about mental health and she said she had spoken at an event with people from other part of the country who are struggling to get young people involved in this issue. She said all credit to Youth Cabinet for doing this work. Josh said thanks to Ruth and Paul on behalf of Youth Cabinet for putting up with them and Ruth said it had been an absolute pleasure to work with them and hope to do more work in future with the group around this issue.

Councillor Currie said that on behalf of the Council, it was very refreshing that young people were so honest about mental health and can be a voice for other young people in Rotherham and that what we do in Rotherham is special and should be shared as an area of good practice.

Youth Cabinet Meeting Continued:

Minutes of Last Meeting

The group went through the Minutes of the last meeting. Rebecca asked if anyone fed back to the young person about exam stress. Lisa said she would get in touch with her. Tom said he liked that Sarah had put in the minutes that he was lonely on the Transport Users Group and needed someone else to join him

Manifesto Launch feedback & Evaluation

Emilia said she was very emotional at the Manifesto Launch and felt very welcomed and thanked everyone for a nice evening. Josh P said they have to say a special mention to Toni and a massive well done to keep going when she got emotional, he said it was a brilliant speech. Rebecca said a councillor from her school felt Toni's story was inspirational and Tom's teacher cried. Jake wants a copy of the manifesto. Oliver said he would send an electronic copy of the manifesto if people emailed him

Half Term Activities

Ashley said they took part in a training day around Mental Health and thanked Ann and Ruth. Ashley said he had learnt a lot about mental health and stigma and with Emotional Wellbeing being an aim it was very beneficial to have the training. Cllr Currie said that there are a couple of books - Sex Drugs and Northern Soul and one called Stigma – which had been written by someone he knows called Jason Tune, who had a bad time at school around mental health. There is also a new one called Recovery Discovery where he shares his experience.

White Ribbon Campaign

Josh said that Rotherham has been awarded White Ribbon status. This is a Real Man Campaign and Josh is in the Calendar. It is about men standing up against Violence to women and Domestic Violence. He invited everyone to an event which is Rock Against Domestic Abuse at Myplace 6 to 9pm on 27 November. Josh shared what was happening on the night. He gave out badges and read out the single statement to the group. Josh said he was doing a short film at school and is hoping to show it at the event. Cllr Currie said he supports the White Ribbon Campaign and talked about Rotherham becoming a White Ribbon Town. Josh reiterated what an important event this is. Jake said there should be a push to speak against it as people find it difficult to say they have been abused.

Publicity & Promotion Sub Group

Oliver promoted the group's Facebook and Twitter. Emilia asked about the video. Ashley said they were hoping to finish it on 3rd December at Sub Group. Sarah thanked the Publicity and Promotion group for all the work they have done and Sarah and Lisa have prioritised promoting youth Cabinet within schools to recruit more young people.

Transport Users Group

Tom said he went to the Transport Users Group meeting this morning. He said that school buses have a lack of funding so this could create more safety issues when young people are using school buses. He said the Tram-train from Parkgate to Rotherham and then Rotherham to Sheffield had been delayed due to re-wiring of the track. Transport to Meadhowhall is also delayed due to a lack of funding. In April they are building a walk-in centre at the hospital which could affect transport around this area. This should be built within 18 months.

Treasurer Update

Oliver said there was nothing to report from last meeting. Cllr Currie said he would be happy to give funding to LACC from Community Leadership Fund. Lisa is to contact Paul Griffiths and copy Cllr Currie in to get funding for LACC.

LACC Update

Lisa said they represented Rotherham at the Children In Care Conference in Nottingham which was around Mental Health and Emotional Wellbeing in regard to Looked After and Leaving Care Young people. They looked at what is happening in Rotherham around the Have your Say consultation and other authorities were taking this on within their own areas. None of other authorities did peer consultation and it was good for Rotherham to be sharing good practice. Lisa said it was good to share the training day with Youth Cabinet and work together. She said they also worked together on Remembrance Sunday where LACC, UKYP and Youth Cabinet went on the parade and laid wreaths on behalf of young people. Lisa said they had also been involved in revamping promotional materials and are hoping to get the Design Studio to support this if they can get funding. Youth Cabinet and LACC have a joint Christmas party together and LACC are going to the pantomime on 6 December. Lisa said that if there are spare tickets she will offer them to Youth Cabinet and UKYP.

The Other Person's Shoe

Toni explained that she had set up the project to help end prejudice and discrimination in finding out about other cultures. She said they had an Asian evening which was successful. They had also had a democracy session with Cllr Currie. Next week they are doing a Russian Jewish Evening and on 8th December Cllr Hussain is doing a session. Toni also shared what they were doing on sessions during January and February. They were having a celebration Event on Tuesday on 3rd March at the Town Hall at 6.30 pm. Ten people come to the group every week.

UKYP Update

Rotherham MYPs attended the House of Commons to debate on the National Campaign for the coming year from issues identified during Make your Mark Campaign. The national campaigns chosen were Mental Health and the Living Wage. Rotherham MYPs have emailed all Rotherham MPs, Elected Members and Chris Brodhurst-Brown to get support for their Campaigns. Sarah Champion MP, John Heeley MP, Cllr Christine Beaumont and Cllr John Doyle have all replied giving full support. Mental Health received 167 votes and the living wage 156 votes. There is a National Campaign day on 24 January 2015 for all Youth Voice Yorkshire and Humber and the group will try to arrange a meeting with the Council Leader and MPs to discuss the campaign around the Living Wage. Cllr Currie said Rotherham supported the Living Wage and suggestion meeting the new Director for Children and Young people and the Chief executive at same time to get their views.

Manifesto Aims –

a. Conference

Youth Cabinet discussed the Conference at their training day and will consult with young people about what they want from this event. It will be held on 31st March 2015 at Myplace. Oliver said he would have liked to invite William Hague to the conference as he is from Rotherham but he had emailed him and got a reply saying he can't come due to other commitments. Ashley said he still stands by his suggestion of the Chuckle Brothers as they are also from Rotherham. Lisa suggested The Beast off The Chase and Ashley said he will research looking at trying to find a celebrity to attend the conference and bring this back to the sub group. Ryan Sampson who is an actor in Plebs was also suggested. Rebecca said she will ask him.

b. Emotional Wellbeing/Exam Stress

John Healey had offered his support to Youth Cabinet and UKYP around mental Health and Emilia had emailed him around about exam stress and he is in full support with it. The question from him was what are the changes people would like to see and what will make a real difference. Josh P said a return to modular GCSE and A Level examinations. Emilia said she is the year that are the 'guinea pigs' and is feeling the stress already by sitting all exams in May. Jake discussed bringing in 8 GCSEs instead of five which adds more pressure. Emilia said that any other suggestions offered, she will take back to John Healey.

c. Poland Anti Fascism Work

The group have been planning what they are doing for Holocaust Memorial Day and have come up with issues to include issues such as problems in Palestine, Violence against women etc. The group had an 'all night Youth Club on Saturday night' with Youth Workers Sarah and Russell, and the group stayed up all night. He said it was a good night in spite of the lack of sleep. Some members of the group have been working on the World War One project and Josh compared an event at HMS Repulse Sarah gave certificates to young people who went to the imperial War Museum and the poppy installation at the Tower of London.

d. Politics Training – launch of 2014 CCTOD

There wasn't time to do the training planned during this session and Josh said he would happily come in to do this later. The group have decided that this would be the theme of Children's Commissioner Takeover Day for 2014 and will host an event in February 2015 following the launch today.

AOB

The Vision for CYPS from Ian Thomas who is the new Strategic Director of CYPS was shared with the group and comments from Youth Cabinet members were asked for. Cllr Currie said a Vision statement is usually something that is not achievable and he said the group need to see a Mission Statement and Strategies of how to get there. Josh P said he would like to see a Mission Statement as there are some things out of Ian Thomas's control ie number of young people entering Care. Oliver said he wishes Ian Thomas all the

best in his role and Josh P said he would like to meet him. Lisa asked if Youth Cabinet would like to invite him to a meeting and the group voted in favour. It was also suggested to ask new interim Chief Executive to meet the group.

ACTION: Invites to be sent when date and time arranged.

Sharon Cope gave out a draft engagement strategy for Children and Young People. Her work covers young people from aged 3 to 16 plus, and the strategy details what she wants to do in Rotherham. She would like some feedback from the group to say if they think it will work or not. She is also looking to create a Young Healthwatch group and asked the group to think about what it should be called – it doesn't need to include 'Health Watch'. She suggested that maybe it could tie in to Youthi? Rebecca suggested the group read the document and feed back to Sarah.

ACTION: Youth Cabinet members read the strategy and let Sarah have comments.

Tom said his school (Thrybergh) was renewing its website and the Head Teacher wants Rotherham Youth Cabinet to have full support and they are going to help with manifesto aims. She had asked for permission to blog about Youth Cabinet meetings so young people in school can see what the group do. They could include a featured article and a link on the school website to Youthi.

Emilia said she wanted to take publicity into school as people don't know what she does. Sarah said that she is working on packs to take into all schools in Rotherham and will pass on this to Emilia for Wath. Cllr Currie suggested contacting the Advertiser and maybe a young person could do a piece about Youth Cabinet.

ACTION: Publicity and Promotion Group to contact Advertiser and try to take this forward.

Rebecca is doing some work putting together a presentation for her school about Youth Cabinet and wants to put the video the group are developing on presentation. Ashley asked for copy of the presentation she is making.

Ashley said he has been contacted by someone from NHS blood and transplant asking if there was anything we could do to get young people to donate blood and sign up for organ donors.

The age range is 17 to 24 year olds. Ashley asked if it is something the group would want to take forward. Sharon Cope said that if Ashley forwarded this information to her she will get involved and any promotional material can pass to her to promote youth cabinet.

ACTION: Ashley to forward email and information to Sharon Cope
Sarah to send Ashley Sharon's email address.

Sarah said that there was a 'Standing Together against CSE' event on Monday at New York Stadium and the Deputy Leader of the Council had invited members of Youth Cabinet to attend. Sarah asked for anyone who could attend to let her know.

Sarah reminded people that the Youth Cabinet Christmas party will be a joint event with LACC and asked for people to let Sarah know if they wanted to attend. It is on 17th December.

Josh P said this was his last meeting at Youth Cabinet as he was standing a Chair of Young Labour. He said he was very proud of being part of this group and was very proud of everyone. When he first joined Youth Cabinet it was a lot bigger group but there was a lot of division. When the group got smaller he made forever friends and is very grateful and said he wanted them to remain in his life.

Josh said to keep bringing people like Cllr Currie to these meetings and Rotherham Youth Cabinet are guiding what Youth Policy is in Rotherham. He wished the group good luck and said it had been a pleasure working with everyone. Emilia says that she was sure this won't be the last we hear from Josh Parker and that it will probably be quieter in meetings – but not in a negative way as Josh has made such difference to the group. Tom thanked Josh for making him the person he is today.

Debates

There wasn't time for the debates.

Date of Next Meeting: Thursday 22 January 2015