

CABINET MEMBER FOR CHILDREN AND EDUCATION SERVICES

Venue: Rotherham Town Hall

Date: Monday, 8th December, 2014

Time: 10.00 a.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March, 2006) of the Local government Act, 1972.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Minutes of the previous meeting of the Cabinet Member for Children and Education Services held on 10th November, 2014. (Pages 1 - 8)
6. Receipt of petition.
 - The Cabinet Member authorised consideration of this item received after the deadline in order to progress the matters referred to;
 - Petition of 600 signatures against the closure of Abbey School.
7. Proposal to close Abbey School. (Pages 9 - 13)
8. Local Authority Governor appointments.
 - Applications to be provided separately.
9. Care Crisis Concordant. (Pages 14 - 22)
 - To note for information the report and decision made by the Cabinet Member for Adult Social Care and Health, 17th November, 2014: -
 - Report attached;
 - Decision: -

Resolved:- (1) That the Cabinet be requested to recommend to Council the signing of the South Yorkshire Declaration Statement on National Crisis Care

Concordat and approve the involvement of Council Officers in the implementation of the recommendations contained in the Concordat within the Better Care Fund Action Plan.

(2) That the report be referred to the Health and Wellbeing Board and the Cabinet Member for Children and Education Services for information and support of the action plan.

10. Children and Young People's Service Revenue Budget Monitoring Report to 31st October, 2014. (Pages 23 - 32)
11. Arrangements for the provision of Emergency Hormonal Contraception (EHC) for young girls aged 14 - 16 - update. (Pages 33 - 46)
12. Date and time of the next meeting: -
 - Monday 19th January, 2015, to start at 10.00 a.m. in the Rotherham Town Hall.

CHILDREN AND EDUCATION SERVICES
Monday, 10th November, 2014

Present:- Councillor Beaumont (in the Chair) and Councillor Roche.

F18. DECLARATIONS OF INTEREST.

No Declarations of Interest were made.

F19. MINUTES OF THE PREVIOUS MEETING OF THE CABINET MEMBER FOR CHILDREN AND EDUCATION SERVICES HELD ON 13TH OCTOBER, 2014.

The minutes of the previous meeting of the Cabinet Member for Children and Education Services held on 13th October, 2014, were considered.

Under Minute No. F8 (Minutes of the previous meeting) it was requested that the 'Effective' in the second paragraph be amended to 'Elective'.

Resolved: - That, subject to the above amendment being made, the minutes of the previous meeting be agreed as an accurate record.

F20. ROTHERHAM INTEGRATED YOUTH SUPPORT SERVICE - WEBSITE DEMONSTRATION.

Representatives from Rotherham's Integrated Youth Support Service (Schools and Lifelong Learning, Children and Young People's Services Directorate) were welcomed to the meeting to provide a demonstration on the development of the new website for young people – www.youthi.org.uk – which provided information for young people.

The process had started at the 2013 Rotherham Show when consultation was undertaken with 550 young people on the colours, logo and topics to be included on the website.

The website had been launched and the following areas were included: -

- Job vacancies;
- Links to other relevant websites across the Council and other organisations – to avoid the duplication of content;
- Events programme specific to young people;
- Careers information;
- Health;
- Life;
- Education.

The website had a 'full' and 'mobile' version as most young people would be accessing it on their phones/tablets or mobile devices. All information would be easily-accessible and available within three clicks. The website would constantly evolve based on feedback from young people, schools and professionals. It linked to relevant Youtube clips and would soon contain photographs of Rotherham's young people.

The young people who were consulted on the content were really keen for it to include a 'tips from young people' section about each topic. Future developments to the site would include a parents' and carers' section, and a professionals' section. A range of stakeholders had been involved in the start-up process, and would continue to be involved. A search bar had been added to the website following feedback that it was desirable.

The information page relating to Child Sexual Exploitation was considered. It provided a brief outline and contact telephone numbers and addresses where young people could go to get support.

Demonstrations on the website had been provided to schools and the website would include a key part of the publicity campaign that would be launched on the Rotherham Integrated Youth Support Service around Christmas, 2014.

'Google Analytics' and monitoring of the website's use was continuing to evaluate the access and use. Currently, the two pages most frequently accessed were job vacancies and homelessness.

Councillor Roche confirmed that the website was accessible via a mobile device and asked whether information would be added following the recommendations of the Jay Report and the Council's response, such as the creation of counselling services. The website would be updated when new information was available.

Feedback from stakeholders would continue to be welcomed and new website content would be added when it was useful.

Councillor Beaumont thanked Jayne Bowns and Andrew Danylkiw for their positive presentation and contribution to the discussion.

Resolved: - That the information shared be noted.

F21. YOUTH OFFENDING SERVICES - PERFORMANCE MANAGEMENT - QUARTERLY UPDATE.

The Youth Offending Services Manager (IYSS, Schools and Lifelong Learning, Children and Young People's Services Directorate) attended the meeting to provide a quarterly performance management report on key performance (national) and local performance indicators for the Service.

Rotherham's performance had been rated 'Red' in relation to first time entrants to the youth justice system aged 10-17 (based on rate per 100,000 of the 10-17 year old population). There had been an increase of 19.1% comparing the outturn between January-December 2012 and January – December 2013. The Youth Offending Services manager explained that a rise was being observed in the first time entrants' data and work was continuing to determine why this was the case. In November, 2013, new Youth Cautions and Youth Condition Cautions had been introduced. The impact of these would require more analysis. The Youth Offending Services Manager was a member of the South Yorkshire wide scrutiny panel that looked at trends in youth offending data.

Performance against the National Indicator, as measured by the Youth Justice Board through collection of the data on the Police national computer and then disaggregated to local authorities, was showing an increase in the number of first-time entrants. However, the data represented an increase of 5 individuals, which continued to show a decrease.

Performance against the National Indicators relating to the quality checking of new assessments, new assessments meeting quality standards and the quality of cases were on hold due to the Youth Justice Board's audit of National Standards. Rotherham continued to be compliant with the casework requirements.

Reductions in the number of first time entrants to the youth justice system had meant that, over time, the Youth Offending Service had seen a decline in the numbers within the Youth Justice System. However, the decline in numbers entering had not been matched by a decline in re-offending and those remaining in the system were re-offending more often. In addition, case managers were reporting that these young people were more difficult to engage and the occasions on which the Youth Offending Service had to resort to Breach were increasing. This suggested that the Youth Offending Service was working with a group of young people whose characteristics meant they were more likely to reoffend, more likely to have complex needs and may be more demanding to support and divert away from offending behaviour than in the past.

Re-offending was most likely to happen within 2/3 months of the original Order. The Youth Offending Service did co-ordinate diversionary activities to try to prevent re-offending. Another factor was that when a young person entered the Youth Justice System a back-log of other offences were dealt with. Conviction for these offences led to increased re-offending statistics.

Rotherham's Youth Offending Team's Youth Justice Strategic Plan, 2014/2015, was submitted for information. It was a requirement of the Grant funding received.

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

(2) That the Youth Offending Service's quarterly performance be noted.

(3) That quarterly performance updates be provided on the Youth Offending Service.

F22. SOCIAL WORKER RECRUITMENT AND RETENTION.

The Service Manager for Strategy, Standards and Early Help (Safeguarding Children and Families' Services, Children and Young People's Services Directorate) presented the submitted report that gave an update on social worker recruitment and retention.

Rotherham had maintained a consistently low vacancy rate over the last three years. The 2013 outturn vacancy figures were 4%. This compared to a national average of 14% and 8% in Yorkshire and Humber region.

Rotherham's overall turn-over rate for the same period was 11%, against a Yorkshire and Humber and England average of 12%. This meant that whilst Rotherham experienced a healthy turn-over rate in line with industry averages the recruitment and selection systems in place meant that the impact was reduced. Rotherham had the highest number of new starters during 2013 compared to statistical neighbours and an agency usage rate lower than the reported annual vacancy percentage that compared favourably to all other comparators.

The submitted report outlined the historical position of the Local Authority when the social work vacancy rate had been 37% and more than one in every two team manager roles had been vacant. This had led to a spiralling demand for agency staff which came at a significantly higher cost than establishment employees and without the same controls over quality assurance and practice.

Despite continuing testing budget reductions, the Children and Young People's Services Directorate had maintained a strong commitment to preserving infrastructure to ensure there was a fully staffed establishment workforce with minimal use of agency organisations. The challenge remained for Rotherham to recruit experienced social workers. This was mirrored across the local region and the country.

Sickness absence rates in Safeguarding Children and Families' Service were 8.96 days per year, compared to 8.26 days in Children and Young People's Services Directorate and 7.93 days across the whole Council. Sickness absence continued to be closely monitored by team and service managers and supernumerary appointments provided cover for long-term sickness absence.

A watching brief was also in place relating to resources, workload allocation, workforce stability and baseline establishment.

Discussion ensued on the terms and conditions of employment for the social work workforce.

Resolved: - That the report be received and its content noted.

F23. CHILDREN AND YOUNG PEOPLE'S SERVICES PERFORMANCE INDICATOR REPORT - QUARTER TWO, 2014-2015.

Consideration was given to the report presented by the Performance and Quality Manager (Neighbourhood and Adult Services Directorate) that outlined Children and Young People's Services performance indicator report for Quarter Two, 2014/2015.

The report provided an update against targets and showed each indicator's direction of travel and comparisons with statistical neighbours and national data. The report was structured against the Corporate Plan Priorities that were relevant to the Children and Young People's Services Directorate.

The performance indicators were assigned a RAG status.

Red rated indicators were where performance was below the local target and statistical neighbours or the national average. Commentary was provided on the current Red related areas: -

- National Indicator 40 / LPI 3.4 – percentage of assessments completed to target date; and,
- National Indicator 41 / LPI 3.6 – percentage of assessments completed within 35 days working days (local upper limit).

The 2014/2015 target for the completion within timescale rate was 75.0% and 80.0% respectively. Performance at the end of Quarter Two was 63.40% and 62.70%. The direction of travel was also down. Whilst meeting these timescales was important, consideration needed to be given to the quality of the completed assessments and ensuring that this was consistently high. National comparator data was available but there was a time lag in this being available, so data relating to Quarter Two performance across the country was not yet available.

Discussion ensued on the Red and Amber rated indicators. Further information was requested on: -

- National Indicator 52 – Chlamydia diagnosis rate (15-24 year olds);
- National Indicator 59 – Free School Meals – eligibility and take-up; and,
- National Indicator 20 – Percentage of schools (including academies) with an inspection rating of good or better.

Discussion followed on the amount of time that many front line staff members were spending on the service inspections that were taking place. This could contribute to a drop in performance at Quarter Three and was a service risk.

Resolved: - (1) That the report be received and the performance indicator report at Quarter Two, 2014/2015, be noted.

(2) That the report be submitted to the Children, Young People and Families' Partnership for information.

F24. CHILDREN AND YOUNG PEOPLE'S SERVICE REVENUE BUDGET MONITORING REPORT TO 30TH SEPTEMBER, 2014.

Consideration was given to the report presented by the Finance Manager for Children and Young People's Services and Schools (Financial Services, Resources Directorate) that provided a budget monitoring update on the Children and Young People's Service revenue budget to the end of March, 2015.

The budget monitoring report was based on actual income and expenditure to the end of September, 2014. Overall, the Directorate was projecting an over-spend outturn position of £3.505 millions, which was an increase of 8.1% of the total budget. The reported position at the end of September was an increase of £658k since August's report.

The report gave the net budget and forecast outturn for each division of service within the whole Directorate, and the variations.

The main variances were outlined, along with the underlying reasons in the submitted report. The main areas of over-spend related to: -

- Academy conversions – treatment of deficits - £147,000;
- Safeguarding Children and Families' Service wide - £28,000;
- Child Protection Teams - £60,000;
- Children in Need Social Work Teams - £388,000;
- Looked After Children - £3,046 millions;

Some of the over-spends were off-set against under-spends in other areas.

As at the end of September, 2014, there were 400 Looked After Children, which was a reduction of 4 since the August budget monitoring report and the same number as at March, 2014. The submitted report outlined the type of looked after children's placement, along with current and previous financial year costs.

Management actions had contributed £592,000 of cost avoidance which would otherwise have been incurred. These related to a reduction in placement costs of £518,000, the Fostering Framework had achieved £34,000 of cost avoidance, the Block contract had avoided £40,000 and the multiagency support panel and the Valuing Care review would identify potential areas for cost renegotiations and ongoing savings in 2014/2015.

Further information was provided in relation to: -

- Agency spend totalled £511,000 as at 30th September, 2014. This compared to an actual cost of £392,000 for the same period last year;
- Non-contractual overtime totalled £40,000 as at 30th September, 2014, excluding schools. This compared to an actual cost of £58,000 for the same point last year. The over-spend related mainly to cover in Residential Units. These establishments had a cover budget that was not currently over-spending;
- Consultancy costs totalled £107,000 as at 30th September, 2014, compared to an actual cost of £97,000 last year. The majority of these costs were for projects funded by external grants.

Discussion followed and the following issue was raised: -

- The treatment of deficit balances when schools converted to academies.

Resolved: - That that latest financial projection against budget for the year on actual income and expenditure to the end of September, 2014, be noted.

F25. PROPOSAL TO MAKE PRESCRIBED ALTERATIONS TO KELFORD SCHOOL.

Consideration was given to the report presented by the Principal School Admissions and Organisation Officer (Schools and Lifelong Learning, Children and Young People's Services Directorate) that outlined a proposal to undertake Pre-Statutory Consultation to make a prescribed alterations to Kelford School.

The proposal included: -

- Re-designation of the School as one for pupils with learning difficulties. This would enable the Local Authority to provide greater flexibility in placement decisions;
- To increase the Published Admission Number at Kelford School from 100 to 205 pupils through the creation of a network of satellite provision to the School.

The submitted report referred to the Children and Families Act (2014) which promoted a new approach to special educational needs and disability for 0 – 25 year olds to empower, increase options, raise aspirations and achievement, improve transition and target multi-agency support.

Over recent years there had been an increase in the numbers of children and young people who presented with profound and multiple learning difficulties, sensory and or physical needs and autism spectrum disorder. This trend was likely to continue. There was also a need to extend the range of post-16 opportunities for young people with learning difficulties and a need to strengthen partnerships to improve inclusive practice.

The submitted report outlined a timetable for a Pre-Statutory and Statutory Consultation phase. The Department for Education's School Organisation (Prescribed Alterations to Maintained Schools (England) Regulations (2013) required a formal pre-statutory and statutory consultation process to be undertaken when proposed expansions were above 10% of an existing special school and/or where there was a change of age-range or type of Special Educational Need provision.

Resolved: - (1) That Pre-Statutory Consultation commence on the proposal to make prescribed alterations to Kelford School.

(2) That a report be presented to the Cabinet at the end of Pre-Statutory Consultation detailing the outcome/s.

F26. DATE AND TIME OF THE NEXT MEETING: -

Resolved: - That the next meeting of the Cabinet Member for Children and Education Services take place on Monday 8th December, 2014, to start at 10.00 a.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

| | | |
|-----------|---------------------|---|
| 1. | Meeting: | Cabinet Member for Children and Education Services |
| 2. | Date: | 8th December 2014 |
| 3. | Title: | Proposal to close Abbey School |
| 4. | Directorate: | Children and Young Peoples Services |

5. Summary

This report seeks approval to commence pre Statutory consultation on the proposal to close Abbey School.

6. Recommendations

It is recommended that pre statutory consultation should commence on the proposal to close Abbey School and that a further report be brought to Members in due course.

7. Proposals and Details

Following the recent Ofsted inspection placing the school in special measures, it is proposed to close Abbey School as a Special Educational Needs School. The recent inspection of the school highlighted significant health and safety, safeguarding and teaching and learning concerns.

A summary of the key observations from the Ofsted Inspection of 30.9.14 to 1.10.14 are shown below:

Summary of key findings for parents and pupils

This is a school that requires special measures.

- Leaders, including governors through their work, have not ensured that pupils and students are safe and secure.
- Planned actions to improve the school are not yet effective and the quality of teaching has declined considerably since the last inspection.
- Leadership at all levels does not demonstrate the capacity to bring about the much needed improvements to the school.
- Governors are not well enough informed to be able to hold leaders robustly to account for the school's performance.
- Pupils and students are not guided well enough to know how to stay safe. Too many abscond from school and staff are not always aware of their whereabouts, which puts them at risk.
- The behaviour of pupils and students is inadequate; often it is not managed well enough. Exclusion rates are high. Incidents where staff use physical restraint are also high and not always recorded adequately.
- Teachers do not have high enough expectations of what pupils and students can achieve. Assessment information is not used well enough to ensure that learning is interesting and suitably challenging. Consequently, in lessons where this is the case, poor behaviour results and disrupts learning.
- High levels of staff turnover and absence are hindering efforts to improve the quality of teaching. Staff covering other teachers' lessons are not well enough prepared for each lesson; consequently learning and progress are often very slow.
- Attainment by the end of Key Stages 2 and 4 is exceptionally low. Overall pupils and students show inadequate achievement.
- Disadvantaged pupils and students are not supported well enough, because funding for them is not used effectively. The most able pupils and students are also not well provided for; as a result, these students also underachieve.

The school has the following strengths

- Leaders have welcomed the partnership with Winterhill School and support from the acting executive headteacher. Together they have an accurate view of the school's performance.
- Actions taken to improve arrangements for pupils and students arriving at school each morning have been successful. Everyone now receives a warm welcome and is well prepared to start each day.

Following the proposed closure of Abbey School the site will be utilised for education purposes.

With the proposed closure of Abbey School there are significant implications for existing staff employed at the school.

Existing staff will all potentially be at risk of redundancy as a result of the proposed closure.

There are currently no contractual arrangements linking any particular members of staff to any particular pupils at Abbey and, as a result of this and also the factors relating to the dispersal of pupils across a number of schools, all of whom have existing staffing structures, our view, which is supported by early discussion with Legal Services is that this will mean that when pupils move from Abbey to be educated at other Rotherham Special Schools, as is the proposal, there will be no automatic right for staff to be employed in those other schools.

However, it is our intention that we give all appropriate support and assistance to staff should this proposal go forward and staff be at risk.

Part of this support will be seeking appropriate priority for existing Abbey staff for any vacancies that may arise at other Special Schools as a result of these changes. Whilst it is clear that any subsequent vacancies that may arise will be much less in number than the current number of Abbey staff, there may well be opportunities for some staff to be employed in the other Special Schools and we will be seeking to ensure that Abbey staff who are at risk get every opportunity to be appointed to those roles.

We will also be exploring all other redeployment opportunities, both in Schools and elsewhere in the Local Authority to make sure that any possible redeployment opportunity can be accessed to avoid redundancy.

The first step in consultation with staff and their Trade Unions on this issue will be an early consultation meeting to set out to staff and Unions the proposal and the implications for staff.

There will be a 30 day consultation period, following the issue to Government Office of a HR 1 form, setting out the numbers and types of staff at risk.

It would be our intention, if there are no changes to the proposal that notices would be issued to staff early in the New Year. Redeployment efforts will continue right up until those notices take effect (30th April 2015 at the earliest and 31st August 2015 at the latest).

8. Finance

Specialist provision continues to be funded from the High Needs Block. The annual costs of specialist provision is not anticipated to change as a result of the proposal.

9. Risks and Uncertainties

There are always risks and uncertainties when school place provision is considered since future pupil numbers are based on a combination of current knowledge of needs, gaps in provision and estimations of future need. Local Authorities however are obliged to provide sufficient places, promote diversity and increase parental choice.

10. Policy and Performance Agenda Implications

Rotherham School Improvement Mission:

- ~ All children will make at least good progress
- ~ There will be no underperforming cohorts
- ~ All teachers will deliver at least good learning
- ~ All schools will move to the next level of successful performance

11. Background Papers and Consultation

The School Organisation (Establishment and Discontinuance of Schools) Regulations 2013

The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013

School Organisation (Maintained Schools) guidance for proposers and decision makers (January 2014)

The timetable for a pre-statutory and statutory consultation phase is set out below. Formal objections may be lodged during the representation period following the publication of the statutory notice. A final decision should be determined by the Decision Maker within 2 months from the end of the representation period. If this fails to be done, then the matter is referred to the Schools Adjudicator for decision.

Proposed consultation timeline

| | |
|--|--------------------------------------|
| Cabinet Member to agree to pre statutory consultation | 8th December 2014 |
| Pre statutory consultation period With stakeholders. | |
| Report to Cabinet detailing the outcome of pre statutory consultation and seeking approval to commence Statutory Consultation. | 25th February 2015 |
| Publication of statutory notice and proposals (4 week period) | 6th March 2015 |

Report to Cabinet and final
Determination of proposals and notification
to the Department for Education

29th April 2015

Implementation Date

**phased up to the end of the
2014/15 Academic Year**

Consultation meetings / correspondence should be undertaken with the Governing Body / interim Executive Board of the School, Staff with Trade Union representatives, Parents / Carers of pupils at the schools, local Councillors, local Parish Councils, local MPs and any other stakeholders.

Contact Name:

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER |
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|-----------|------------------------|--|
| 1. | Meeting: | Cabinet Member for Adult Social Care and Health |
| 2. | Date: | 17 November 2014 |
| 3. | Title: | South Yorkshire Declaration on National Crisis Care Concordat |
| 4. | Programme Area: | Neighbourhoods and Adult Services |

5. Summary

This report seeks approval from the Cabinet Member for Adult Social Care and Health to join partner organisations in South Yorkshire in formally agreeing to the principles in the national Concordat for Mental Health Crisis Care.

The Concordat is available as a background paper, and the Declaration Statement, which partners in NHS England have prepared to outline commitment to improve outcomes for people experiencing mental health crisis is attached as Appendix 1.

6. Recommendations

That the Cabinet Member for Adult Social Care and Health:

- **Receives the information contained in this report and appendix.**
- **Agrees and endorses the commitment of the Local Authority to the Declaration and approves the involvement of Council officers in implementing the recommendations contained in the Concordat within the Better Care Fund Action Plan.**
- **Agrees the onward progress of the report to Health and Wellbeing Board, CYPS DLT, and Cabinet Member for Children and Education Services for information and support for the Action Plan.**

7. Background

- 7.1 The DH 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' was published in February 2014. The Concordat includes all age groups from 16 years and beyond.

The following national organisations are signatories to the Concordat:

Association of Directors of Children's Services
Association of Police and Crime Commissioners
British Transport Police
Care Quality Commission
College of Emergency Medicine
College of Policing
The College of Social Work
Department of Health
Health Education England
Home Office
Local Government Association
Mind
NHS Confederation
NHS England
Public Health England
Royal College of General Practitioners
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists

- 7.2 Signatories to this Concordat have made a commitment to work together to support local systems to achieve continuous improvements for crisis care for people with mental health issues across England:

"We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England.”

- 7.3 A Declaration document has been developed by NHS England and sign up at a locality level by partner organisations has been canvassed at a sub-regional level.

In September 2014 a formal request was made to Rotherham Council to agree to sign up to the South Yorkshire Crisis Care Concordat Declaration (template attached as Appendix 1), and to join with partner organisations to develop local are action plans to implement the recommendations contained in the Concordat.

Essential stakeholders for South Yorkshire are:

- Sheffield CCG
- Doncaster CCG
- Doncaster Council (Social Care Commissioners)
- Rotherham CCG
- Rotherham Metropolitan Borough Council (Social Care Commissioners)
- South Yorkshire and Bassetlaw Area Team (Primary Care Commissioners)
- The South Yorkshire Police Service
- South Yorkshire Police and Crime Commissioner
- Yorkshire Ambulance Service
- RDaSH NHS
- SWYPFT NHS Trust
- Barnsley Hospital NHS Foundation Trust
- The Rotherham Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS FT

The deadline for uploading declarations to the national Crisis Care Concordat website is December 2014 and has been set by the Department of Health.

- 7.4 Once the commitment to work collaboratively together is made via the regional declaration, local action plans will need to be developed to meet the ambitions of the Concordat.

The Yorkshire and the Humber Multi Agency Mental Health Collaborative is a group that meets every two months and already has senior representatives from a number of the key stakeholders in regular attendance. NHS England suggests that this group could help support the implementation of local action plans as well as be a forum to discuss specific problems and take actions back to their respective

organisations. A programme of reviewing action plans through this group could be arranged.

- 7.5 An event has been arranged for South Yorkshire Concordat members on Thursday 6th November. The target audience for the event is senior managers or directors with responsibility for driving improvements within their organisation in line with the Crisis Care Concordat. The event will give the representatives a chance to clarify any questions they have as well as interface with other local stakeholders who will be involved in local action plans.
- 7.6 The event will be hosted as a tripartite venture between the South Yorkshire Police, the Yorkshire Ambulance Service and the Strategic Clinical Networks, to facilitate a declaration for the whole of the South Yorkshire.
- 7.7 The event will only be successful if all stakeholders agree to the template declaration and also send a representative to the meeting to both demonstrate the organisations commitments to service improvement and the local action plans.
- 7.8 It is expected that an organisational logo from each organisation who has agreed to the declaration will be forwarded to the NHS England to upload onto the declaration following the event.

8. Proposal

- 8.1 The Crisis Concordat is a key element of the Better Care Fund (BCF01) workstream, which is working to develop a Mental Health Liaison Service that supports the outcomes of the BCF and the principle of 'parity of esteem' between physical and mental health care.

It is therefore proposed that the Council supports the aims of the Concordat formally by becoming signatories to the South Yorkshire Declaration Statement.

- 8.2 A representative from Rotherham Council will attend the event on 6th November to feedback the detail of the commitment, and clarify the 'sign up' process.
- 8.3 The local action plan will be developed through BCF01, co-ordinated by the RCCG and RMBC leads for BCF01. Performance in relation to the action plan will be managed through the BCF Operational Group, the Systems Resilience Group, and the Health and Wellbeing Board.
- 8.4 Support with developing the action plan will be sought through attendance by RCCG and RMBC officers at the Yorkshire and the Humber Multi Agency Mental Health Collaborative.

8.5 This paper has been endorsed in principle by NAS DLT, and will be forwarded for information and support to CYPS DLT and Cabinet Member for Children and Education Services.

9. Finance

There are no immediate financial implications for the Council in signing up to the Declaration Statement. There may be implications arising from the action plan, but these will be managed through the BCF Programme.

10. Risks and Uncertainties

Failure to sign up to the Concordat:

- 10.1 Would not accord with the agreed ADCS and ADASS position.
- 10.2 May adversely impact on the care arrangements for people experiencing mental health crisis.
- 10.3 Would not accord with the partnership principles in the Rotherham Health and Wellbeing Strategy and the Adult Partnership Board.
- 10.4 May have implications for the delivery of BCF outcomes.

11. Background Papers and Consultation

- Department of Health - Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (February 2014)
- Department of Health - No health without mental health; a cross-government mental health outcomes strategy for people of all ages. (February 2011)
- Better Care Fund Action Plan

Contact Name: Janine Parkin
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APPENDIX 1

The 2014 South Yorkshire Declaration on improving outcomes for people experiencing mental health crisis [date of Declaration or of this DRAFT]

We, as partner organisations in South Yorkshire, will work together to put in place the principles of the national Concordat to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in South Yorkshire by putting in place, reviewing and regularly updating locally agreed action plans.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in South Yorkshire for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients and service users or the wider community and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in South Yorkshire.

Who should sign a local Declaration?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

In addition, certain organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services

Glossary of terms used in this declaration

| | |
|------------------------------------|--|
| <p>Concordat</p> | <p>A document published by the Government.</p> <p>The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help.</p> <p>It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat.</p> <p>Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18th February 2014</p> <p>Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf</p> |
| <p>Mental health crisis</p> | <p>When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.</p> |
| <p>Parity of esteem</p> | <p>Parity of esteem is when mental health is valued equally with physical health.</p> <p>If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses.</p> <p>Further information: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe</p> |

| | |
|-----------------|--|
| Recovery | <p>One definition of Recovery within the context of mental health is from Dr. William Anthony:</p> <p>"Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles.</p> <p>It is a way of living a satisfying, hopeful, and contributing life.</p> <p>Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (Anthony, 1993)</p> <p>Further information http://www.imroc.org/</p> |
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| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
|--|

| | | |
|----------|----------------------|---|
| 1 | Meeting: | Cabinet Member for Children & Education Services |
| 2 | Date: | 8th December 2014 |
| 3 | Title: | Children and Young People’s Service Revenue Budget Monitoring Report to 31st October 2014 |
| 4 | Directorate : | Children and Young People’s Service |

5 Summary

This Budget Monitoring Report provides a financial forecast for the Children and Young People’s Services Directorate to the end of March 2015 based on actual income and expenditure to the end of October 2014

The Directorate is currently projecting an overspend outturn position of £4.029m (9.3%), an increase of £524K since September’s report, principally as a result of continued pressures in the Safeguarding, Children and Families Service.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for the year based on actual income and expenditure to the end of October 2014.

7 Proposals and Details

7.1.1 Considerable, concerted proactive management actions to contain and where possible reduce the projected outturn position are continuing. So far, within this financial year, these actions will have helped the service avoid £604K of costs that would otherwise have been incurred. Further detail on the actions is presented at 7.1.5.

7.1.2 The table below summarises the forecast outturn against approved budgets for each service division:

| Division of Service | Net Budget | Forecast Outturn | Variation | Variation |
|---|---------------|------------------|--------------|-------------|
| | £000 | £000 | £000 | % |
| Academy Conversions (Deficit) | 0 | 283 | +283 | +100.0 |
| Directorate Wide Costs | 1,724 | 1,692 | -32 | -1.9 |
| Schools and Lifelong Learning Service Wide | 110 | 112 | +2 | +1.8 |
| School Effectiveness | 875 | 819 | -56 | -6.4 |
| Special Education Provision | 2,006 | 2,048 | +42 | +2.1 |
| Early Years | 3,984 | 3,914 | -70 | -1.8 |
| Integrated Youth Support | 3,433 | 3,353 | -80 | -2.3 |
| Specific Grant Support | 6 | 6 | 0 | 0 |
| Traded Services | -368 | -368 | 0 | 0 |
| Safeguarding, Children & Families Service Wide | 3,127 | 3,071 | -56 | -1.8 |
| Child Protection Teams | 1,109 | 1,189 | 80 | +7.2 |
| Children in Need Social Work Teams | 5,586 | 6,122 | 536 | +9.6 |
| Looked After Children | 18,765 | 22,163 | 3,398 | +18.1 |
| Disability Services | 2,930 | 2,912 | -18 | -0.6 |
| Total Children and Young People's Services | 43,287 | 47,316 | 4,029 | +9.3 |

7.1.3 Presented below is an analysis of the main variances and the underlying reasons beneath them:

Academy Conversions – Deficits (+£283K)

The forecast over spend is due to provisions for the forecast deficit positions on the following schools when they convert to academies:

- Rawmarsh School: a Sports College - £236K (This is in addition to the £300K provided for in the 2013/14 accounts)
- Swinton Brookfield - £47K (This is in addition to the £39K provided for in the 2013/14 accounts)

Directorate Wide (-£32K)

This underspend projection consists of an over spend on the Central Budget due to the legal costs of academy conversions (+£35k) & supplies (+£3K) offset by a forecast underspend on pensions (-£70k) due to reductions in payments.

Schools and Lifelong Learning Service Wide (+£2k)

The over spend is due to costs for the Yorkshire and Humber Education Challenge (+£3k) offset by under spends on car allowances and room hire (-£1k).

School Effectiveness (-£56k)

This forecast underspend is mainly due to 4 advisors leaving the School Effectiveness Service and there being a slight delay in recruiting replacements (-£57K). The remainder of the projection (£1k) is due to Rockingham PDC forecasting income generation below their £35K income target.

Special Education Provision (+£42k)

The forecast under recovery of income in the Education Welfare Team due to a change in legislation which no longer allows them to charge Academies (+£24K) & the projected overspend on SEN Complex Needs placements (+£93K) is offset by underspends due to additional income generation in the SEN Assessment/Admissions Team (-£17K) & on staffing due to vacancies in the Education Psychology Team (-£18K), the Children in Public Care Team (-£19K), Parent Partnership (-£11K) and Learning Support & Autism Team (-£10K).

Early Years Services (-£70K)

The projected underspend in this area is due to delays in recruitment & savings due to staff not being in the pension scheme within the Early Years Team (-£20K) & Children Centres (-£50K)

Integrated Youth Support (-£80k)

The forecast underspend is as a result of a reduction in the forecast non-pay costs within the service (-£169K) offset by a forecast over spend in Outdoor education due to under recovery of income (+£89k).

Safeguarding, Children and Families Service Wide (-£56k)

The forecast under spend is mainly on legal fees (-£88k) which is due the courts ceasing and refunding final hearing fees. This is offset by costs for the previous interim Director of Safeguarding post (+£29K) and Business Support teams mainly due to 2 new posts and additional agency costs (+£3k).

Child Protection Teams (+£80K)

This forecast overspend is due to the withdrawal of the DSG funding by the Schools Forum (+£49K), reduced staff costs (-£7K) agency costs (£16K) and 2 new Independent Reviewing Officer Posts (£23K) in the Safeguarding Unit offset by a small projected underspend on the Children's Rights Team (-£1K).

Children in Need Social Work Teams (+£536K)

This forecast overspend is due to Agency staff costs & additional staff appointments over establishment (+£532K), offset by reduced staff costs (-£12K) & an under spend on supplies (-£9K) within the Children in Need teams. This is to better maintain business continuity rather than having to recruit expensive agency staff to cover periods between staff leaving and new staff commencing employment in post. This area also includes a projected overspend on the Out of Hours service (+£36K). This is offset by a projected underspend on the Family Assessment Team (-£11K) due to staff not being in the pension scheme & delays to recruitment.

Looked After Children (+£3,398K)

The service is forecasting an over spend mainly due to out of authority residential placements (+£2,913K) and independent fostering placements (+£365K).

The Adoption Reform Grant that was first received in 2013/14 was reduced by £746K in 2014/15. This grant significantly mitigated LAC budget pressures in 2013/14 on a temporary basis.

The service overspent in 2013/14 (£1.617m) and due to the increased number and forecast length and complexity of placements, the forecast overspend is currently expected to increase to the extent above (£2.913m and £0.365m respectively).

To help mitigate these pressures the service, alongside the Commissioning team are conducting a review of placements with a deadline for completion by the end of November. This is to consider how many children are likely to remain in the placement until adulthood, how many children may be returned to Rotherham and how many could be moved or converted in to another form of permanence arrangement e.g. Special Guardianship.

Further details of placements are below:

| Placement Type | 2011/12 | | 2012/13 | | 2013/14 | | 2014/15 as at 31st October | | Actual Number of placements as at 31st October |
|--|-------------------------------------|--------------------------------------|---------------------------|--------------------------------------|---------------------------|--------------------------------------|----------------------------|--------------------------------------|--|
| | Average No. of placements | Average Cost of Placement £ per week | Average No. of placements | Average Cost of Placement £ per week | Average No. of placements | Average Cost of Placement £ per week | Average No. of placements | Average Cost of Placement £ per week | |
| | Out of Authority Residential | 18 | 3,022 | 21.1 | 3,206 | 25 | 3,245 | 32.4 | |
| <i>R1 Accommodation only</i> | U/A | U/A | U/A | U/A | U/A | U/A | 11.8 | 2,812 | 14 |
| <i>R2 Accommodation & therapy</i> | U/A | U/A | U/A | U/A | U/A | U/A | 9.3 | 2,845 | 9 |
| <i>R3 Accommodation, therapy & education</i> | U/A | U/A | U/A | U/A | U/A | U/A | 9.0 | 3,801 | 12 |
| <i>R4 Parent & Baby</i> | U/A | U/A | U/A | U/A | U/A | U/A | - | 0 | 0 |
| <i>Secure</i> | U/A | U/A | U/A | U/A | U/A | U/A | 1.9 | 3,753 | 1 |
| Remand | U/A | U/A | U/A | U/A | 1.6 | 3,154 | 0.7 | 815 | 0 |
| Independent Fostering Agencies | 125 | 887 | 121 | 874 | 107 | 879 | 108.8 | 864 | 109 |
| <i>Standard</i> | U/A | U/A | 74.8 | 745 | 66.1 | 759 | 60.8 | 756 | 61 |
| <i>Complex</i> | U/A | U/A | 27.2 | 938 | 24 | 1,105 | 35.8 | 909 | 35 |
| <i>Specialist</i> | U/A | U/A | 19 | 1,287 | 16.9 | 998 | 12.3 | 1,265 | 13 |
| In-house Fostering | 158.8 | 230 | 162 | 246 | 165.2 | 261 | 174.2 | 267 | 170 |
| Note: U/A - This detailed breakdown was unavailable in past years | | | | | | | | | |

Out of Authority Residential

- The number of children in residential out of authority placements as at end of October 2014 is 36 (an increase of 5 since 31 March 2014 & an increase of 11 since 31 March 2013).
- The average number of placements has increased from 25 in 2013/14 to 32.4 in 2014/15, so far, which is an increase of 7.4 (29.6%). At an average cost of £3,318 per week this would be a cost of £1.283m per annum.
- Due to the increasing complexity of children's needs that are going into residential out of authority placements & despite successful negotiations by the Commissioning team to minimise the cost of these placements, the average cost per week of these placements has increased from £3,022 in 2011/12 to £3,318 currently – an increase of 9.8%.
- The average number of placements has also risen since 2011/12 by 14.4 (80.2%) from 18 to 32.4.
- From 1 April 2013 children's remand placements were fully funded by the Local Authority & RMBC was provided with a national grant of £78K in 2013/14 to cover these additional costs. The allocation for 2014/15 has been reduced to £53K. The cost of these placements in 2014/15 so far is £33K. At the end of October there were no remand placements (a reduction of 2 since 31 March 2014).

Independent Fostering

Agencies

- The number of children in Independent Foster Care as at end October 2014 is 109 (an increase of 7 since the end of March 2014 but a reduction of 9 since 31st March 2013).
- The average number of placements since 2011/12 has decreased by 16.2 (13.0%).

In-house Fostering

- The number of children in in-house fostering placements as at end of October 2014 is 170 (an increase of 3 since the end of March 2014).
- The cost of a placement has risen by an average of £37 or 16% since 2011/12.
- The average number of placements during the same period has increased by 15.4 (9.7%)
- The number of looked after children was 402 at end of October, a reduction of 2 since end of August & and increase of 2 since the end of March 2014.

Fostering Services are forecasting an overspend on Fostering allowances (+£121K) & Residence Orders (+£62K) due to having had more children placed than planned during the first 6 months of the year & also due to some placements costing more than the estimated average. This is partially offset by under spends in the Fostering team due to not covering a maternity leave (-£45K) & forecast underspends on Fostering equipment (-£20K) & Family Together packages (-£15K).

Adoption Services are projecting over spends on Special Guardianship Orders (+£11K). These are offset with under spends on allowances (-£14k) due a reduction in the number of carers, Inter Agency costs (-£123K) due to more adoptions being completed in house & small underspends on the LAAC and Adoption Teams (-£1K).

Other forecast overspends within this area are (+£160K) in the LAC Service due to Agency costs (£92K) & posts over establishment (£40K) & a complex Care package (£21K), secure transport (+£20k) offset by an under spend on Section 17 and 23 costs (-£13k).

Also, within in-house Residential homes there is a forecast over spend (+£31k) due to Regulation 33 requiring us to use an independent reviewer of our in house provision (+£19k) & forecast over spends on agency, long term sickness cover and a termination payment (+£30k), offset by under spends on staffing at St Edmunds and the cover budget at Woodview (-£18k).

Furthermore there is a Leaving Care overspend (£3k) and LAC Transport is forecasting an underspend of (-£50K).

Disability Services (-£18K)

This service is forecasting an under spend due to delays in recruitment for 2 posts within the outreach team (-£26K) offset by an over spend due to increased use of agency staff at Cherry Tree & Liberty residential homes (+£8k).

7.1.4 Prevention and Early intervention strategies

These include:

- Increased use of Special Guardianships (85 as at the end of October, an increase of 6 since 31st March 2014 & an increase of 17 since March 2013) and Residence Orders (142 as at the end of October, an increase of 11 since 31st March 2014 & an increase of 21 since March 2013). There is a continuing push to secure permanency for some children via this route rather than becoming or remaining looked after children. This seeks to reduce the LAC numbers but also provides better outcomes for the children and young people.

- In-house adoption and fostering services are continuing to develop placement resources. The in-house adoption service approved a total of 31 adoptive families in 2013/14, a significant increase on the 18 families approved in 2012/13. The Adoption Service has up to November 24th 2014 approved 21 adoptive families since April 1st 2014. This is improved performance on 2013/14 when the service had approved 12 adoptive families in the same period. The target for 2014/15 is to recruit 42 adoptive families in total, compared to 31 in total in 2013/14. In addition to the 21 adoptive families approved to date, there are a further 13 families in assessment, which would amount to 34 approved for the year.
- The number of adoptive families coming forward has slowed during October and a number of families have made the decision to go on hold or withdraw having received further information. The targeted recruitment campaign is ongoing. Increased numbers of in-house adopters will reduce the need to commission inter-agency adoptive placements at a cost of £27,000 per child, - we commissioned 29 inter-agency placements in 2013/14 and have set a target to reduce this to just 20 in 2014/15. The service is currently forecasting using at most 20 interagency placements for the year and it is likely to be slightly less.
- The service has set itself a target to provide a total of 5 families for other local authorities in 2014/15 (compared to 2 last year) and has so far provided 4, with a fifth family to be provided in December, and 4 other families who are being considered for children from other authorities. These 5 families' will generate an income so far of £135,000. The additional 4 families would generate an income of £124,000, should these placements proceed. We are on course to meet our start of year target to reduce interagency placements by 9 to at most 20 and to provide at least 5 families to other local authorities. This would be a net reduction in purchased placements of 12. (Last year 29 – 2 =27 compared to this year 20 - 5 =15). Buying 12 less interagency placements at a cost of £27,000 each amount to cost avoidance of £324,000 this year compared to last. It is possible that we purchase less than 20 interagency placements and provide more than 5, and if so the cost avoidance will be greater. This has been achieved through increased recruitment of in-house adopters.

- At the end of October 2014, the in-house fostering service was providing more placements than previously for our looked after children (173, an increase of 1 child from the previous month and an increase of 27 from December 2013). The number of foster carers during 2014-15 had dropped from 184 to 180 as a result of a significant number of retirements, but increased due to 3 new approvals in October, thus a current net loss of 1 carer. Our recruitment activity this year is aimed at recruiting carers for more difficult to place children and the service is having some success with that; new carers recruited include 5 for children aged 11 to 18 and 8 for sibling groups. In addition, the service has approved 2 fostering plus carers (including 1 carer for a parent/child placement) and will approve 2 more in November. Work is on-going extending the capacity of existing foster carers through changes of approval categories; as a result, 6 carers have amended their approval category to care for older children, 2 has amended their approval category to care for an additional child, and 3 carers have amended their approval category to care for additional children and to care for children of an older age.

7.1.5 **Management Actions**

Considerable, concerted proactive management actions to contain and where possible reduce the projected outturn position are continuing – within 2014/15 to date, these actions have helped the service avoid £604K of costs that would otherwise have been incurred:

- Reduction in placement costs of £518K through renegotiating contracts with external providers;
- The Fostering Framework has achieved £42K of reductions on standard fostering placements
- The Block contract has achieved £44K savings on complex fostering placements
- The continued effectiveness of the multi-agency support panel from which through efficient multi agency management actions and decision making, continues to avoid costs wherever possible.
- CYPS have engaged a company called Valuing Care who will be contacting a range of providers of Social Care & SEN Residential placements to carry out cost book analysis to compare against their extensive database to identify potential areas for cost renegotiations & ongoing savings. This should show savings in 2014/15.

The Directorate are in the process of changing the function of one of its Residential Children's homes to better meet the needs of Rotherham young people. This will be completed & the home registered with OfSTED for a changed function by April 2015.

7.1.6 **Agency Costs**

Total expenditure on Agency staff for Children and Young People's Services for the 7 month period ending 31st October 2014 was £591K. This compares with an actual cost of £473K for the same period last year.

Agency costs for the first quarter of this financial year have been incurred as a result of the need to cover the Interim Director of Safeguarding, Children & Families; vacant social worker and social work posts where staff are on long term sick or on maternity leave; and vacancies, sickness and maternity leave in residential care and the employment of an interim Service Manager to oversee improvement in the LAC service following an independent review of service quality. It is vital to ensure that social work posts are filled in order to deliver statutory services to children, young people and their families, and keep caseloads within acceptable limits to comply with inspection requirements. All previously supernumerary posts within the service have been appointed to.

In Q2, there are two consultants working within the service with a remit to review and improve critical areas of social work provision. Both assignments are time limited and have been agreed by the Director Safeguarding, Children & Families and the Chief Executive.

Following the publication of the Jay Inquiry, the demand on social care has increased, and in preparation for OfSTED, additional agency staff have been utilised to strengthen staffing resources proportionate to this demand. As part of their inspection activity, OfSTED will form a judgement on whether social worker caseloads are too high. The inspection report will be published by 21st November, at which point the Service may need to review current workload capacity and workforce resource, dependent on the recommendations put forward by HMI.

21 Newly Qualified Social Workers have joined the service in the past 4 months and have commenced their Assessed and Supported Year in Employment (ASYE). This is reflective of around 20% of the total workforce. 17 social workers completed the ASYE in 13/14. Recruitment continues to take place on a monthly basis, and in October the service is recruiting to the LAC Team and the Children's Disability Team.

The DfE released findings from their first round of social work workforce data which all LAs are required to report on: Rotherham ranks amongst the lowest Authorities for use of agency and turnover, when benchmarked against stat neighbours.

7.1.7 **Non contractual Overtime**

Actual expenditure to the end of October 2014 on non-contractual overtime for Children and Young People's Services (excluding schools) is £52K which is mainly in Residential units, compared with expenditure of £70K for the same period last year.

OfSTED requirements are that, if possible, agency staff are not used to cover vacancies, hence the reliance on overtime in the short term pending recruited staff taking up position. All in-house residential units have a 'cover' budget to use for this purpose.

7.1.8 **Consultancy Costs**

Total expenditure on consultancy costs to the end of October 2014 is £139K compared to £104K for the same 7 month period last year.

The actual costs of agency, non contractual overtime & consultancy are included within the financial forecasts.

8. **Finance**

Finance details are included in section 7 above.

9. **Risks and Uncertainties**

Principal risks and uncertainties relate to the 'needs led' nature of budgets for looked after children.

The recruitment of in house foster and adoptive carers remains a challenge and we must always ensure a high quality of placements. Our decisions to place children with independent fostering agencies and in residential out of authority establishments will always be in the context of the best interests of our children. The budget need can only be an estimate given its volatile nature. For example, one out of authority residential placement for a child with very complex needs can now cost up to £364,000 per annum.

10. **Policy and Performance Agenda Implications**

The delivery of the Council's Revenue Budget within the limits determined by Council in March 2014 is vital in achieving the objectives of the Council's Policy agenda. Financial performance is a key element within the assessment of the council's overall performance.

The expenditure in the Children and Young People's Service continues to be mitigated by constantly reviewing budgets and the continuation of a moratorium on spending within the Directorate.

11. **Background Papers and Consultation**

- Report to Cabinet on 5 March 2014 – Proposed Revenue Budget and Council Tax for 2014/15.

This report has been discussed with the Strategic Director of Children and Young People's Service and the Director of Finance.

Contact Name: Joanne Robertson, Financial Services - Finance Manager (Children and Young People's Services), *ext: 22041, email:*

joanne.robertson@rotherham.gov.uk

**ROTHERHAM BOROUGH COUNCIL –
REPORT TO MEMBERS**

| | | |
|-----------|--------------------|---|
| 1. | Meeting | Cabinet Member for Children and Education Services |
| 2. | Date | 01/12/2014 |
| 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 Cabinet Member 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 Cabinet Member notes and accepts the report

7. Proposals and details

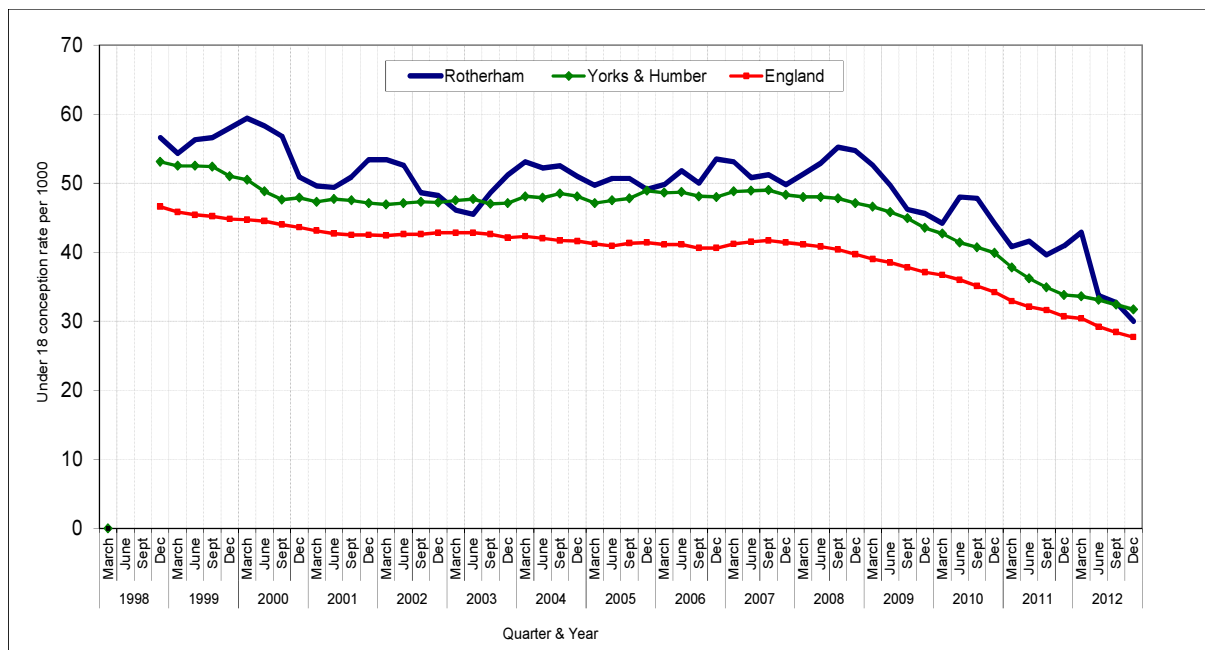
The current Public Health Services contract (from April 2013) in relation to Emergency Hormonal Contraception (EHC) with Pharmacists operating in Rotherham specifies that they provide the service, free of charge, to females aged 16 years and over. This is an alternative choice of provision within the 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,

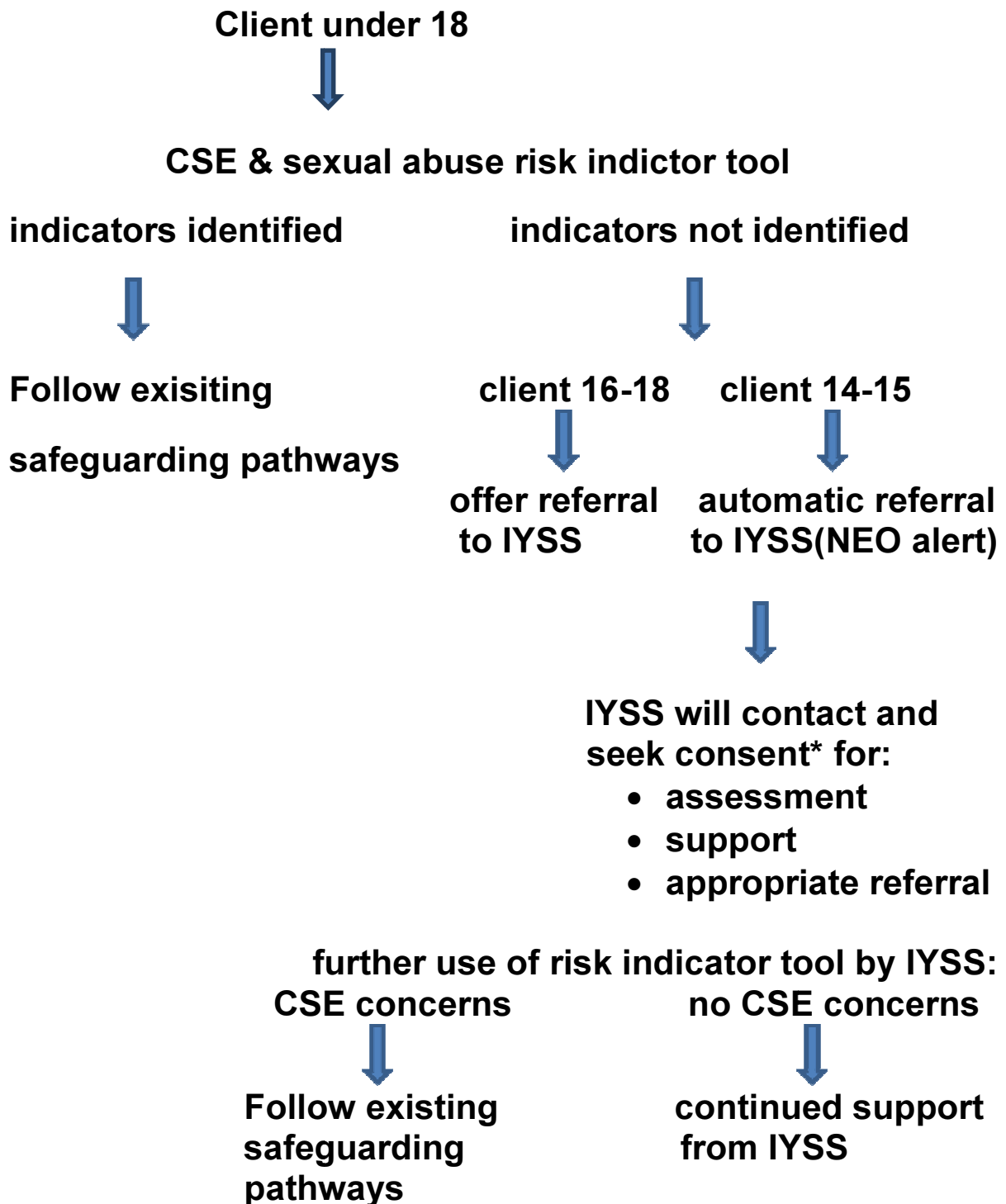
Officer: Gill Harrison, Public Health Specialist

Manager: Sue Greig, Locum Consultant in Public Health

Director: John Radford, Director of Public Health

Appendix 1:

Proposed Referral Pathway – EHC (Pharmacy)



(*if consent is declined, history is reviewed and concern is noted and further action following safeguarding pathways followed if necessary)



**Rotherham Metropolitan Borough Council
Integrated Youth Support Service**

Pharmacy Administered Emergency Hormonal Contraception Follow- up

Protocols and Guidelines for Youth Start

Berridge, Ann



The free Emergency Hormonal Contraceptive Scheme for women available from accredited Pharmacies across the Borough of Rotherham is to be re-launched and will also be available to young women aged 14-16 years. The Scheme will take effect from **????** following appropriate training and accreditation for the Pharmacies who will be taking part.

In order to continue to address the sexual health local priorities, which are:

- Reduce the number of unintended teenage pregnancies
- Reduce the rates of sexually transmitted infections amongst young people
- Increase the number of young people using regular forms of contraception
- Increase the opportunities to discuss sex and relationships education and promote positive relationship choices thereby addressing the risk of exploitation

a multi-agency group has agreed that young women shall be offered a follow up by IYSS Youth Start. For those under the age of 16, this will be an automatic referral (with the young person's knowledge) and for women aged between 16 and 18 years, this will be an 'offer'. This initiative is to not only to try to address the above local priorities, but to support the Pharmacies in ensuring that robust safeguarding steps are in place and to offer consistency across sexual health and contraceptive services.

The team of Youth Support workers at Youth Start, who have responsibility for sexual health work within the long-standing youth clinic provision, will manage the referrals from the Pharmacies, with other staff aware of the work and able to step in and support the referral process where necessary.

All client contact information will be recorded on Rotherham Youth Support Service MI system and regular monitoring will take place through case management and supervision which will be regularly undertaken with all workers.

Any safeguarding issues will follow the agreed EHC pathway and the Rotherham Safeguarding Children Board procedures.

Protocols

1. A referral will be received by telephone from a Pharmacy within three days of the emergency hormonal contraceptive being administered by the Pharmacy. If necessary, Pharmacies will be given a direct dial telephone number where they can leave a message at weekends. This will be picked up and dealt with on the following Monday.
2. The details will be logged on the Youth Start EHC Referral Form. The information will be entered onto the IYSS management information system (IO).

The information needed from the Pharmacy will be:

- Full name
 - Date of Birth
 - Address
 - Contact telephone number
 - Email Address
 - Pharmacy Address and Contact person
 - Date of EHC administered
3. A minimum of three separate attempts will be made to contact the young woman. If contact cannot be established, checks will be made via the IYSS management information systems to see if the client is accessing other areas of the Service or if there are possible alternative ways of making contact.
 4. **If no contact can be established**
 5. Where contact is established, the young woman will be offered an appointment at either Youth Start or at one of the locality Youth Clinics. At the appointment the following will be covered:
 - Did vomiting occur in the 3 hours following the EHC being taken?
 - Has there been any bleeding or menstruation since the EHC was administered?
 - Is there a need for a STI and or pregnancy test?
 - What contraception, if any, is the young woman using?
 - Advise the need for regular contraception and consistent use of condoms
 - Referral to nurse or other medical professional where needed
 - Give information about all sexual health services for future
 - Sex and Relationship education
 - Discuss previous/current relationship

- Condom teach
 - Assessing for any safeguarding concerns
6. If the young woman does not attend the agreed appointment date, contact will be established again to offer a further appointment on a different date.
 7. Any identified safeguarding issues will follow RMBC safeguarding procedures.
 8. All attempted and successful contacts with a young woman will be recorded on the management information systems. This will include any follow on appointments.
 9. Anonymous monitoring data will be provided to appropriate RMBC/NHS departments where requested.

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Guidelines

1. When a telephone referral is received from a Pharmacy, take the details needed to complete the Pharmacy EHC Telephone Referral Form.
2. Enter client information on I.O. creating a new client where necessary. This should follow the usual Youth Start client recording guidelines.
3. Attempt to make contact with the young woman within 5 working days of receiving the referral and offer an appointment to attend 3 weeks after taking EHC. This will provide an optimum timeframe for assessing the possible need for a pregnancy test and/or STI check.
4. A minimum of three attempts shall be made to contact the young woman using the information received from the Pharmacy.
5. If no contact can be established either because of incorrect details or no response, then make a check on I.O. to see if they are accessing any other part of the service or worker.
6. If this is the case, make sensitive enquiries to see if it is possible to make contact with the young woman via this route.
7. **If no contact can be made**
8. If contact is established with the young woman then offer her an appointment at either one of the Youth Clinics in the localities or at Youth Start (either Sexwise or drop in).
9. When follow up appointments are not kept, the young person shall be allowed a further 7 days to make contact with Youth Start. When this time has elapsed, attempts to contact the young person will be made. All attempted contacts shall be recorded on I.O. **Where attempted contacts have failed on 3 separate occasions, the Project Manager should be informed and further action considered and recorded**
10. If she attends, then the EHC Pharmacy Follow Up Form shall be completed. This form shall be attached to the client's paper based Sexual Health Record Sheet at Youth Start and a summary entered on to I.O.
11. Follow the Youth Start induction procedures for new clients and outline the confidentiality policy to **ALL** clients.

12. Check if the young woman vomited within 3 hours of taking the EHC. This can be an indication that the medication was not ingested therefore may not have prevented the pregnancy. If this is the case, a referral to a CASH nurse should be made as soon as possible to discuss further.
13. Was there any bleeding since taking the EHC? Some bleeding disturbance may occur a few days after taking EHC but this should not be taken as her usual menstruation. Check with the client what her usual menstruation cycle is and refer to the nurse if there are any worries or concerns from either the worker or the young woman.
14. Check if there have been any further incidences of unprotected sex since taking the EHC. If so, refer to the nurse for possible repeat of EHC or other advice.
15. If the young woman has not had her usual menstruation cycle since taking the EHC (and it has been a minimum of 3 weeks), then a pregnancy test should be offered following the Youth Start Pregnancy Testing Guidelines.
16. Assess the need for an STI check and either offer a Chlamydia urine test or refer to CASH nurse for a full STI test.
17. Discuss the relationship history of the young woman, offering support around positive relationships, making positive choices, and saying no.
18. If the young woman is in a relationship and is wanting to continue sexual activity, then ascertain what contraception is being used. If no regular method is used, discuss what methods the young woman will consider, giving appropriate information and leaflet, and refer to nurse for contraception assessment.
19. Ensure that a condom teach is undertaken and condoms are issued following the Youth Start Condom Issuing Guidelines.
20. Provide information and leaflets giving details of all sexual health services in Rotherham.
21. **ALL** attempted and successful contacts shall be recorded on I.O.

IF THE ADVICE WORKER HAS ANY CONCERN ABOUT THE WELL BEING OF THE YOUNG WOMAN, THE NEED FOR MEDICAL ADVICE SHOULD BE EXPLAINED AND CASH CONSULTED.

CHILD PROTECTION ISSUES SHOULD ALWAYS BE ADDRESSED IN LINE WITH ROTHERHAM SAFEGUARDING CHILDREN BOARD. DETAILS OF SUCH PROCEDURES CAN BE FOUND AT: www.rscb.org.uk OR FROM THE RMBC INTRANET.

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PHARMACY EHC FOLLOW UP REFERRAL SHEET

Date of Telephone Referral

Name of Worker taking telephone referral

YOUNG WOMAN'S DETAILS

First Name

Surname

Address

..... **Post Code**

Client No.

Date of Birth

Contact Phone No. **E Mail Address**

Date of EHC administered

PHARMACY'S DETAILS

Name of Pharmacy

Address

..... **Post Code**

Telephone No.

Staff Member giving referral

Notes