HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 16th November, 2016**

Time: **9.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 12)
   Minutes of meeting held on 21st September, 2016

7. Communications

For Discussion

8. Health and Wellbeing Strategy Aim 1 - All children get the best start in life (Pages 13 - 22)
   Presentation by Dr. Richard Cullen

9. Health and Wellbeing Strategy Aim 3 - All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
   Presentation by Kathryn Singh, RDaSH

10. Sustainability and Transformation Plan
    Verbal update by Chris Edwards, Rotherham Clinical Commissioning Group

11. Rotherham Place Plan (Pages 23 - 65)
Report by Chris Edwards, Rotherham Clinical Commissioning Group

12. RDaSH Inspection (Pages 66 - 67)
Update by Kathryn Singh, RDaSH

13. Healthy Ageing Framework Update (Pages 68 - 72)
Report by Terri Roche, Director of Public Health

14. Caring Together - The Rotherham Carers' Strategy (Pages 73 - 107)
Report by Sarah Farragher, Adult Social Care and Housing

15. Rotherham Safeguarding Adult Board 2015-16 Annual Report (Pages 108 - 137)
Presented by Sandie Keene, Chair of Rotherham Safeguarding Adult Board

For Information

16. CAMHS Plan (Pages 138 - 175)

17. Date, Time and Venue of the Future Meetings
Meetings to commence at 9.00 a.m. on:-

Wednesday, 11th January and 8th March, 2017

Venues to be confirmed

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH AND WELLBEING BOARD
21st September, 2016

Present:-

Councillor Roche	Cabinet Member for Adult Social Care and Health **(in the Chair)**
Tony Clabby	Healthwatch Rotherham
Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Chris Holt	TRFT (representing Louise Barnett)
Shafiq Hussain	VAR (representing Janet Wheatley)
Anne Marie Lubanski	Strategic Director of Adult Care and Housing
Councillor Mallinder	Chair, Improving Lives Select Commission
Zena Robertson	NHS England (representing Carole Lavelle)
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Ian Thomas	Strategic Director, CYPS
Councillor Watson	Deputy Leader

Report Presenters:-

Dominic Blaydon	Rotherham CCG
Christine Cassell	Chair, Rotherham Local Safeguarding Children Board
Lydia George	Rotherham CCG

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, Rotherham CCG
Dawn Mitchell	Democratic Services, RMBC
Phil Morris	Business Manager, Rotherham Local Safeguarding Children Board

Observers:-

Chris Bland	Rotherham Pharmaceutical Committee
Councillor Short	Vice-Chairman, Health Select Commission
Janet Spurling	Scrutiny Officer, RMBC

Apologies were received from Louise Barnett (TRFT), Sharon Kemp (RMBC), Julie Kitlowski (Rotherham CCG), Carole Lavelle (NHS England), Robert Odell (SYP), Councillor Sansome, Janet Wheatley (VAR) and Councillor Yasseen.

21. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

22. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

23. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 13th July, 2016, were considered.

Resolved:- That the minutes of the previous meeting of the Board, held on 13th July, 2016, be approved as a correct record with the inclusion of Councillor Watson's apologies.

24. HEALTH AND WELLBEING STRATEGY

The Chairman reported that the presentation on Aim 1 – All children get the best start in life – was to be deferred to a future meeting.

Ian Thomas, Strategic Director, Children and Young People's Service, and Shafiq Hussain, VAR, gave the following powerpoint presentation on Aim 2: Children and young people achieve their potential and have a healthy adolescence and early adulthood:-

Board Sponsor: Ian Thomas RMBC
Supported by: Shafiq Hussain, VAR, and Tracy Guest, YWCA

- Reduce the number of young people at risk of child sexual exploitation
- Reduce the number of young people experiencing neglect
- Reduce the risk of self-harm and suicide among young people
- Increase the number of young people in education, employment or training
- Reduce the number of young people who are overweight and obese
- Reduce risky healthy behaviours in young people

The story in Rotherham
Reduce the number of young people at risk of child sexual exploitation

- The Jay Report (2014) Independent Rotherham CSE Inquiry (1997-2013)
- Responding to historical shortcomings
- Some indications that 'on line' and street grooming increasing
- Number of children and young people presenting at risk of CSE: 352 (2015/16)
- Governance: Improvement Board/Plan, Safeguarding Children's Board, CSE sub-group
- Services: MASH, Evolve, VCS commissioned services, Barnardos 'Reach Out'

Reduce the number of young people experiencing neglect

- Approximately 10% of new referrals to Social Care have primary reason neglect (455 in 2015/16)
- Reality much higher. Other factors for neglect: domestic violence, parental substance misuse and mental health issues
- Neglect: 'rungs of ladder/ continuum of need

- 2,231 open children's social care cases at the end of 2015/16 (1,430 Children in Need, 369 Child Protection Plans, 432 Looked After Children)
- Child Protection Plans (CPPs) started in the year where neglect is main category or a feature, 304 (2015/16) 51.9% of all new CPPs
- Services not specifically designed for 'neglect'

Reduce the risk of self-harm and suicide among young people

- Mortality from Suicide and Injury Undetermined 2010-2014 in 0-19 years: 5 males 0 females
- Self-harm is recognised in Rotherham as an area of concern particularly among healthy professionals and young people
- However, nationally data collected suggests we do well compared to England averages for self-harm although suicide is slightly above average

Increase the number of young people in education, employment or training

2015/16	2016/17 (June, 2016)
Rotherham 5.26%	5.6%
Statistical neighbours 5.16%	5.6%
Regional 4.76%	4.9%
National 4.2%	4.5%

Rotherham NEET Cohort as at 1st August, 2016

525: 273 (52%) male
252 (48%) female

Reduce the number of young people who are overweight and obese

- In Rotherham 9.9% of 4-5 year olds were identified as obese (2014/15) higher than the England average of 9.1%
- This figure more than doubles at Year 6 as 21.6% of 10-11 year old pupils in Rotherham were identified as obese, worse than the England average of 19.1%
- Rotherham ranks similarly among Children's Services statistical neighbours (6th of 11 including Rotherham at Reception, 2nd highest at Year 6)

Reduce risky health behaviours in young people

Some of the contributory factors:

- Sexual Health – Chlamydia 1,738 per 100K (national average 1,887, target 2,300) aged 15-24 in 2015
- Teenage pregnancy – 28.9 per 1,000 (national average 26.4) aged 15-17 in 2014
- Alcohol and Drugs – 3 year average 21.4 hospital admissions for alcohol per 100K (national average 36.6) aged 0-17, 2012/15
- Smoking – 7.2% regular smokers (national average 5.5%) aged 15, 2014/15
- Self-esteem

- Self-harm – 312 hospital admissions per 100K (national average 399) aged 10-24 in 2014/15
- School absence – 5.3% (national average 4.6%) aged 5-15 in 2014/15
- Domestic abuse (general) – 30 per 1,000 population (national average 20.4) aged 16+ 2014/15

Aim 2: Workshop 5th August, 2016

- Over 40 attendees from across partnership including representatives from RMBC, Police, Healthwatch, Public Health, voluntary and community sector and training providers
- Six focus group workshops considered each objective:
  What's the situation in Rotherham
  What currently works well
  Are there any gaps
  Priority area
- Participants came up with key actions for each objective:-

  Reduce the number of children and young people experiencing neglect
  - Develop a consistent understanding of identifying neglect
  - Develop assessment tool/shared responsibility
  - Think Family Model

  Reduce the risk of self-harm and suicide amongst young people
  - Targeting young people at key transition points in their lives by linking through peer support

  Increase the number of young people in education, employment or training
  - NEETs case conference approach supported by Early Help
  - All providers 'around the table' focusing on NEETs
  - Pre-16 alternative provision – partners around the table working collaboratively to provide a suitable offer

  Reduce the number of children and young people who are overweight and obese
  - School Pilot: a different approach than the existing weight screening programme using a 'whole school approach'

  Reduce risky health behaviours in young people
  - Campaign that addresses 'respect' both for self and others: e.g. personal space, community
  - Resilience: encourage all adults in child's life to address resilience with young people
  - Organise a similar event as today's workshop with schools: open dialogue and encourage conversation

Discussion

- Do these actions feel correct?
- Is there one or two areas that the Board think should be prioritised?
- What can partners offer to support the priorities?

Discussion ensued with the following issues raised/highlighted:-

- Testing for Chlamydia was still carried out but there were fewer numbers of young people who had contracted it which was why the target had not been reached

- Schools should be encouraged to be more proactive with regard to PHSE; the Council had been lobbying the Government to make age appropriate PHSE compulsory rather than mandatory. This also contributed to raising self-esteem in young people

- Concern regarding the hidden levels of self-harm which did not present itself in the statistics of hospital admissions

- The national obesity rate which doubled between the ages of 5-10 years. Increased work was required at a much earlier stage including the ante-natal pathway

- Emerging theme of raising aspirations and self-esteem that the Board may wish to look at in more detail with links into children's mental health

Resolved:- (1) That the plan for Aim 2 be noted.

(2) That the Board sponsor and lead officers develop the plan in relation to Aim 2 including actions for improving self-esteem and report this to the Children and Young People's Partnership Board.
ACTION: Ian Thomas

25. BETTER CARE FUND

Chris Edwards, Rotherham CCG, presented the first quarterly report to NHS England regarding the performance of Rotherham's Better Care Fund in 2016/17.

Rotherham was fully meeting 7 out of the 8 national conditions as follows:-

- Plans were still jointly agreed between the Local Authority and the Clinical Commissioning Group
- Maintaining provision of Social Care Services (not spending)
- A joint approach to assessments and care planning were taking place and, where funding was being used for integrated packages of care, there was an accountable professional
- An agreement on the consequential impact of changes on the providers that were predicted to be substantially affected by the plans
- Agreement to invest in NHS commissioned out-of-hospital services
- Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

- 7 day services to support patients being discharged and prevents unnecessary admissions at weekends in place

Rotherham was currently partly meeting 1 out of the 8 national conditions which comprised of 2 elements as follows:-

- The first element (fully met) included better data sharing between Health and Social Care based on the NHS Number (NHSN). This was being used as primary identifier for Health and Social Care Services and work was now complete to ensure better sharing between the 2.
- The second element (partly met) was better data sharing including whether it was ensured that patients/service users had clarity about how data about them was used, who may have access and how they could exercise their legal rights. This second element had been introduced since August, 2016

It was noted that Rotherham's Locality Plan was being used as best practice in the Yorkshire and Humber district.

Performance showed that emergency re-admissions to hospital was currently off track and required further investigation. However, this was a similar picture across the country. Work was taking place in Rotherham to ascertain the cause for the increased numbers. The outcome of the investigations would be reported to the BCF Executive Group.

Resolved:- That the report be noted.
NO ACTION

26. SUSTAINABILITY AND TRANSFORMATION PLAN

The Chairman reported that some initial feedback had been received from the LGA and it was hoped to have a further report back to the next meeting. They had been very impressed by the dedication, investment and commitment of partners to move forward on the locality plan. Rotherham was one of the leaders in the country on this initiative.

Chris Edwards, Rotherham CCG, presented an update on the development of the latest version of Rotherham's Integrated Health and Social Care Place Plan which formed part of the wider South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

It had been submitted in accordance with the 30th June deadline. The next stage was to present a business case by 21st October. It was noted that currently that all plans were confidential as imposed by NHS England; it was anticipated that they would become public documents after the October deadline.

The latest version demonstrated the commitment across the STP partners in Rotherham to the direction of travel for Rotherham. The Plan provided for the continuation of collaborative and transformational activity across the whole health and care system. Additional transformation funding from the STP would enable the proposed priority areas to go further and faster.

Lydia George, Rotherham CCG, presented the Rotherham Integrated Health and Social Care Place Plan which would form part of the STP to be submitted to NHS England in October.

The Chairman commented that he was pleased that a full copy of the Plan would be submitted to a future meeting as there was a lot of concern that the Plan was confidential and there had been heavy criticism by the Unions.

It was noted that the draft governance of the Locality Plan would be submitted to the Board; the Board would play a key role in driving forward the accountability of the Plan.

There was concern nationally that local authorities would have to sign off their part of the STP which had had very little involvement of Elected Member in the development thereof.

It was noted that an All Member Seminar was to be held on 13th October on Locality Working (Health and Social Care).

A lot of work had already taken place in terms of how the Plan was going to be communicated to the general public.

Tony Clabby, Healthwatch Rotherham, commented that it might be a public friendly document but it was after the event; there was concern that there had been no public involvement because of the timescales. You could not publicise a plan to the public when they had not been involved and not expect resistance and protest. The positive consultation and development that had taken place previously would need to be stressed.

Chris Edwards replied that it had not been possible because of the timescales and the confidentiality imposed by NHS England. There was nothing in the Local Plan that would be of a surprise or concern but it may be not the same for the regional plan.

Dr. Cullen also expressed concern that GPs had not had involvement in the Plan.

Chris Edwards undertook to feed back the concerns regarding the lack of consultation to the STP Executive Group.

Resolved:- (1) That the progress be noted and responsibility be delegated to the individual organisations to sign off the October submission.

Action:- Chris Edwards/Sharon Kemp

(2) That a draft proposed governance structure for the Locality Plan be submitted to the next Board meeting.
Action:- Chris Edwards/Sharon Kemp

(3) That Chris Edwards feed back to the STP Executive Group the concerns regarding the lack of consultation and that the Board would like consultation to take place as soon as possible.
Action:- Chris Edwards

(4) That the Board discuss the STP in detail once the document was in the public domain.
Action:- Chris Edwards/Kate Green

27. COMMUNITY TRANSFORMATION

Dominic Blaydon, Rotherham CCG, reported on the progress of the Community Transformation Programme.

The Programme was set up in 2013 to facilitate the transfer of care from hospital to the community. The priorities reflected many of those already identified in the Better Care Fund Plan and was overseen by a multi-agency Transformation Board.

The Board was focussing on the following key workstreams:-

- Integrated Health and Social Care Teams
- A Reablement Hub incorporating Intermediate Care
- A Multi-Disciplinary Integrated Rapid Response Service
- A single Health and Social Care Plan for People with Long Term Conditions
- A joint approach to Care Home Support
- A shared approach to Delayed Transfers of Care

The report submitted highlighted the work taking place under each workstream.

Discussion ensued with the following issues raised/highlighted:-

- NHSE were very interested in the integrated localities model being implemented in Rotherham and was putting it forward as the second wave of vanguards

- Consideration was being given to having Care Co-ordinators/Key Workers who would take overall responsibility for those clients who were at high risk of hospital admission and provide them with continuity. It was not thought that additional resources would be required but would be an issue of skill

Resolved:- That the report be noted.
No Action

28. SAFEGUARDING CHILDREN ANNUAL REPORT

Christine Cassell, Chair of the Rotherham Local Safeguarding Children's Board, presented the Board's annual report 2015-16 and a powerpoint presentation:-

The presentation referred to:-

Board Effectiveness
- Partners increased the resources available to the Board
- Comprehensive Performance Management Framework now in place
- Increased audit activity
- Stronger scrutiny and challenge

Safeguarding Improvements
- Strong response to CSE
- 'compliance' with statutory requirements e.g. timeliness of assessments
- MASH arrangements
- Early Help re-launch

Safeguarding Challenges
- Quality of frontline practice
- Decision making
- Multi-agency understanding and application of thresholds
- Organisations leading on delivery of Early Help

Priorities for 2016/17
- Governance and accountability
- Community engagement and the voice of children
- Scrutinising front-line practice including Early Help
- Safeguarding Children Looked After
- CSE and children who go missing
- Neglect

Safeguarding is everybody's business
- Council
- Statutory and non-statutory partners
- Voluntary and community organisations
- The wider community

What should the Health and Wellbeing Board to?

- Ensure a Safeguarding focus in commissioning decisions
- Support LSCB priorities through the implementation of the Health and Wellbeing Strategy
- Undertake Safeguarding impact assessments on major budget and organisational change
- Reports back to the LSCB on the impact of its works in support of LSCB priorities

Resolved:- (1) That the Board ensure a focus on Safeguarding children in its commissioning decisions.

(2) That the Board supports the Local Safeguarding Children's Board through the implementation of the Health and Wellbeing Strategy.

(3) That the Board undertakes Safeguarding impact assessments on major budget and organisational changes.

(4) That the Executive Group considers how the Board reports back to the Local Safeguarding Children's Board on the impact of its work in support of the LSCB priorities.

Action:- Kate Green/Health and Wellbeing Executive Group

29. HEALTHWATCH ROTHERHAM ANNUAL REPORT

Tony Clabby, Healthwatch Rotherham, presented the organisation's third annual report 2015/16. He drew attention to the following:-

- Investment in a new Customer Management System which had given a massive boost in gaining the views and opinions on Social Care – increase from 1,400 to 4,500

- Signposting clients to other services

- Resolution of cases without the need to proceed to the Local Government Ombudsman/legal action

- Supported 114 advocacy cases

- Extending access to Learning Disability Services

- Discussions taking place with the Council and CCG with regard to the development of an Autism Strategy

Resolved:- That the report be noted.

No Action

30. SEND JOINT COMMISSIONING STRATEGY

This item was deferred to a future meeting.

31. UPDATE FROM SELF-ASSESSMENT WORKSHOP

Kate Green, Policy Officer, presented the outcome of the Board development session held on 13th July, 2016.

Board members had discussed the responses to the questionnaire looking at the strengths, weaknesses and challengers. A summary was attached at Appendix A of the report.

A draft action plan was also attached at Appendix B for discussion around timescales and resources.

Chris Edwards felt that the reference to 'Navigators/Champions' should be followed by the words "subject to funding".

Terri Roche stated that discussions had taken place with Janet Wheatley, VAR, regarding Navigators and it had been felt that there was a need for more support generally and that consideration should be given to linking in with Social Prescribing. A plan would be submitted to the November meeting.

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

(2) That a report be submitted to the November Board meeting on the alternative model to Navigators and possible resources.
Action: Terri Roche

(3) That a Task and Finish Group be established comprising Councillor Mallinder, Director of Adult Social Services, Director of Public Health, Healthwatch Rotherham, CCG, VAR and a communications lead to consider the action plan.
Action: Kate Green

32. COMMUNICATIONS

Older Person's Month - October
Healthwatch Rotherham and Age UK were to hold a conference on 1st October.

There was to be an Older People's Summit held on 7th October at the New York Stadium.

Crossroads
Crossroads, a local care provider, had been nominated as a finalist as the best care provider. One of their officers has also been nominated as best officer in their field.

Parliamentary Review – A Year in Perspective
The Rotherham CCG featured in the 2015/16 Healthcare edition.

33. DATE, TIME AND VENUE OF THE NEXT MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday 16th November, 2016, commencing at 9.00 a.m. venue to be confirmed.

(2) That future meetings take place on: -

- 11th January, 2017;
- 8th March, 2017.

Rotherham Health and Wellbeing Strategy

Aim 1

All children get the best start in life

Board Sponsor: Dr Richard Cullen (CCG)
Supported by: Karla Capstick (RMBC)

Objectives

- Improve emotional health and wellbeing for children and young people
- Improve health outcomes for children and young people through integrated commissioning and service delivery
- Ensure children and young people are healthier and happier

Issues

- Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing
- In Rotherham average 3,000 births each year – too many are not getting the best start
- In Rotherham % of children living in poverty is higher than national and regional averages
- More than 1/6 of babies are born to mothers who smoke or drink alcohol during pregnancy
- Breastfeeding rates and time spent breastfeeding is shorter than national average
- Rotherham has higher than regional and national average levels of tooth decay in 3 and 5 year olds

Actions to Date

- Early Help Service – go live January 2016 - integrated previously separate services into 9 Early Help Teams with a ‘team around the community approach’ in partnership with schools, health including CAMHS, police, voluntary sector, housing etc..
- Single ‘Front Door’ for early help requests for support this includes RMBC, CAMHS, Barnardos Reach Out and Housing Officer.
- Public Health - commissioned an integrated public health service for 0- 19 year olds –contract awarded. Will create opportunities for greater integration with health and early help, joint delivery of services and a shared assessment

Actions to Date

- Paediatrics outreach clinics due to be piloted soon (Dinnington first area)
- Reinvigorated breastfeeding support offer in partnership with health, early help and building capacity with community volunteers
- Oral Health Strategy developed in partnership
- Benefits Cap –Awareness raising across the partnership to support those affected by the benefits cap
- etc..

Shared Strategy

Aim 1 of the **Health and Wellbeing Board** is closely aligned to (shared priorities):-

- **The Children and Young Peoples Plan-** in particular *Outcome 1: Children, Young People and their Families are Healthy and Safe from Harm*
- **The Rotherham Together Partnership –** delivering improvements for local people and communities through the Rotherham Together Partnership Plan.
- **The Rotherham Safeguarding Children Board**

What we will do

Action 1

- We will refresh and re establish a **'Best Start' Partnership** to include representatives from Health, Early Help, Early Years, Public Health, CCG, Child Development Centre, Disability Services, Education and the Voluntary Sector.
- The Partnership will develop a Best Start Action Plan and 'Strategy' that focuses on; delivering better together, **transition points** and improved opportunities for co working, reduced duplication and improving outcomes for children and families
- The first Partnership Group is scheduled to meet at the ***end of November/early December 2016*** – this session will begin discussions around a **shared understanding** of 'Best Strat' and tasking frontline staff to consult as part of **Action 2**

What we will do

Action 2

- We will work together to engage Rotherham parents, children and young people and consult fully with them.
- We will consult through frontline practitioners, through social media and other media this will commence in ***January 2017.***
- We will consult, engage and listen to develop a shared understanding of …

What is ‘a best start in life?’

What do we mean by ‘happier?’

What is ‘emotional health?’

What does ‘school readiness look like?’

- This consultation will guide future actions/strategy of the ‘Best Start’ Partnership

What we will do

Action 3

- Look across the UK (and wider) for examples of innovative practice to see if any of these could be adapted and adopted to work in Rotherham.
- Particular interest and focus will be on the 5 Local Area Partnerships who received additional Big Lottery Funding for 'Better Start' "***A Better Start is a 'test and learn' programme investing a total of £215 million between 2015-2025 across five local area partnerships within Bradford, Blackpool, Lambeth, Nottingham and Southend-on-Sea. These areas were chosen for their innovative and forward thinking approach to improving child outcomes."***
- Explore opportunities for improved use of ICT such as use of digital apps, opportunities to digitise child records etc..

Questions

Key contacts:

Dr Richard Cullen - Aim 1 Board Sponsor
Richard.Cullen@rotherham.nhs.uk

Karla Capstick -Lead officer Aim 1
Karla.capstick@rotherham.gov.uk

Kate Green- Support Officer for HWbB
Kate.Green@rotherham.gov.uk

The Rotherham NHS Foundation Trust | Rotherham Metropolitan Borough Council | NHS Rotherham Clinical Commissioning Group | Voluntary Action Rotherham | Rotherham Doncaster and South Humber NHS Foundation Trust

Health & Wellbeing Board – Wednesday 16 November 2016

Rotherham Place Plan

Chief Officer: Rotherham CCG	Chris Edwards
Chief Executive: The Rotherham Foundation Trust	Louise Barnett
Chief Executive: Rotherham MBC	Sharon Kemp
Chief Executive: Rotherham Doncaster and South Humber NHS Trust	Kathryn Singh
Chief Executive: Voluntary Action Rotherham	Janet Wheatley

Purpose:

To update the Health and Wellbeing Board (H&WBB) on the development of the latest iteration of the Rotherham's Integrated Health and Social Care Place Plan.

Background:

The NHS Shared Planning Guidance asked every local health and care system in England to come together to create its own ambitious local plan for accelerating implementation of the Five Year Forward View (5YFV). These blueprints, called Sustainability and Transformation Plans (STPs), will be place-based, multi-year plans built around the needs of local populations.

Rotherham sits within the South Yorkshire and Bassetlaw footprint which is led by Sir Andrew Cash (Chief Executive of Sheffield Teaching Hospitals).

The **Rotherham Integrated Health and Social Care Place Plan** summarises local ambitions for the STP and is jointly produced by the Rotherham Clinical Commissioning Group (RCCG), Rotherham Metropolitan Borough Council (RMBC), The Rotherham NHS Foundation Trust, (TRFT), Rotherham, Doncaster & South Humber NHS Foundation Trust, (RDASH) and Voluntary Action Rotherham (VAR).

The Place Plan demonstrates the commitment across partners in Rotherham to the direction of travel for Rotherham and provides for the continuation of collaborative and transformational activity across the whole health and care system. Additional transformation funding from the STP will enable the proposed priority areas to go further and faster.

Analysis of Key issues and of risks

The following **amendments** have been made to the Place Plan since the version received by H&WBB at its meeting on the 21 September:

Section	Content
4.5.1	**Woodlands Mental Health Unit:** description of the 12 bed facility.
5.6	**Governance Structure:** sets out the current draft structure.
6	**Communications:** outlines our approach to communication.
7.1 / 7.2	**Consultation:** outlines engagement with local partners and existing consultation on the five key initiatives
9.1 / 9.2	**High Level Implementation Plan:** further refined to illustrate the impact of and prioritisation of any transformational funding, including a prioritisation matrix.
10.1 / 10.2	**Wider STP Workstreams/ Transformational Programmes:** outlines how the Rotherham Place Plan links to the wider STP workstreams, and sets out the Rotherham direction against the STP challenges.
11	**Risk:** outlines the high level risks to the implementation of the Place Plan.

In addition, the infographic, which the H&WBB will view at its meeting today has been finalised. This 3 minute animation tells the story of and innovations within the Rotherham Place Plan. The following key areas are still to be finalised within the Place Plan: • The Governance Structure continues to evolve and further discussions with partners will take place before final approval. • The overall financial gap and elements of estimated savings are still to be confirmed.
Financial Implications:
NHS England has indicated that transformation funding will be made available for plans which meet their criteria. However, the level of funding and the proposed allocation for Rotherham is unknown at this juncture.
Recommendations:
The Health and Well Being Board are asked to note progress with the Rotherham Place Plan.

Rotherham's Integrated Health and Social Care Place Plan

DRAFT

7 November 2016

1 Introduction

Our commitment

Over the next 5 years, we will focus on:

Improving the health and wellbeing gap through:

- Prevention, self-management, education & early intervention

Driving transformation to close the care and quality gap through:

- Rolling out our integrated locality model – 'The Village' pilot
- Opening an integrated Urgent and Emergency Care Centre
- Development of a 24/7 Care Coordination Centre
- Building a Specialist Re-ablement Centre

These initiatives will contribute to **closing the finance and efficiency gap.**

Rotherham's Health and Social Care Community has been working in a collaborative way for the past several years to transform the way it cares for its population of 261,000. Our track record in developing and delivering new solutions makes Rotherham the perfect test bed for new innovations. We are passionate about providing the best possible services and outcomes for our population and are committed to a whole system partnership approach, as we recognise that it is only through working together that we can provide sustainable services over the long term.

Our common vision is:

'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'

Our ambition is to champion prevention and integration and establish a range of initiatives in Rotherham to serve as a proof of concept that can then be rolled out further across South Yorkshire and Bassetlaw.

1.1 Purpose and positioning of this document

This document, *Rotherham's Integrated Health and Social Care Place Plan* (the Place Plan), details our joined up approach to delivering five key initiatives that will help us achieve our Health and Wellbeing Strategic Aims[1] and meet the region's Sustainability and Transformation Plan (STP) objectives[2]. Planning and delivery at an overarching STP level must be coordinated with planning and delivery at a local (Rotherham) level, as they represent different elements of the same system.

[1] Rotherham Borough Joint Health and Wellbeing Strategy 2015-18. Available online: http://rotherhamhealthandwellbeing.org.uk/hwp/downloads/file/4/rotherham_borough_joint_health_and_wellbeing_strategy_2015-18

2 STP currently in draft

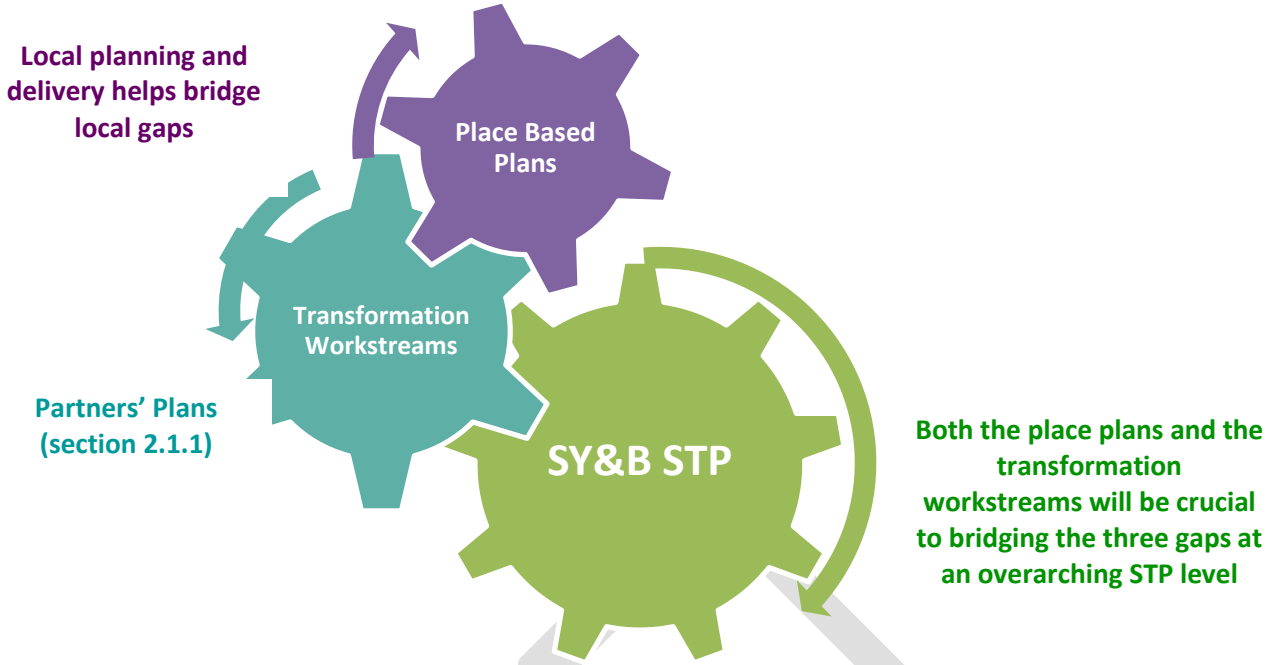


Figure 1 The Place Plan, Transformation Work-Streams and STP all represent different parts of same system

1.2 Our Place Plan on a page

We note that our Place Plan shows how our joint initiatives will help us address Rotherham's challenges and achieve our aims, as illustrated on the following 'plan on a page'. We have identified potential savings from our joint initiatives and have worked very closely as partners to ensure there is no double-counting of the estimated benefits and savings from each partner's own transformation work-streams. What we present here is over and above the partners' contributions to creating savings in the system. Some projects are difficult to quantify (e.g. prevention and education) but we expect they will result further savings.

1.3 Place Plan on a Page Diagram

Three Gaps	Health and Wellbeing Gap			Care and Quality Gap	Finance and Efficiency Gap
Our Challenge	**Life expectancy is less than the England average by more than 1 year**	**Life expectancy varies by 8 years between different parts of Rotherham**	**Increasing numbers of people with long term conditions**	**Increase in hospital attendances, admissions and wait times, opportunity to manage growth in emergency admissions**	**Rotherham has a joint financial gap of £Xm over the next 5 years**

Our Five Joint Priorities	Prevention, self-management, education and early intervention	Roll out our integrated locality model – 'the Village Pilot'	Opening an integrated Urgent and Emergency Care Centre	Further develop the 24/7 Care Co-ordination Centre	Building a specialist Re-ablement Centre
	We will work with communities to create environments where being healthy is the easy choice. This is the 'golden thread' that runs through the plan. The specific initiatives proposed are a) extending our award winning social prescribing service b) 'Making Every Contact Count' through training of front-line staff on brief interventions around smoking-cessation, alcohol-consumption, healthy diets and physical activity; ensuing quick and easy referral to evidence based lifestyle services for those that are ready.	Our pilot 'the Village' is in Rotherham's town centre. It covers 31,000 patients in 1 of 7 localities. It showcases joint commissioning arrangements that drive the integration of services and promotes multi-disciplinary working between primary care, secondary care, social care, mental health, community services and the voluntary sector, reducing the reliance on the acute sector. We will be rolling out this model throughout our 6 other localities. In addition transformation of our care home sector will help keep people out of hospital	To be completed in Spring 2017 and open by July 2017, this will be Rotherham's 24/7 single point of access and triage for urgent and emergency cases. An innovative multi-disciplinary approach will reduce waiting times, support patient flow through the hospital and improve patient experience. It is expected to reduce inappropriate emergency admissions saving £30m over 10 years. In addition, our Adult Mental Health Liaison Service will help keep people out of hospital.	This single point of contact for professionals and patients to call for advice on the most appropriate level of care/most appropriate pathway has been in place for 18 months (currently receiving 4000 calls a month, 24/7). We will be expanding it to include mental health and social care. The purpose is to manage system capacity, carry out initial assessments and deploy appropriate teams to provide support and ensure patients are seen in the most appropriate care setting.	We will co-locate and integrate community rehabilitation services, residential intermediate care (step up and step down) and the current discharge to assess beds into a single site. This will enable Rotherham people to access a range of services whilst remaining in the community. It will also be more cost-efficient through the better deployment of professionals and teams and supporting an integrated, multi-disciplinary way of working.
The Impact	Benefits: prevent ill-health and moderate demand for healthcare Estimated Savings: evaluation of social prescribing shows system benefits of £1.98 for each £1 invested. MECC potential return of £10 for every £1 spent.	Benefits: improve patient experience and outcomes, reduce non-elective bed days by 10,000 Estimated Savings: recurrent saving £1.5m per annum	Benefits: single point of access and triage means reduced waste and duplication, reduce inappropriate hospital admissions Estimated Savings: £30m over 10 years	Benefits: improve efficiency in managing capacity, further integrate health and social care services. Estimated Savings: formal evaluation shows at least £0.86m additional system wide efficiencies	Benefits: enhance clinical and caring environment Estimated Savings: tbc

Enablers

1) One public asset approach 2) asset-based approach 3) Integrated IT will help us achieve our 5 priorities and lead to system savings of £X per annum

2 Context

2.1 How this place plan was developed

The development of the Place Plan is a joint collaboration with representatives from key stakeholders across Rotherham's health and social care services, as depicted in the diagram below.

Figure 2 Partner Organisations involved in developing the Place Plan

The partners will continue working closely together to ensure that the initiatives in this Plan are implemented. The Place Plan and its implementation will be further refined with the Rotherham Together Partnership, to include South Yorkshire Police, South Yorkshire Fire and Rescue Service and Yorkshire Ambulance Service.

We have a strong record of delivery and evaluation of our innovative projects and to continue this, we have partnered with Sheffield Hallam University to evaluate our key projects in order to gather evidence and inform our investment decisions. Where we do not have local evidence, we will use evidence of cost benefit analysis from other areas.

2.1.1 Relevant documents

The Place Plan does not replace the partners' individual plans but rather builds upon them by taking a common lens and identifying key areas of collaboration. This document is aligned with the following relevant documents:

- **The Sustainability and Transformation Plan** (July 2016) 'shows how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency'. We note that our Place Plan briefly describes, at section 10.2, how we will locally address all STP workstreams, but the main focus is on our joint priorities as a Health and Social Care community. The CCG's Commissioning Plan (below) covers all STP workstreams. We anticipate the yet to be developed Operational Plan will detail how changes developed through the STP process will be delivered on the ground.

- **NHS Rotherham's CCG Commissioning Plan 2016 – 2020**[3] (v July 2016) 'set(s) a clear strategic direction and long term (5 years) commissioning vision'. The document describes in detail how Rotherham CCG will deliver the *Five Year Forward View* locally and the nine 'must dos'/ key system priorities for 2016/17 within our local health economy.
- **NHS Rotherham's Five Year Primary Care Strategy**[4] **2016 - 2020 –** sets out how the CCG will work with GP practices to transform services over the next 5 years to improve consistency and equality in access to general practice, provide a seamless pathway for patients with GPs as the linchpin for care, and support patients to self-manage their conditions by utilising technology to connect with healthcare professionals.
- **The Five Year Forward View for Mental Health 2020-21** - sets out the case for transforming mental health care in England and describes the action required. Intended as a blueprint for the changes that NHS staff, organisation's and other parts of the system can make to improve mental health
- **Rotherham MBC's Corporate Plan for 2016-17**[5] - sets out the council's strategic vision for the future and how, through a range of headline priorities, its services will support better outcomes for the borough. A key element of this a commitment to work with partners to integrate health and care commissioning and delivery, to reduce duplication and provide single points of access in the interests of the customer.
- **Rotherham Improvement Plan 2015**[6] **-** draws together the actions required to ensure RMBC becomes the well-run, high-performing authority which local people deserve. This is in addition to wider changes to ensure effective management and leadership, ensure we are a "child-centred" borough and have excellent working relationships with our partner organisations.
- **The Rotherham Foundation Trust (TRFT) Annual Plan 2015-16**[7] - TRFT reviewed and recommitted to their 2014/15 Strategic Plan, which sets out their strategic aims and objectives for the five year period. The strategic direction, as described in the plan has a clear focus on shaping services and developing new and collaborative models of care to meet the future needs of the population, embracing change and advancements in technology, effective financial management, enhancing partnership working and, importantly, engaging and supporting staff to deliver the best possible care for patients.
- **Health and Wellbeing Strategy 2015 – 18**, sets the strategic priorities of the Health and Wellbeing Board, based on intelligence from the local joint strategic needs assessment. The strategy enables commissioners to plan and commission integrated services to achieve better health and wellbeing outcomes for local people. Crucially, the strategy is about working as an effective partnership with service providers, commissioners and local voluntary and community organisations all of whom have an important role to play in identifying and acting upon local priorities.

2.2 A snapshot of Rotherham

Below we provide a snapshot of Rotherham's population[8].

- **Population 260,800** (2015) and forecasted to grow to 269,100 by 2025 (3.5%)
- In line with the rest of the country, the most significant demographic change occurring in Rotherham is the **growth in the number of older people**. The number of older people (65+) is projected to rise by 8,800 (18%) between 2015 and 2025 and the number aged 85+ is projected to rise by 2,300 (40%) by 2025. This will mean an increase in the number of people with long term conditions such as heart disease, diabetes, dementia and cancer. As at 2014/15 there were almost 13,900 people in Rotherham with diabetes, and nearly 5,400 on GP stroke registers. By 2025 we project that there will be nearly 4,500 people in Rotherham living with dementia[9].

[3] NHS Rotherham CCG Commissioning Plan 2016- 2020 http://www.rotherhamccg.nhs.uk/Downloads/our%20plan/Rotherham%20CCG%20Commissioning%20Plan%202016-17%20Part%201%20and%202%20-%20final%20July%202016.pdf
[4] NHS Rotherham CCG Five year Primary Care Strategy
[5] Available online: http://www.rotherham.gov.uk/downloads/file/1491/corporate_plan_2013-16
[6] Available online: http://www.rotherham.gov.uk/improvementplan
[7] Available online: http://www.therotherhamft.nhs.uk/key_documents/
[8] Office for National Statistics: 2015, Mid-year estimate 2014 – based population projections, life expectancy at birth 2012-2014, 2001 census, 2011 census.
[9] Health and Social Care Information Centre: Quality and Outcomes Framework 2014/15

- **Life expectancy** at birth is 78.1 years for men and 81.3 years for women for 2012-14. This is below the national average by 1.4 years for males and 1.9 years for females[10].
- Rotherham people live longer with **ill-health and/or disability** than England average - men live 21 years and women 22 years in poor health[11].
- Rotherham is becoming **more ethnically diverse** with the Black and Minority Ethnic (BME) population doubling in size between the 2001 and 2011 Censuses, and continues to grow[12].
- Significantly **higher than average deprivation**, unemployment and long term unemployment. 50,370 Rotherham residents (19.5%) live in the most deprived 10% of England. Rotherham has 8,640 residents (3.3%) living in the most deprived 1% of England[13].

3 Case for change

The health of the Rotherham population is generally poorer than the English average. We have a growing population, but notably, we will see a significant increase in the 85+ population. This leads to growing pressures on our health services, social care, informal care, supported housing and other services. Life expectancy, although lower than average, has been increasing. However, the average time spent in ill-health has also been increasing as people are living longer in poor health, resulting in a growing number of people with high levels of need.

Our key challenges are described in the diagram below.

Figure 3 Rotherham's three gaps

We have already made significant progress on delivery of the key enablers to tackle our local gaps. As a Health and Care Community with the additional support of transformational funding at a local place level, we know that we can move further and faster to deliver the required transformation to support system sustainability. We believe our strong track record of public/patient level evaluation would also allow the wider system to learn from our innovations.

[10] Public Health England: http://www.phoutcomes.info/public-health outcomesframework#page/1/gid/1000049/pat/6/par/E12000003/ati/102/are/E08000018/iid/22303/age/164/sex/4
[11] Source: (2012-14 Healthy Life Expectancy at birth (PHOF)
[12] ONS:2001 Census and 2011 Census
[13] Department for Communities and Local Government and Local Government: Indices of Deprivation 2015

4 Transformation approach

We have identified **five priorities** to maximise the value of our collective action and transform our health and care system so that we can reduce demand for acute services and achieve clinical and financial sustainability. We note that even though the priorities are presented as separate initiatives, they are all very closely interlinked.

1. Prevention, self-management, education and early intervention

- We will work with communities to create environments where being healthy is the easy choice, we will also focus on information, prevention and enablement, rather than on-going support which increases dependence and reliance on health and social care services. This is the 'golden thread' that runs throughout the plan.
- The specific initiatives proposed are; extending our award winning social prescribing service and; 'Making Every Contact Count' through training of front-line staff on brief interventions around smoking cessation, alcohol –consumption, healthy diets and physical activity; ensuring quick and easy referral to evidence based lifestyle services for those that are ready.

2. Rolling out our integrated locality model – 'the Village' pilot

- Our pilot 'the Village' is in Rotherham's Town Centre. It covers 31,000 patients in 1 of our 7 localities. It showcases joint commissioning arrangements that drive the integration of services and promotes multi-disciplinary working between primary care, secondary care, social care, mental health, community services and the voluntary sector, reducing reliance on the acute sector.
- We will be rolling out this model throughout our other 6 localities.
- In addition, transformation of the care home sector is an important part of our integrated locality model of care, ensuring there are solutions in the community.

3. Opening an integrated urgent and emergency care centre

- To be completed in Spring 2017 and opening by July 2017, this will be Rotherham's 24/7 single point of access and triage for urgent cases. An innovative multi-disciplinary approach will reduce waiting times, support patient flow through the hospital and improve patient experience. It is expected to reduce emergency admissions saving £30m over 10 years.
- In addition, expanding access to our Adult Mental Health Liaison service will improve outcomes and experience of people experiencing a mental health crisis and will help keep people out of hospital.

4. Further development of a 24/7 care co-ordination centre

- This single point of contact for professionals and patients to call for advice on the most appropriate level of care/ most appropriate pathway has been in place for 18 months (currently receiving 4,000 calls a month, 24/7).
- We will be expanding to include mental health and social care.
- The purpose is to manage system capacity, carry out initial assessment and deploy appropriate teams to provide support, avoid potential hospital admissions and ensure people are in the most appropriate care setting.

5. Building a specialist re-ablement centre

- We will co-locate and integrate community rehabilitation services, residential intermediate care (step up and step down) and the current discharge to assess beds into a single site. This will enable Rotherham people to access a range of services while remaining in the community.
- It will also be more cost-efficient through better deployment of professionals and teams and supporting integrated multi-disciplinary ways of working.

These initiatives, supported by our locally agreed Better Care Fund[14], provide a real opportunity to improve the lives of the Rotherham population and some of the most vulnerable people in our society- giving them control, placing them at the centre of their own care and support, and in doing so, providing them with a better service and better quality of life.

[14] Rotherham *Better Care Fund Plan*. Available online: http://www.rotherhamccg.nhs.uk/better-care-fund.htm

Our approach to transformation is based on a multi-agency strategy of **prevention** and early intervention and **integration** of health and social care services. We also recognise the importance of addressing the **wider determinants of health**. Economic growth and getting people into employment remains a priority for the Borough. The links between poverty and ill health are well established and the pace of improvement in health is likely to be threatened if unemployment remains high or employment opportunities are low paid or insecure. The emphasis on narrowing inequalities, targeting resources towards areas of greatest need and poverty reduction are focuses for the Joint Health and Well-being Strategy. The quality of housing also has a direct impact on our health and wellbeing. Rotherham is aiming to build future proof housing and develop:

- Different housing solutions for people with long-term conditions.
- Community environments where being healthy is the easy choice, e.g. healthy food in schools and in staff canteens.
- More extra-care facilities[15]- there are 2,460 in-house and 370 independently provided sheltered housing units and 236 accommodation based support units for older people. Generally all the schemes run at full capacity. It is anticipated that demand may reduce in the future as more people are supported to remain at home, but it is possible that capacity will be filled with people who would otherwise have been placed in residential care.

The remainder of this section describes our five priorities and their associated initiatives in more detail.

4.1 Prevention, self-management, education and early intervention

We want health and care to be managed long before someone needs to have hospital treatment or experiences problems in their life. We want to do this in a way that is right for them, whether this is through providing information and advice, or through more active management. The diagram below presents Rotherham's wider prevention and early intervention programme of work, organised by the scale of coverage of the interventions. It also highlights the initiatives this Place Plan focuses on as part of our priorities.

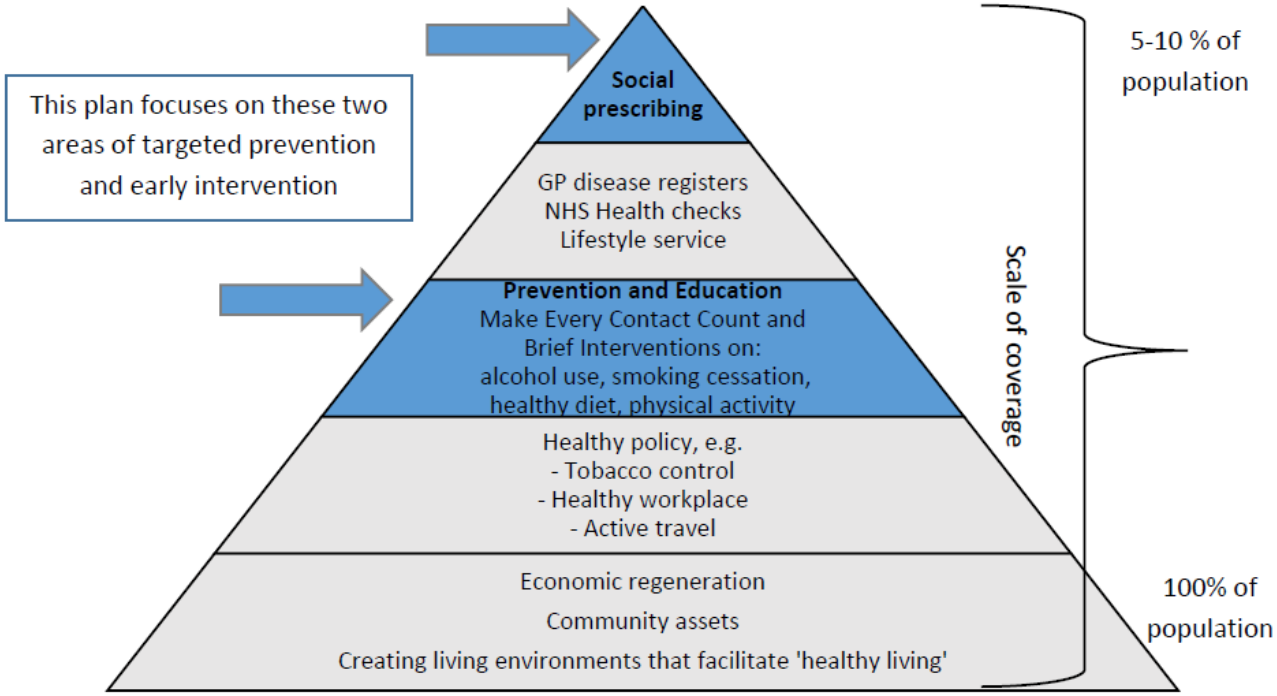


Figure 4 Rotherham's wider prevention and intervention programme

[15] Property that can be purchased or rented, usually in the form of a self-contained flat, apartment or bungalow, where people can be looked after by support and / or care staff

We will better meet the needs of local people by targeting individuals that can gain most benefit through:

a) Expanding our award-winning **Social Prescribing** service both for those at risk of hospitalisation and for mental health clients.
b) Expanding systematic use of **Healthy Conversations** (brief interventions) and advice by ensuring every statutory organisation signs up to **Making Every Contact Count** (MECC) and by training front-line staff to talk about sensitive issues such as alcohol use, healthy eating habits, increasing physical activity and quitting smoking. We will also ensure quick and easy referral to evidence based lifestyle services (e.g. smoking cessation) to support those that are ready to change and in a way that is right for them.

These initiatives will increase capacity across the health and social care system, allowing us to better support individuals to make positive, sustained lifestyle changes by adopting a person-centred and a whole community approach to improving health and well-being. We discuss these initiatives in the remainder of this section.

4.1.1 Social prescribing

Our national award winning Social Prescribing service was highlighted in the *Five Year Forward View* as exceptional practice, saving money and improving outcomes. There are two aspects to this service:

1. **Targeting people at risk of hospitalisation**. We already target the top 5% of people at risk of hospitalisation using admission risk stratification and GP judgement and we intend to expand this to target the top 10% at risk people as our patient level evaluation[16] has shown this cohort will benefit from the service.
2. **Extend our social prescribing service to cover mental health clients.** This is a model of partnership working between primary care and the voluntary sector. We have piloted this approach for almost two years and the initial findings are positive[17]. Mental health clients could be part of the targeted 10% of people at risk of hospitalisation.

Figure 5 How Social Prescribing for those suffering mental health problems can make a difference to someone's life

Without social prescribing	With Social Prescribing
Helen gave birth to a severely disabled daughter at the age of 16. She cared for her 24/7 for 20 years until she had no choice but to put her in to care.	Helen gave birth to a severely disabled daughter at the age of 16. She cared for her 24/7 for 20 years until she had no choice but to put her in to care.
Having struggled with her mood throughout – this decision plunged her further in to despair.	Having struggled with her mood throughout – this decision plunged her further in to despair.
For years she has taken multiple medications. Her house has been repossessed because her husband is a gambling addict. Her self-esteem is non-existent and she is overwhelmed by guilt.	For years she has taken multiple medications. Her house has been repossessed because her husband is a gambling addict. Her self-esteem is non-existent and she is overwhelmed by guilt.
Helen goes to the GP to fill her prescriptions. She spends a couple of months sleeping on friends' sofas but eventually she finds herself homeless and alone. She doesn't know who she can go to for help. After some time braving the cold, a chest infection deteriorates into pneumonia and she goes to ED.	Helen goes to the GP to fill her prescriptions and the GP persuades her that it is time to invest in herself. Helen reluctantly accepts the referral and attends 'Radiance and Relaxation' groups organised by a volunteer organisation. " I was terrified about going back on my own – but I had loved it, so I had to go. There are steps up to the building, by the time I got to the top I was so anxious that I couldn't feel my legs - but I did it, and I've kept going "
	Helen got her confidence back, found a job and was able to afford a place for herself again.

[16] Centre for Regional Economic and Social Research, Sheffield Hallam University. *Evaluation of the Rotherham Mental Health Social Prescribing Pilot*. August 2016 draft. Available upon request.
[17] Centre for Regional Economic and Social Research, Sheffield Hallam University. *Evaluation of the Rotherham Mental Health Social Prescribing Pilot*. August 2016 draft. Available upon request.

4.1.2 Making Every Contact Count (MECC) and Healthy Conversations

We want to make every contact count, maximising opportunities to create positive change by encouraging small, sustained, lifestyle changes to improve outcomes. The MECC approach empowers front-line staff to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. This will involve initiating undertaking simple brief intervention or *healthy conversations* with a person as part of a routine appointment or consultation, and where appropriate, signposting them to sources of further information and to local services. We will ensure quick and easy referral to evidence based lifestyle support services (e.g. smoking cessation) for those that are ready to change and in a way that is right for them. We will continue to develop our lifestyle services to provide a more integrated, holistic and joined-up approach to lifestyle and behaviour change; that supports and empowers people to self-manage their health and promotes independence.

Part of our MECC approach is considering the health and wellbeing of our staff. We will promote healthy working environments and ensure organisations sign up to the Workplace Wellbeing Charter[18].

There is a very large body of research evidence supporting Brief Interventions in primary care including at least 56 controlled trials[19] [20]. For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels[21]. This compares favourably with smoking where only one in twenty will act on the advice given[22]. This improves to one in ten with nicotine replacement therapy. The following table summarises evidence from NICE (2014), showing brief interventions can be effective for reducing alcohol consumption, increasing physical activity, reducing diabetes risk and aiding smoking cessation attempts.

Brief intervention	Evidence from NICE 2014[23]
Alcohol	The most effective interventions for reducing alcohol consumption in adults and vulnerable young people appear to be brief counselling interventions and extended brief interventions. For people classed as problem drinkers there is evidence from multiple systematic reviews supporting the effectiveness of brief interventions delivered in primary care with a range of underlying behavioural change components.
Physical activity and healthy diet	Brief interventions in primary care can be effective in producing moderate increases in physical activity in middle aged and older populations in the short term (6–12 weeks), longer term (more than 12 weeks) or very long term (more than 1 year). For the effect to be sustained at 1 year, the evidence suggested that several follow-up sessions over a period of 3–6 months are needed after the initial consultation episode. There is evidence that lifestyle interventions combining physical activity and diet are more effective at reducing diabetes risk than those of diet or physical activity alone based on a meta-analysis of 12 RCTs.
Smoking	Strong evidence from 7 trials suggests that multi-session smoking interventions can be effective at aiding cessation attempts among smokers who are motivated to quit or report intending to quit within 6 months.

[18] http://www.wellbeingcharter.org.uk/index.php
[19] Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment -seeking and non-treatment seeking populations. Addiction, 97, 279-292. Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/11964101
[20] Kaner et al., 2007
[21] Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment -seeking and non-treatment seeking populations. Addiction, 97, 279-292. Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/11964101
[22] Silagy, C. and Stead, L.F. (2003) Physician advice for smoking cessation (Cochrane Review). Most recent version of this review (2013) available at http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000165.pub4/full
[23] https://www.nice.org.uk/guidance/ph49/evidence/evidence-statements-69192109

Making Every Contact Count and Referral to Lifestyle Service

Robert was referred to a Health Trainer in April 2015 as he wasn't happy with his weight and current lifestyle. He felt that he was lacking in confidence and had little motivation to do anything. Robert was very unhappy, did not feel very positive or see himself in a good light. He has high blood pressure and takes medications to manage it.

At first Robert found the idea of setting goals quite daunting, but over the next few weeks Joe (Health Trainer) worked with Robert on helping him to set small realistic goals that would, over time, help him to achieve his bigger goals. Together they looked at better portion control, healthier food choices and increasing physical activity. Robert joined a local exercise class and is now walking more than he ever thought he could. He has started growing his own fruit and veg in a small plot that he and his partner have built in their back garden and now shares the knowledge he has acquired by passing on tips to help his family and friends. Although Robert found things difficult at first, he now feels that he has adjusted to his new lifestyle and feels much more positive about himself. Family and friends have all noticed the positive changes in Robert and his levels of self-confidence are much higher. He has lost 31lbs over 13 weeks and his blood pressure has reduced. As a result, he has also been able to reduce the amount of blood pressure medication that he takes.

Our **volunteers and carers** will help us achieve our prevention priorities. Access to voluntary services can be prescribed as an alternative to a traditional medical response and given the size of our volunteer services base, we have ample opportunity to expand our offering of social prescribing services.

Rotherham has a strong and vibrant voluntary, community and social enterprise sector. There are approximately 1,382 Voluntary and Community Groups in Rotherham of varying sizes and supporting a range of activity – over 55% of which are directly involved in health, welfare and social care[24]. Volunteers and carers are a core part of Rotherham's social and economic offer and an important component of this Plan. In many instances impartial voluntary sector organisations can have more positive impact on encouraging and delivering behaviour change messages to support residents to self-manage than statutory partners. Further, this often offers better value for money. Voluntary Action Rotherham (VAR) have developed a public on line 'platform' for voluntary, community groups (VCS) and social enterprises in Rotherham. Rotherham GISMO (**Group Information Services Maintained Online**) is unique, in that it is the single, most comprehensive and largest directory of VCS groups and organisations publicly available and easily accessible. 700 groups are members of GISMO. VAR aims to further develop the directory of groups on the Rotherham GISMO website. The aim is to make it more detailed, interactive and more widely used by groups, the general public and support staff in partner agencies. The particular focus will be on promoting self-management and prevention, linked to the wider community assets and social prescribing agendas.

VAR also run a **Community Health Champions** scheme supported by volunteer health ambassadors who spread the 'Right Care Right Time' message, use of Pharmacy First and Prescription Waste Management. This approach has effectively targeted communities where there has been a high incidence of attendance to A&E and we are seeking to further develop the model and expand it into other deprived communities in Rotherham.

[24] Rotherham State of the Sector of the Voluntary and Community Sector 2015 , Rotherham Social Prescribing Service for People with Long Term Conditions Jan 2016 both by Sheffield Hallam University Centre for Regional Economic & Social Research

4.2 Roll out our integrated locality model – 'The Village' pilot

Why develop an integrated team?

- The capacity at Rotherham Hospital is frequently close to full.
- People prefer care at home and we know being at home is better for our wellbeing.
- Health and Social Care teams deliver excellent care, but often this is poorly coordinated with others. This can lead to 'silo working', which does not benefit the client.
- There is frequent duplication of information gathering from the client. This is especially so when different teams initially assess client need, often asking the same type of questions.
- Funding is struggling to maintain resources in order to meet growing demand.

The integrated locality model is in its third year of development and 'The Village' pilot was established in July 2016 to develop and test the model's concept of a multi-professional team delivering health and social care to a General Practice population in a single, seamless pathway. It is located in Rotherham's town centre and covers 31,000 people in one of our seven localities.

The team aims to provide seamless care to the designated General Practice cluster population (using the same GP register list), ensuring the client receives coordinated care from a single case management plan and lead professional. Resources are pooled from the Rotherham NHS Foundation Trust, Rotherham Borough Council and others to deliver quality care closer to people's homes. The integration of care is supported through the alignment of resources, single line management arrangements, and the sharing of information for a designated practice population through an innovative, secure technology portal. The model will over time move towards including closer alignment with the care homes within the locality and the co-location of other support services, all around a common vision and purpose: a more efficient and effective way of working, with reduced duplication of assessments and avoidance of multiple referrals leading to individuals being transferred between services. The approach allows the team to be more proactive and less reactive in caring for the population and by working with individuals, families and communities we aim to reduce dependence, promote self-management and increase overall systems

resilience. The majority of the population who are benefiting are older people and as such are the pilot's initial focus. However, younger people, children and families are also expected to benefit from the integrated approach. The difference in approach to care is shown schematically in figure 6.

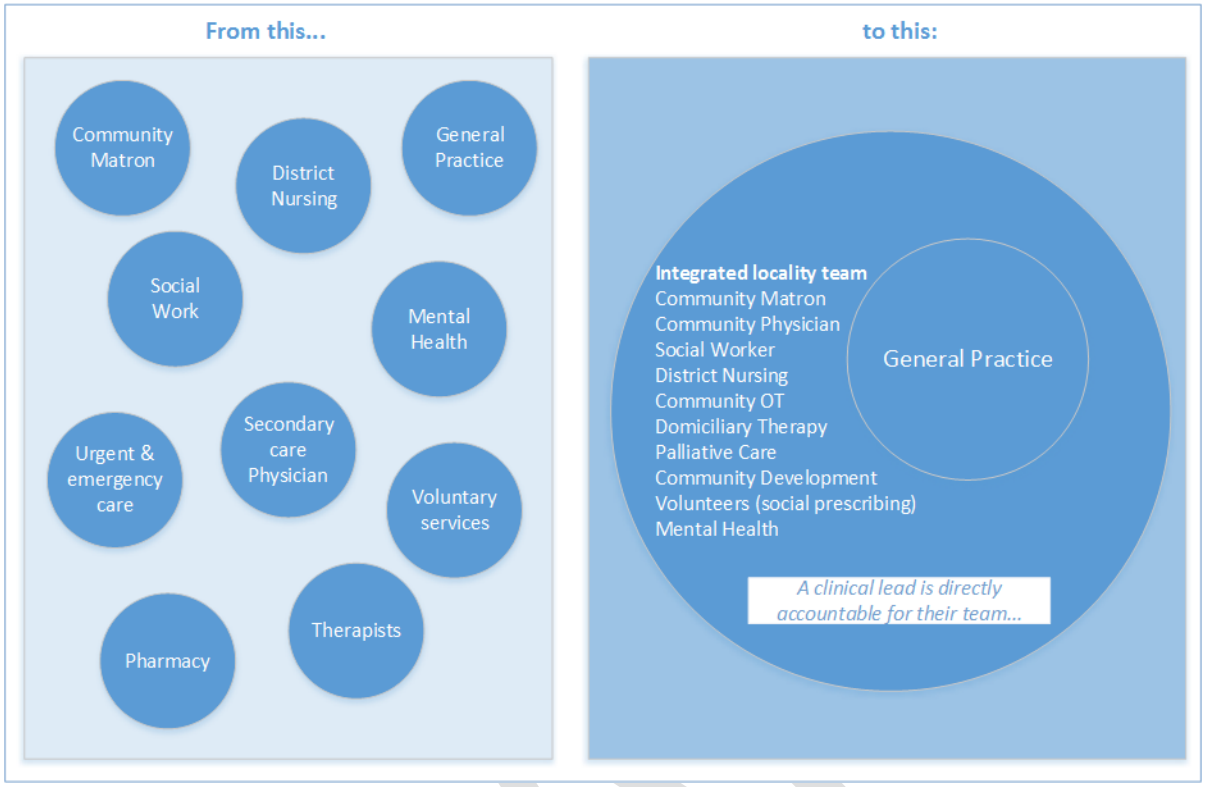


Figure 6 From fragmentation to integration

A key component of the model is the interface between secondary and primary care with hospital and community physician's being able to manage and run advanced virtual wards (and deploying interactive virtual ward rounds), enabling people to stay closer to home, in the community.

We are planning on rolling out the model to all seven localities taking into account any lessons learned from the ongoing evaluation (with the pilot due to conclude in July 2017). Joint care planning and support will address both the psychological and physical needs of the individual, recognising the huge overlap between mental and physical well-being. Service integration therefore becomes a vehicle to deliver "parity of esteem". The team also seeks to incorporate other key players in the community: South York Police, South Yorkshire Fire and Rescue Service and Yorkshire Ambulance Service to supplement the care provided.

Locality teams will also champion and support the Making Every Contact Count (MECC) approach as a part of their daily delivery of care.

Case study on integrated locality model

Grant has severe depression and diabetes. His GP referred him to a social worker specialising in mental health and to a district nurse who helped him to better understand and manage his diabetes. They both met with Grant together and drew up a care plan. The GP also has access to this same care plan. Through the social worker, Graham was referred to talking therapy and put in touch with a peer support worker. This has helped him regain his hope for the future.

The partners are committed to working together to achieve the following objectives[25] for the whole of Rotherham:

1. An integrated health and social care delivery system which promotes joint working
2. An integrated commissioning framework with joint outcomes and service specifications
3. More care and support provided in people's homes
4. Integrated care planning that addresses physical and psychological wellbeing
5. Individuals and families taking more control of their health and care
6. Accurate identification and active case management of people at high risk of admission
7. Broader use of new technology to support care at home
8. A financially sustainable model that targets resources where there is greatest impact
9. Prevention, self-care and empowering citizens, communities and frontline staff will be at the heart of everything we do

4.2.1 Transformation of the care home sector

An important part of our new integrated locality model of care and of ensuring there are appropriate care solutions in the community, is the transformation of our care home sector. Approximately 15% to 18% of emergency admissions into the hospital are from care homes and the length of stay for these people tends to be higher than for average admissions. Most people want to be cared for in their own homes and we know that this is best for their wellbeing. Partnership with the care home sector is therefore critical to reducing demand for acute services. Our aim is for:

- Fewer admissions from care homes into hospital
- Patient length of stay to be more proactively managed through technology (e.g. automated systems from providers to case management systems to alert on bed availability)
- Less people to be automatically placed in care homes when they could stay in their own home and be supported within their community

To help us achieve this, we will further develop our **care home liaison service** linking medical staff into care homes and also linking in with mental health liaison services (described in Section 4.3.1) and with the integrated locality team. Currently physiotherapy assessment is carried out in the hospital ward and then another one upon admission to the intermediate care beds. We plan to introduce a 'Trusted Assessor' model to streamline the assessment - with one person/team appointed to undertake health and social care assessments on behalf of multiple teams, using agreed criteria and protocols.

We are also aware that a number of care home staff remain uncomfortable in managing a care home resident who is frail and experiencing deterioration in their health due to an infection or dehydration. Whilst advance care plans can help inform decision-making, there is an important need to upskill staff in this sector with the assessment and practical skills to manage residents with higher acuity medical problems. We would like to develop a syllabus to help **upskill staff in some of our care homes** and for them to develop a subspecialty interest in higher acuity patients in order to reduce transfers to different levels of care and also to facilitate earlier discharge from hospital. One option being considered is to increase opportunities for care home staff to work within the hospital and develop the necessary skills to take back within the care home setting.

[25] Aligned with the outcomes set out in Rotherham's Health and Well Being and Rotherham CCG's Commissioning Plan.

4.3 Urgent and Emergency Care Centre

Figure 7 Front of Urgent and Emergency Care Centre (at the front of the hospital)

The pressures that our health and social care system are facing are greater than elsewhere in the country – we are not only growing in numbers (3.5%); our older population, particularly those 85+ will see significant growth (40%) by 2025. The resulting changes in size and complexity means that despite our Hospital performing better than most[26], there are still opportunities to *manage growth* in emergency admissions to hospital and to *reduce growth* in hospital attendances and admissions.

Attendances at A&E and onward admission into hospital continue to grow year on year. Admission rates from A&E, whilst below the national average, can vary and sometimes be linked to the seniority of the clinician within the department at the time. Analysis undertaken shows we could potentially avoid 1,800 admissions per year through more consistent senior clinical review, which would also improve outcomes for patients. The alternative, is that if we do nothing to mitigate the rising demand for urgent and emergency care, we estimate £11m additional expenditure would be required in 10 years[27].

We therefore have ambitious plans to contain growth in emergency admissions and assessments and the new Urgent and Emergency Care Centre is one of our primary initiatives to tackle this challenge. The Centre will be fully operational by Summer 2017 and will ensure improved co-ordination and delivery of urgent care provision across Rotherham by creating a single point of access and triage for patients.

The Centre will house a team of specialists 24/7 so patients can be seen straight away by the right support. The aim is for patients to be assessed and possibly treated as early as possible and we will pioneer an innovative 'next available clinician staffing model' which integrates GPs, A&E consultants and highly trained nurses. This will also reduce reliance on middle grade medical staff, for which there is anticipated to be an ongoing national shortage. It will also accommodate social workers, mental health teams and care coordination teams. Figure 8 illustrates the key aspects of the Centre's innovative model:

[26] Right Care Analysis. Available online: https://www.england.nhs.uk/wp-content/uploads/2016/03/rotherham-ccg-cfv.pdf
[27] NHS Rotherham CCG, The Rotherham NHS Foundation Trust, Care. *Business Case for Emergency Centre: Right Care, First Time.* 2015. Available upon request.

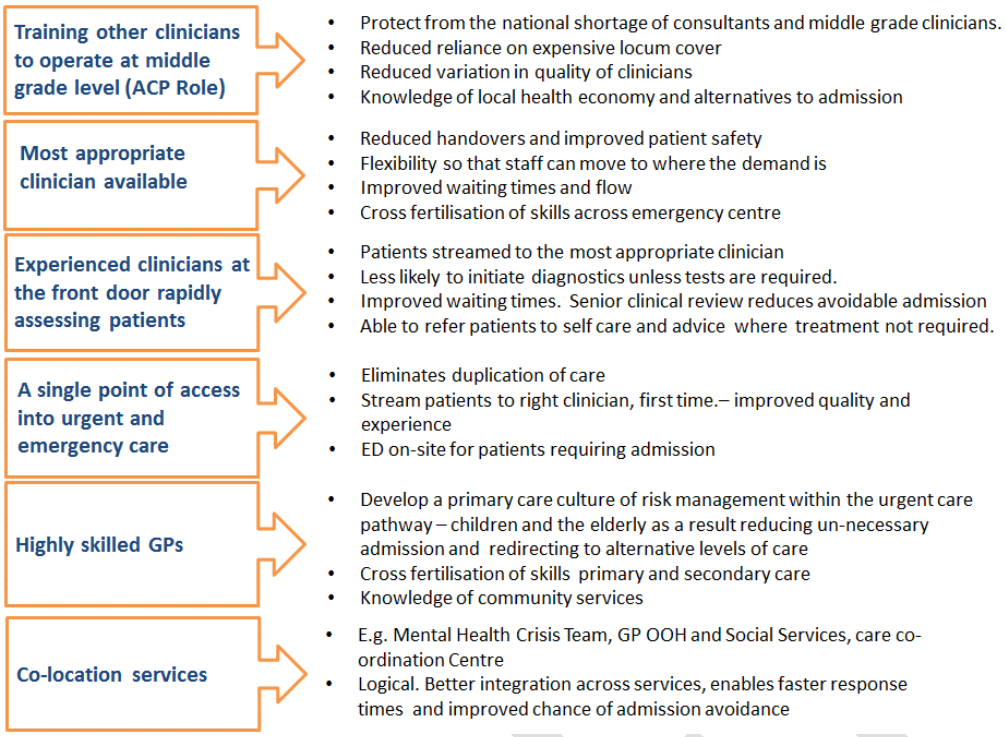


Figure 8 Key Aspects of our Urgent and Emergency Care Centre Model

4.3.1 Expanding access to the Adult Mental Health Liaison Service

Physical and mental health are inextricably intertwined. Long-term conditions (LTCs), such as diabetes, are associated with high rates of mental illness. Some 70% of NHS spend goes on the treatment of LTCs, a great deal of which currently involves treatment in acute hospitals[28]. To optimise the physical health care of patients, it is essential that their mental health and wellbeing are addressed at the same time. Guidance for Commissioners is that liaison services should be provided throughout the acute hospital, including in A&E departments; and that a liaison service should be an integral part of the services provided by acute hospital trusts, as trusts that have incorporated a liaison service have demonstrated much better cost effectiveness.

As part of our wider Mental Health services transformation plan, we launched the Rotherham Mental Health Liaison Service (April 2015) to provide round the clock mental health care (assessment, treatment and management) to patients who attend Rotherham Hospital. The two year pilot is currently being externally evaluated by Sheffield Hallam University who are due to report in Autumn 2016. This is part of the CCG's plan to move toward the national 2020/21 expectation that local acute hospitals should meet or aim for the 'Core 24' standards for mental health liaison as a minimum.

[28] Joint Commissioning Panel for Mental Health (2013) *Guidance for Commissioners of Liaison Mental Health Services to Acute Hospitals*. http://www.jcpmh.info/wp-content/uploads/jcpmh-liaison-guide.pdf

Case study on adult mental health liaison service
Agnes is an 80 year old retired accountant. She has been a widow for 13 years and lives with one of her six adult grandchildren. One day, her daughter finds her on the floor at home and calls an ambulance. A&E treat Agnes for opiate overdose. The mental health liaison team assesses her and finds that although she is in relatively good health, she has some chronic pain issues that have not been addressed and she also admits to feeling increasingly low in mood, eventually leading to her overdose. She is afraid of losing her independence and being a burden on her family.

The team provide her with support while she's in the ward. They discuss her feelings and concerns and a psychiatrist prescribes her medication for her depression and anxiety. Agnes and the team agree a care plan and she is able to return home that same day. She and her family know that she will be followed up at home by community staff who will provide on-going risk assessment and care planning.

Agnes feels 'listened to' and further admission to mental health inpatient facility or a longer stay in hospital is avoided.

Working with partners from across Rotherham the service has also developed:

- A new adult mental health emergency centre pathway as part of the CCG's Urgent Care Programme of work.
- Close working partnerships with both the Acute Hospital Lead Alcohol Liaison service and the new implemented Children and Adolescent Mental Health Services (CAMHS) Liaison service based in the acute hospital.

We aim to expand access to this service to improve the outcomes and experience of people experiencing a mental health crisis and to achieve the following benefits:

- improved access to mental health care for a population with high morbidity
- reduced emergency department waiting times for people with mental illness
- reduced admissions, re-admissions and lengths of stay
- reduced use of acute beds by patients with dementia
- reduced risk of adverse events
- enhanced knowledge and skills of acute hospital clinicians
- improved compliance of acute trusts with legal requirements under the Mental Health Act (2007) and Mental Capacity Act (2005)

4.4 Development of Rotherham 24/7 Care Coordination Centre (CCC)

The CCC has been in place for 18 months and currently takes 4000 calls a month, 24/7. Its aim is to act as a central point of access for health professionals and people into community and hospital based urgent care services. Our aim is to expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access through a comprehensive directory of services, driving efficiency and cutting down waste.

Through managing system capacity, carrying out an initial assessment (currently done by specially trained senior nurses but in future this might be by other professionals) on the most appropriate level of care needed, and deploying the right teams (e.g. integrated rapid response team), the CCC has assisted in meeting targets for emergency admissions, reducing the number of avoidable admissions and ensuring full and appropriate utilisation of community services[29]. It also relieves pressure on GPs by streamlining the referral process into urgent care services and ensuring that GPs are able to make informed choices about the most appropriate level of care for people. The CCC is crucial to The Rotherham Foundation Trust (TRFT) vision of developing a whole system integrated service approach where people receive the appropriate care at the appropriate time in the appropriate place provided by the appropriate professional.

[29] London School of Economics. Economic Evaluation of Liaison Psychiatry Services. Available online: http://www.bsmhft.nhs.uk/our-services/urgent-care/rapid-assessment-interface-and-discharge-raid/lse-report-on-raid/

Over the next two or three years we expect our CCC to allow our health and social care services to:

- Develop information sharing among all health and social care professionals to quickly identify individuals at risk and where a needs assessment can be made
- Develop and maintain a register of patients who are medically fit for discharge and ensure that they are placed on the correct care pathway
- In addition to being the single point of access for community nursing referrals, the CCC will also start to support GPs in the case management of people with long term conditions

New technology will also be deployed which will provide access to single care records and also allow the CCC to see people in the various care settings throughout the health and social care community. The CCC will also help support the integrated locality teams in providing advice and support around pathways and to also act as a trigger when people from the locality (case managed by the locality team) access hospital services.

4.5 Building a Specialist Re-ablement Centre

We want to develop a more integrated approach to the provision of intermediate care services for those patients who cannot be treated at home, but who do not need to be treated in a hospital setting. Our aspiration is to locate all rehabilitation services on a single, co-located, non-acute setting to create an environment that support integrated working, with a combination of health and social care professionals working as part of a multi-disciplinary team.

This ambitious transformation of services will support our joint priorities of promoting independence, prevention of avoidable hospital admission and discharges. Building the right capacity and capability for an integrated intermediate care service is a key element in driving this forward. A fully integrated team of health and social care professionals will provide a mix of community rehabilitation services, residential intermediate care (with a focus on stepping down), and the current discharge to assess beds for people living in the community, and for people leaving a hospital setting. This model will allow Rotherham people to remain in their community longer than would otherwise be possible.

We anticipate the Re-ablement Centre will deliver quality and drive efficiencies through creating economies of scale, a single point of access, shorter travel times, reduced duplication and lower running costs. We recognise there is a limited evidence based and for this reason we are building a robust performance framework and audits which will allow us to monitor the success of this initiative. We will allow enough flexibility so we can respond promptly to any changes required.

> "Re-ablement is one of council's main tools in managing the costs of service provision for an ageing population and has proved an important area where joint integration commissioning can make savings, when faced with the necessity of streamlining budgets" – *Plymouth Pilot Review*

To enhance our current provision we will work in partnership with an independent provider to deliver the capital solution, considering the most advantageous geographical location to meet local need, whilst offering opportunities for joint provision across the wider STP footprint.

4.5.1 The Woodlands Mental Health Unit

The Woodlands Mental Health Unit was opened four years ago. The unit is operated by RDaSH, however it sits within the grounds of TRFT site.

Woodlands is a modern, purpose-built unit caring for people aged over 65 who are in need of acute care for functional and organic mental health problems.

Due to improvements in the way we are managing mental health patients in the community, we have seen a recent sustained reduction of inpatient admissions. This has given us the opportunity to utilise one of the three inpatient mental health wards at Woodlands differently. We plan to use one of the 12 bedded wards to meet the needs of patients with diagnosed mental health conditions who are accessing treatment in the acute hospital setting at TRFT. We expect to improve patient outcomes, reduce length of stay and provide care in a holistic caring environment.

5 Enablers

This section outlines the enablers that will support our five priority initiatives.

5.1 Accountable Care

The term Accountable Care Organisation is gaining ground in the NHS and describes arrangements where groups of providers come together to jointly deliver new pathways of care in ways that maximise efficiency, reduce cost and improve patient experience and outcomes.

In Rotherham we view ourselves as collectively accountable for the health and wellbeing of our population and consider this plan to be our framework for jointly providing Acute, Community and Emergency Primary Care Services. Our new governance arrangement (Section 5.6) enables us to work towards an Accountable Care System (ACS). The aim of an ACS is to design and deliver services to meet the needs of the local population and improve health and wellbeing outcomes, within an agreed budget.

The Rotherham ACS model will include commissioners and bring important functions such as; needs assessment, identification of priorities, service redesign skills, setting and monitoring outcomes and quality and engaging with public and professional stakeholders.

5.2 One public estate approach

One public estate partnerships across the country have shown the value of working together across the public sector and taking a strategic approach to asset management. At its heart, the programme is about getting more from our collective assets – whether that's catalysing major service transformation such as health and social care integration and benefits reform, unlocking land for new homes and commercial space, or creating new opportunities to save on running costs or generate income.

This is encompassed in four core objectives[30]:

1. creating economic growth (new homes and jobs)
2. more integrated, customer-focused services
3. generating capital receipts
4. reducing running costs

In alignment with these national programme objectives, we aim to:

- Adopt a 'common sense' sharing of Rotherham's resources
- Use our public buildings more efficiently
- Site services in locations which make them easier to access
- Release surplus sites to support growth or for community care

There are emerging opportunities arising from closer linkages with the Sheffield City Region, including the Joint Assets Board which is leading on the One Public Estate approach on behalf of public sector partners locally. This alignment could include access to revenue funding (£0.5m) to support the realisation of ambitious plans and focus on a transformational asset based approach. Rotherham is conducting a review of estate across health and social care, and RMBC is to lead the Joint Assets Board to ensure that the most efficient use is made of the public estate and that surplus sites are released to support growth.

5.3 Asset-based approach

Figure 9 illustrates that by 'assets' we mean more than just buildings.

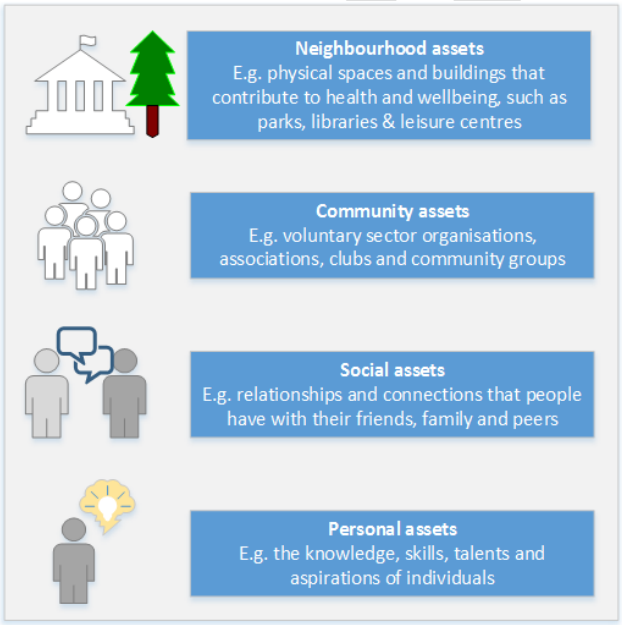


Figure 9 What do we mean by assets?

We recognise the crucial role that individuals, families and our communities can play in helping us improve our health and wellbeing. Figure 10 summarises how we see this working in practice:

[30] Cabinet Office and Local Government Association. One Public Estate Invitation to Apply (April 2016) http://www.local.gov.uk/documents/10180/7632544/L16-57+OPE+Phase+4+prospectus_v05.pdf/1bdec934-9819-425d-8ff3-01c22c5f4e97

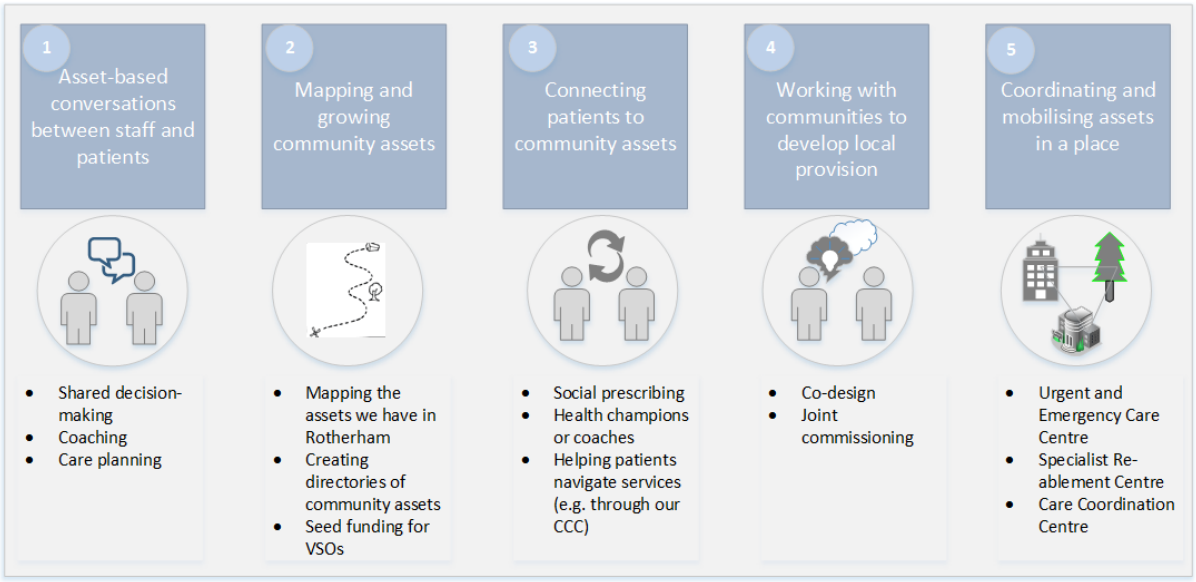


Figure 10 Our asset-based approach (based on Greater Manchester Public Health Network/ Innovation Unit)

This approach embeds an owned culture of wellbeing and prevention across communities as well as within statutory services in addition to shifting demand with clear fiscal benefits. An evidence base to inform a more detailed investable proposition for Rotherham linked to wider asset based approaches will need to be developed. For now, we provide evidence from Wigan Council in section 6.

5.4 Integrated IT

Linking up Health, Social Care and Care Home records is a must do and we have already made good progress with over 5000 records being integrated through our *Better Care Fund Plan*, with the Rotherham Health Record connecting disparate health systems and with the population of Social Care systems with NHS Numbers in preparation for further connectivity. Our model of one provider for acute, community and GP IT has facilitated a coordinated approach.

We plan to further integrate systems by engaging suppliers to use national technical standards for sharing information across Health and Social Care and using the Rotherham Health Record as a secure "window" into organisational systems. To support our self-care agenda, people will be able to view and add their own data via the Rotherham Health Record and interact with Health and Social care professionals using modern technology. We are also planning to ensure we share and exchange information with other providers outside of Rotherham.

The delivery of integrated digital care records across Health, Social Care and Care Homes will require detailed planning and significant multi-year investment to support the move of organisational processes from traditional paper based systems to electronic systems on a robust shared infrastructure platform. To support this delivery we have established a multi-agency Interoperability Group for Rotherham that has produced a Local Digital Roadmap setting out our vision and ambitions for digital services over the next 5 years. The cost for our integrated care record is estimated in section 6.

The implementation of integrated digital records will be dependent on robust agreements and protocols to ensure that personal information is shared safely, securely and appropriately. We are working in partnership to develop the information sharing model for Rotherham and will engage with partners, patients and the public to support this initiative.

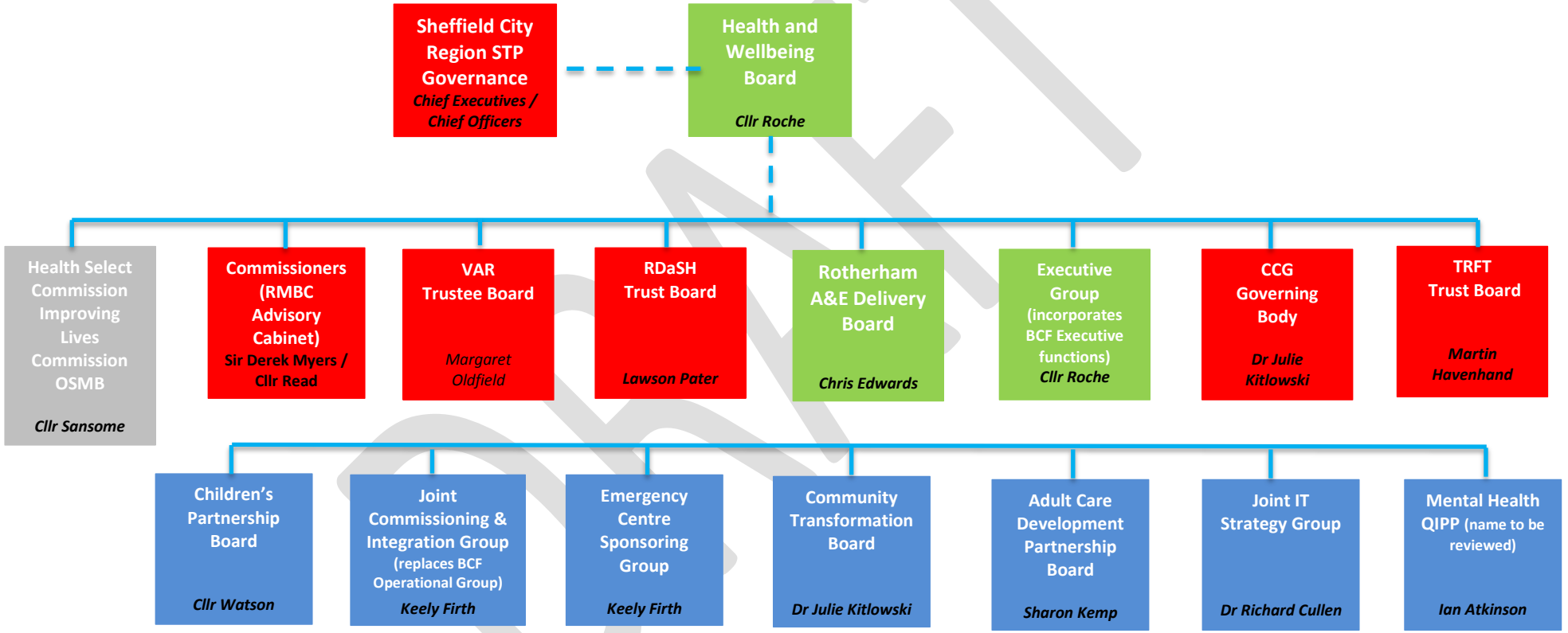
5.5 Emerging technology and the 'internet of things'

We are exploring options for expanding the use of emerging technology to encourage and support people as part of their approach to self-management. Examples of this includes:

- Attainment of self-determined goals to be captured in smart phone apps, e.g. to walk 5,000 steps per day or to take a daily blood pressure reading would be reinforced through a strengths based approach from community health champions and social prescribing services. People would be encouraged to record their progress and to electronically feed information into a single contact point. The access point would collate real time data and this would assist in more detailed risk stratification exercises and in determining where to target future interventions.
- The 'Internet of Things' approach would be applied to support people within their home environment to promote positive behaviours to alleviate harm e.g. through the use of talking fridges to ensure people eat regularly, pill dispensers to prompt medication and door sensors to alert if people are leaving the property at unusual times. The internet link would enable predetermined automated scenario based access to professionals, family members or friends should the alerts not trigger the necessary behaviours, thereby preventing escalation and ultimately A&E admission.

5.6 Governance structure

Please note: *The diagram below describes the developing governance structure, there is partner acknowledgement that the structure will continue to be reviewed and evolve.*



Key
Green – Statutory Governance
Red – Decision Making
Blue – In scope for Place Plan development and discussion
Grey – Scrutiny function
Chairs denoted in boxes

6 Communication

Our approach to communications activity will focus on informing, sharing, listening and responding to the people of Rotherham. Specific communication and engagement has taken place, with a variety of stakeholders, in developing each of our five priority initiatives and we will continue to develop meaningful communication, in a simple and easy to understand way, that demonstrates how we will drive transformation to close the care and quality gap. Planning and delivery of our communication in Rotherham will be co-ordinated with the activity at an overarching STP level. Our inclusive approach to communication with key individuals and groups will include:

- proactively and effectively communicating our vision, priorities and achievements. Being proactive is central to our vision for communication with local people.
- developing two-way communication opportunities where we share news, we listen and respond and are visible to local people.

An infographic and animation will be used across the health and social care system as a key tool in articulating how our five priorities are closely interlinked to deliver better, more accessible services in the coming years.

7 Consultation

7.1 Local Partners

The success of the place plan and transformation programmes is dependent upon successful collaboration between health, social care and voluntary sector, and to a degree, a level of understanding from a wider set of stakeholders from across Rotherham. This plan has been jointly developed by health and social care partners in Rotherham and, in doing so, we have engaged views from a range of local partners by presenting the plan at the Health and Wellbeing Board, Rotherham Together Partnership, GP Members Committee, Health Select Committee, and through each partners' governance structure.

The Plan and its implementation will be further refined to include South Yorkshire Police, South Yorkshire Fire and Rescue and Yorkshire Ambulance Service.

7.2 Existing Consultation

The five key initiatives identified by partners to address Rotherham's challenges have all been informed by feedback from patients, public and stakeholders. The following describes the existing consultation that has informed its development.

7.2.1 Prevention, self-management, education and early intervention

All GP practices in Rotherham take part in the Case Management programme which targets the most vulnerable to facilitate improved quality and co-ordination of care in the community, promote self-management and take patients views into account. Below is a link to feedback from case management focus group:
http://www.rotherhamccg.nhs.uk/Downloads/Your%20Say/PPG%20Events/Case%20Management/Notes%20from%20Case%20Management%20Focus%20Group%20notes.pdf

As part of the *integrated* case management plan, patients can be signposted to the social prescribing service. This service has undergone extensive evaluation by Sheffield Hallam University, see link below. The evaluation documents social and economic benefits and describes several case studies:

http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf

VAR Community Health Champions engage with the public on a variety of health messages and in the promotion of self-care, prevention and patient education. These have included messages around the Right Care, First Time campaign and the use of pharmacies. The CCG Medicines Management Team regularly engage with the public in the development of self-care leaflets.

In addition, the feedback of carers is vital in supporting patients with long term condition, and we are working with carers to re-invigorate a local carers forum, it is hoped this group will contribute to discussions going forward.

7.2.2 Integrated Locality Model – 'The Village' pilot

Joint consultation has taken place on the development of the integrated health and social care teams. A stakeholder event was held in June 2016 to inform the health village pilot, the attached document shows case studies and what organisations can bring to the model.


What Organisations can bring.pdf


Case Scenarios.pdf

Views from the public and patients around our plans for Community Transformation were sought at the CCG AGM in July 2016.

Consultation has taken place with the Integrated Rapid Response (IRR) team regarding how the service will work effectively to manage people at home and to support discharge, this informed the development of the service specification.

In line with the Better Care Fund Plan 2016-17, in July 2016 partners began to meet to examine the appropriate process for integrating the social work element into the IRR service.

Linked to the BCF Plan 2016-17, a survey has been developed to measure customer experience of Intermediate Care services with a view to improving its effectiveness. Included are questions/prompts to document qualitative and quantitative data and an overall rating, this work took place throughout August/September.

Consultation to support the alignment of community nursing teams and practices with **care homes** includes a regular survey of care homes and practices to see how things are progressing. The Home from Home initiative assesses 36 care homes in the borough through a number of approaches, including face to face meetings with residents, relatives and staff. This information feeds in to an overall rating awarded to the home and a report to help people/carers make an informed decision when and where to live.

As part of their annual review of care home provision, officers speak to residents and gain their views of the service including how they work with key partners.

7.2.3 Urgent and emergency care centre

Extensive pre-consultation work followed by a formal consultation process informed the plans for the Urgent and Emergency Centre. The period of public consultation ended on 26 July 2013, and was the culmination of over 18 months of engagement activities including structured discussions, focus groups, market research and briefings, please see full report:
http://www.rotherhamccg.nhs.uk/Downloads/Your%20Say/Urgent%20care%20consultaion%20-%20outcome.pdf

This process created substantial interest in the project, and as a result a number of community groups asked for, and receive regular updates. There continues to be high levels of engagement across all staff and stakeholder groups and we continue to engage with the public, this included stands for the public at both the TRFT and CCGs AGMs in July.

People have told us that they want a system that is integrated and that does not ask for the same information twice. They want an urgent care system that responds to their needs without referring to another service. Through integration, we would like to create a seamless pathway into urgent care, whether access to the service is by walk in, telephone or via the ambulance service and that would support a self triage environment.

Working with the voluntary sector, we have established a number of community ambassadors who help us to deliver the 'Right Care, First Time' message, reaching into communities. During the summer of 2015, we also worked with Rotherham Older People's Forum, who spoke to a number of older people about crises, and the use of A & E, we will use this to inform future work, including the information we provide for older people about the services available.

The **Adult Mental Health Liaison Service** is part of the overall Mental Health Transformation programme and as part of the development RDaSH has fully engaged with stakeholders from across the borough. This has included; 18 workshops (some whole system, some mixed groups and some internal) involving 621 attendees, two rounds of visiting all GP localities, meetings and completion of an online GP survey, CCG and RDaSH representatives have attended the Rotherham Health Select Commission in December 2015 and met with NHS England as part of their Effective Service Change process: (http://www.eoesenate.nhs.uk/files/9314/0862/2233/Effective_service_change_toolkit_FINAL.pdf) Updates on the development of the proposal have been received at regular intervals at both the Mental Health and Learning Disability QIPP and System Resilience Groups, with views fed verbally through to GP Members committee.

7.2.4 Rotherham 24/7 Care Co-ordination Centre

Ongoing work with a wide variety of patient groups and public consultations has reinforced the basic premise that patients want to receive care as close to home, and as conveniently as possible, as long as this is safe, and quality care is provided. This has included feedback on our plans from the Rotherham PPG network; from a focus group on case management, and informal discussions with a variety of community groups.

In considering the use of the Care Co-ordination Centre for other Health/Social Care services, a Working Group has been established to examine opportunities to integrate services. A business case is being developed by all partners to consider options for a future single point of access and consultation on the options is planned, (late 2016- early 2017) once the business case is developed.

7.2.5 Specialist Re-ablement Centre

Telephone surveys are carried out between January and March each year to determine the % of older people discharged from hospital into rehabilitation/re-ablement services and are living at home 91 days later. This is one of the national BCF metrics for 2016/17 which measures how effective the intermediate care service is in supporting people to continue to live independently in their own homes. Surveys also include customer satisfaction rates and also signposts customers to other services for further support.

A review of acute and community respiratory pathways will include the provision at Breathing Space. Intelligence from the Friends and Family Test is available for Breathing Space, and TRFT self assessment includes stakeholder and patient information as well as performance against national targets. A further review of provision is to take place throughout 2016-17 and the review of Breathing Space is part of the BCF review programme for 2016-17. This may include further consultation with patients who access the service, but is to be determined.

Views from the public and patients around our plans for Community Transformation were sought at the CCG AGM in July 2016.

The development of a specialist re-ablement centre would be a great opportunity to co-create engagement activity with patients and service users.

8 Expected benefits and investment required

As a Health and Care Community we are committed to these initiatives over the next 5 years, but with the additional support of transformational funding at a local place level, we know that we can move further and faster to deliver the required transformation to support system sustainability. This section summarises the benefits we expect from our initiatives and an estimate of transformation funding we require for each.

Initiative	Benefits	Investment required
1.Prevention & self management		
Making Every Contact Count and brief interventions	Prevent ill-health and moderate demand for healthcare: • estimate 80% of heart disease, stroke and type 2 diabetes cases & 40% of cancer cases could be avoided if common lifestyle risk factors were eliminated • 1:8 individuals will change their alcohol consumption behavior as a result of brief intervention and 1:20 individuals will change their smoking behavior as a result of brief intervention[31] • Every 5,000 patients screened in primary care may prevent 67 A&E visits and 61 hospital admissions. Costs £25,000, Saves £90,000[32] • Every £1 spent smoking prevention programmes in schools can return as much as £15[33] • Every £1 spent on physical activity initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains[34] • Making Every Contact Count could show a return of £10 for each £1 spent and would be expected to save households and employers some £28 for each £1 spent, by reducing spending on cigarettes, alcohol and care and improving employment and income[35].	£1.8m per annum
Social prescribing - increase target from 5% to 10% of people at risk of hospitalisation and expand service to cover mental health clients	Savings & improved outcomes from social prescribing targeting people at risk of hospital admission • Evaluation shows system benefits of £1.98 for each £1 invested	£1.1 million per annum £45k for VAR website offer, £25k for VAR Health Champions
2.Integrated Locality Model		
Integrated Locality Model	Improved patient outcomes Reduced utilisation of secondary services through proactive management of patients Reduction in non-elective bed days by 10,000 (estimated saving £1.5m per annum)	One off funding of £1.5m £1.25m per annum to trial new staffing models in primary care & to fund transformational support

[31] Identification and Brief Advice (IBA) - Provide more help to encourage people to drink less. Available online: http://www.alcohollearningcentre.org.uk/Topics/Browse/HIC/IBA/
[32] PHE publications gateway number: 2013-190 http://www.nta.nhs.uk/uploads/alcoholanddrugswhyinvest2015.pdf
[33] Making the case for Public Health interventions, Kings' Fund and LGA, 2014
[34] Making the case for Public Health interventions, Kings' Fund and LGA, 2014
[35] Making Every Contact Count: Value for Money, MECC Advisory Group

Initiative	Benefits	Investment required
Transformation of Care Homes		£0.6 funding would provide appropriate equipment and training to revitalise the care home sector to manage high acuity patients out of hospital[36]
3. Urgent & Emergency Care Centre		
Urgent and Emergency Care Centre **Adult Mental Health Liaison Service**	Investment would mean we can go further & faster in developing the model and help us realise system savings of £30m over 10 years[37] The recent evaluation of the RAID service in Birmingham has provided compelling evidence of the cost effectiveness of an integrated liaison psychiatry service for people with dementia showing a return for investment of £4 for every £1 invested.[38]	New capital build and transformation investment of £0.45m
4. Care Coordination Centre		
	Formal evaluation shows at least £0.86m additional system wide efficiencies and also improve the efficiency, and further integrate health and social care services	Non recurrent infrastructure cost: £0.46m
5. Re-ablement Centre		
	Allow transition to new staffing and skill mix models of care Enhance clinical and caring environment Allow transition of long stay residents from existing provision into new care home provision Plymouth reviewed its Re-ablement Service in 2014 and found that it achieved the financial objectives stated in the Council's business case of £500k in savings in the first year of delivering these services. It also estimated that the re-ablement of 528 service users reflects a possible saving of £3.8m (when compared to 12 months domiciliary care provision as an alternative)[39]	£3m per annum
Enablers		
One Public Estate Approach	This requires more scoping work to estimate	More scoping work required
Asset Based Approach	The Wigan Council, through its *Wigan Deal* Programme[40] has demonstrated that for every £1 invested in community assets generates benefits of £1.95 per person over a five year period	

[36] Based on TRFT estimated based on current cost of a hospital bed versus benchmarked equivalent care beds in the independent sector.
[37] The Emergency Care Centre Business Case sets out the savings in non-elective admissions (pg 19) – the assumption is that by doing nothing, activity growth will be 3% per annum. Implementing the new emergency centre will save 5 admissions per day against the do nothing scenario.
[38] NHS Confederation (2011) With money in mind: the benefits of liaison psychiatry. London: NHS confederation.
NHS Confederation (2009). Healthy mind, healthy body: how liaison psychiatry services can transform quality and productivity in acute settings. London: NHS Confederation
Parsonage, M. and Fossey, M. (2011) Economic evaluation of a liaison psychiatry service. London: Centre for Mental Health.
[39] Human Support Group. *Reablement – Standing at the Junction of Health and Social Care*. Plymouth Review. (2014) Available online: http://www.humansupportgroup.co.uk/wp-content/uploads/2015/10/Reablement-brochure.pdf
[40] The Deal for the Future. Wigan Council 2020. https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/Corporate/Deal-for-future/The-plan.pdf

Initiative	Benefits	Investment required
Integrated IT	Potential cash and non-cash benefits would be circa £0.96m	Non-recurrent cost estimates suggest approx. £15m over 5 years to meet full regional digital STP aspirations with a further £0.4m in the next two years to further integrate the Rotherham Clinical portal between Health and Social care.
Emerging technology	More scoping work required	More scoping work required

8.1 Key Performance Indicators

We will measure our success by:

- A reduction in the number of unscheduled hospital attendances and admissions
- A reduction in the length of stay in an acute hospital setting for locality residents
- A reduction in the number of A&E attendances and hospital admissions from care homes
- A reduction in the length of stay in an acute hospital bed for care home residents
- A reduction in the number of residents requiring hone care packages
- A reduction in the cost of providing home care packages
- A reduction in the number of patients requiring alternative levels of care (either on an intermediate or permanent basis)

9 Overview of implementation and Prioritisation

9.1 High Level Implementation Plan

Below we present a high level overview of our activity to 2020. We have included an asterisk (*) next to those activities that are particularly dependent on transformational funding. Please note the key on the next page.

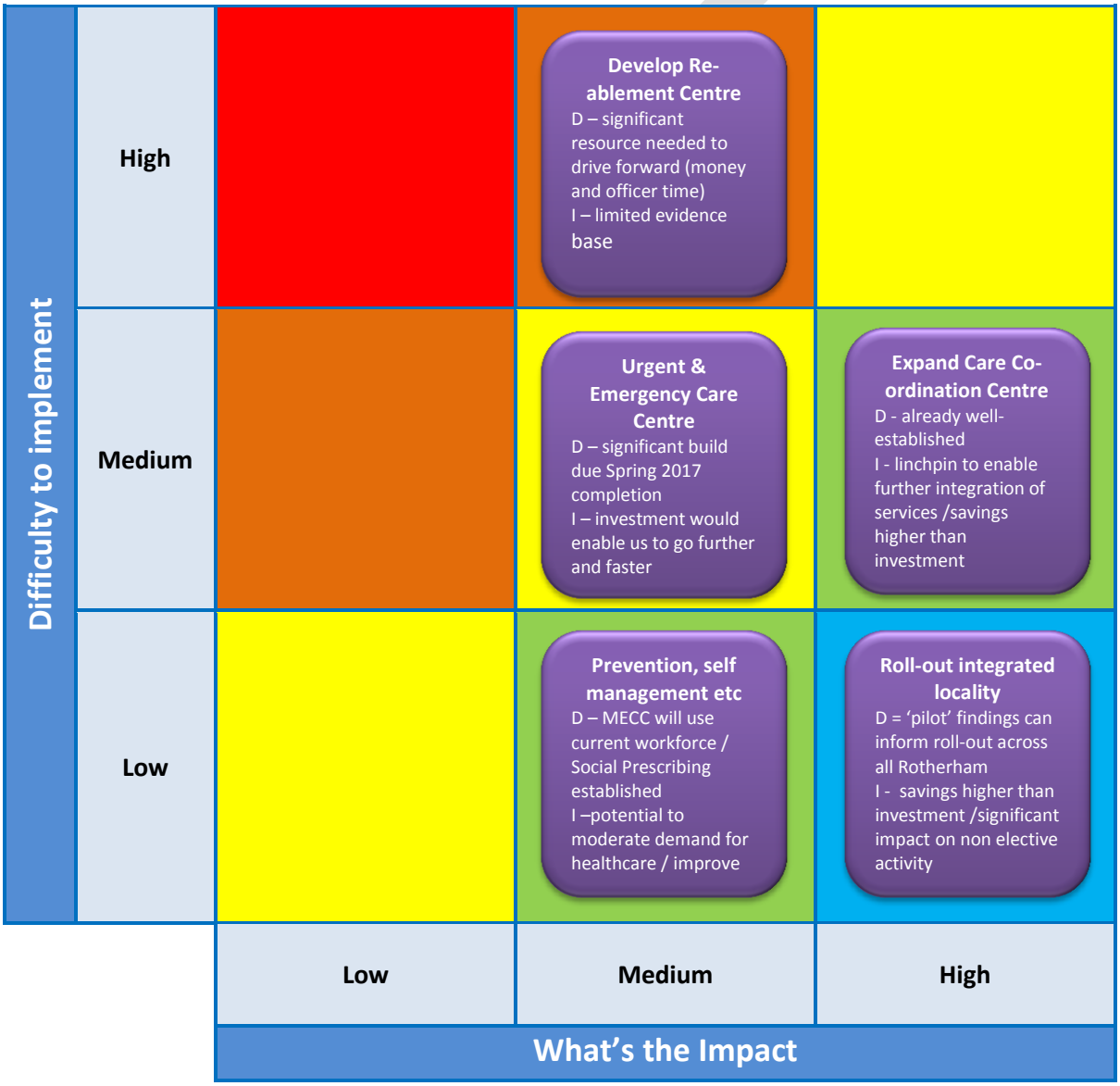
Rotherham Integrated Health and Social Care Place Plan: High Level Implementation Plan

Funding Requested	Priority Area	Priority for funding 1 being highest priority	April 16 - March 17				April 17 - March 18				April 18 - March 19				April 19 - March 20				April 20 - March 21				Impact of funding explained
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
£	**1. Prevention, self-management, education & early intervention**	3																					
	Social Prescribing																						Social Prescribing in Rotherham is well established, evidenced practice and highlighted as an exceptional service in the Five Year Forward View. The 2 year pilot extending the service to Mental Health is due to end in October, and early indications show very positive outcomes. Additional funding, will enable the roll out of the service and to significantly increase the number of patients we can target who are at risk of hospitalisation. Without additional funding social prescribing will continue at its current level, but we would not be able to realise the significant gains for both patients and services for some years in terms of improving outcomes and saving money. If immediate funding is not available the Accountable Care System would work jointly to explore further implementation in 2018.
1.17m per annum	Mental Health Social Prescribing 2 year pilot																						
	Evaluation of the Mental Health Social Prescribing pilot																						
	*Expand cover to mental health clients/ increase referrals to 2000 per year						*100%				*50%				*0%								
	*Increase target from current 5% to 10% (patients at risk of hospitalisation)						*100%				*50%				*0%								
	Making Every Contact Count and Healthy Conversations																						The ambition for all key Rotherham statutory partners to sign up to MECC will be realised next year, but the extent to which we can achieve benefits from this commitment depends on the level of additional funding. We have an extensive resource in our staff, and with additional funding we can provide training, so that we can benefit from the far reaching opportunities to make a difference through brief interventions / healthy conversations with people as part of routine apointments. Without funding, the commitment remains but the opportunities to make a real difference are potentially lost. We have a vibrant VCS, who play a key role in the delivery of our plan, with additional funding we would be able to support development and sustainablity of the sector. If immediate funding is not available the Accountable Care System would work jointly to explore further implementation in 2018.
1.1m per annum 0.07m one off	All key statutory organisations signed up to MECC																						
	*Cohort of frontline staff trained							*100%/ 50%		*0%													
	*Introduction of small grants process to pump prime VCS sector						*100%				*50%			*0%									
	*Develop robust Community Health Champions Scheme						*100%				*50%			*0%									
	Develop approach for patients using emerging technology																						
	2. Integrated locality model	1																					
1.5m one off 1.25m per annum	Implementation of the integrated locality team pilot																						The integrated locality team pilot is on track and the aspiration is to roll out this out across the remaining 6 localities, but the pace and breadth of the roll out is dependent upon the level of additional funding received.
	Final evaluation of the pilot 'The Village'																						
	*Roll out of the integrated locality teams across the Borough										*100%			*50%	*0%								
	Care Home Transformation																						Our aspiration is to work with Care Homes to ensure there are appropriate solutions / options in the community. Additional funding would provide the opportunity to provide equipment and training to revitalise the sector, with no funding this would remain aspirational.
0.6m one off	*Care home transformation						*100%					*50%				*0%							
	3. Urgent and Emergency Care Centre	4																					
0.44m one off	Redesigned structure of acute intake/walk-in centre/new workforce model																						The Urgent and Emergency centre will see the aspiration of over 6 years come in to fruition. Additional funding would mean that we could move further and faster in the development of new models of working and help us to realise system savings earlier. If immediate funding is not available the Accountable Care System would work jointly to explore further implementation in 2018.
	Urgent and Emergency Care Centre IT Solution implemented																						
	Completion of the capital Build for the Emergency Care Centre																						
	Full implementation of the Emergency Centre Model																						
	*Further enhance acute assessment capacity								*100%				*0%										
	* Enhance voluntary sector prescence in A&E									*100%				*0%									
	Adult Mental Health Liaison																						The CCG jas already resourced RDaSH £800K to commisisoning a specific liaison service. The provision is currently in evaluation . The system acknowledges the need to move to Core 24 Standards. If immediate funding is not available the Accountable Care System would work jointly to explore further implementation in 2018.
0.1m one off	Externally evaluate the Adult Mental Health Liaison service pilot																						
	Determine future commissioning intentions for Adult Mental Health Liaison																						
	*Deliver core 24 Standards						*100%				*0%												
	4. 24/7 Care Coordination Centre	2																					
0.46m	Scope and plan extension to other health and social care services																						The Care -Co-ordination Centre already takes 4000 calls a month 24/7, but we want to expand the scope to include mental health, voluntary and social care sector services. With additional funding we can achieve this aim and make the CCC a comprehensive directory of services to drive efficiencies and reduce waste. This goal is significant impacted upon without additional funding.
	*Expansion to other Health and Social Care services							*100%		*50%				*0%									
	*Evaluation of upscaled service								*100%			*50%			*0%								
	5. Re-ablement Centre	5																					
3.0m per annum	*Full implementation of the Integrated Rapid Response service				*100%			*50%			*0%												We are committed to the review of both the intermediate care pathway and the acute and community respiratory pathways, but additional funding would enable faster implementation of the integrated rapid response service. With no additional funding our aspiration to develop a reablement hub will be significantly delayed or potentially abandoned.
	Review current intermediate care service model																						
	Undertake full review of acute and community respiratory pathways																						
	*Development of the re-ablement hub							*100%				*50%					*0%	*0%					

Key	
	Milestone on track to be achieved through delivery of the IH&SC Plan
*100%	Rate that milestone will be achieved with 100% of requested additional funding
*50%	Rate that milestone will be achieved with 50% of requested additional funding
*0%	Rate that milestone will be achieved with none of requested additional funding

9.2 Prioritisation Matrix

By undertaking the following high level prioritisation exercise, partners identified how any additional transformational funding would be prioritised.



Rate	Priority (1 being high)
	1
	2
	3
	4
	5

Rationale
D = key rationale for difficulty
I = key rationale for impact

10 Wider STP Workstreams

10.1 How the Rotherham Place Plan links to the wider STP Workstreams

South Yorkshire and Bassetlaw STP Workstreams

Five Place Based Plans

- Prevention
- Healthy children
- Primary care at scale
- Risk stratification
- End of life

Five Transformational Programmes

- Urgent and Emergency Care
- Elective Care
- Cancer
- Children's & Maternity
- Mental Health & learning disabilities

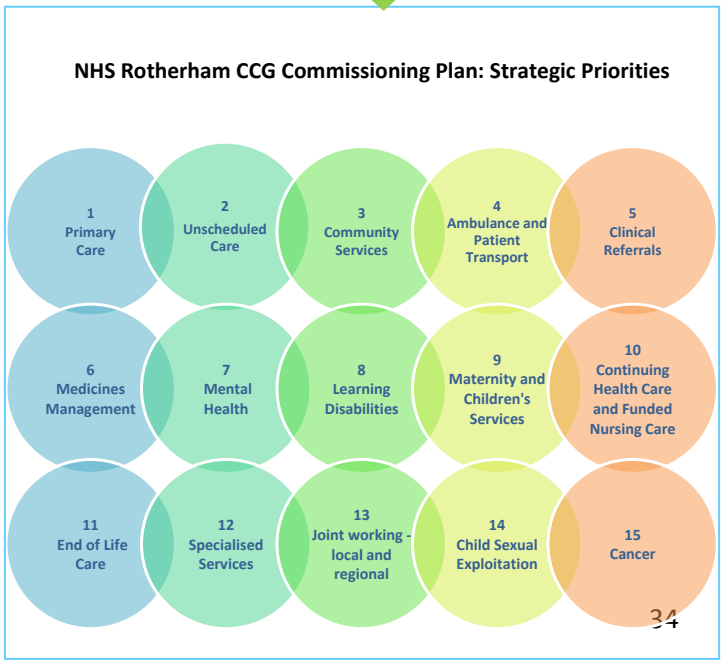
Five Cross Cutting Themes

- Workforce
- Digital and IT
- Carter, Procurement and estates
- Finance
- Public services reform

The **Rotherham Place Plan** describes 5 joint priorities that Rotherham partners have identified to address Rotherham's challenges, achieve our Health and Wellbeing strategic aims and meet the SY&B STP objectives.

In addition to the 5 priorities there are 15 priorities within the CCG's Commissioning Plan that have been identified and consulted upon to meet the needs of the Rotherham population and to address national planning requirements.

These 15 priorities will be delivered in partnership. Full details can be found at: http://www.rotherhamccg.nhs.uk/our-plan.htm



10.2 Transformational Programmes

It is important that the 5 transformation initiatives described within Rotherham's Place Plan, compliment the wider SY&B STP agenda.

The section below articulates how the strategic direction within Rotherham will support the delivery of the five wider transformation challenges within the SY&B STP[41]:

10.2.1 Urgent and Emergency Care

STP Challenge

- Increasing complexity and acuity of patients and a high volume of A&E adult attendances (431k) and non-elective adult inpatient admissions (147k) in 2014/15 at a combined cost of £385 million.
- Lack of alternative options: data analysis suggests that up to 30% of attendances (129k p/a) could be managed in an alternative setting. Using the costs of a GP appointment as a proxy, this could equate to savings of £7.5m per annum.
- Workforce challenges / capacity issues, resulting in quality issues, failure to meet NHS constitutional standards and inability to sustain services across all localities in their current form.
- Financial sustainability: difficulty in meeting current demand with current resources.

Rotherham Direction

Within our Rotherham place plan we have clearly articulated how our strategic intentions for Urgent Care will deliver a new Urgent and Emergency Care Centre from July 2017, adopting new models of delivery in line with national best practice guidelines. Given our local approach, the Rotherham place will be in a very strong position to respond to any proposals regarding the future configuration of Urgent Care provision across South Yorkshire and Bassetlaw.

10.2.2 Elective Care

STP Challenge

- Work within elective and urgent care needs to be aligned to ensure quality is not impeded due to the inter-dependencies.
- Across the system there is increased demand in both elective and diagnostic care across clinical pathways.
- Information shows that there has been a progressive shift of elective activity from district general hospitals to major trauma centres, some unplanned as result of instability and a way of managing clinical risk.
- 6% increase in first outpatient activity across all providers, with a corresponding 3.7% increase in costs. Follow ups have decreased by 2%.
- Increasing demand for diagnostic capture & reporting at 10% pa compound with private sector supply chain at capacity.
- Inequity in access to diagnostics and radiology across the footprint, with a static workforce and need to modernise roles and deployment of assets.

[41] South Yorkshire and Bassetlaw STP 30 June 2016 submission

Rotherham Direction

One of the key deliverables to enable Rotherham to transform elective care over the next five is to ensure that clinical pathways are efficient, offer high quality services and provide patients with the best possible experience in line with NICE guidance.

Building on the successful use of clinical referrals management as a vehicle for change, Rotherham partners will continue to develop and share our good practice to support the development of the most appropriate and efficient clinical management of patients whose condition requires elective referral to hospital for planned care.

Keeping within affordable limits requires a step change in the efficiency of elective care particularly where more accessible services avoid the need for hospital attendance and admission; this includes the development of one stop services and the development of new ways of working/pathways.

The work of our Clinical Referral Management Committee will continue to focus on ensuring the evidence base is fully utilised to gain assurance that the appropriate thresholds for treatment are being applied across commissioned services. Where pathways are identified which do not meet the evidence base for clinical threshold or patient outcomes then Rotherham partners will actively work across the wider STP footprint to consider redeveloping existing pathways.

Some elective pathways are already working in a collaborative way across the region e.g. Oral & Maxillofacial Surgery, Ear Nose and Throat, Ophthalmology and we intend to continue working with partners on these services. There are also further opportunities in areas such as elective orthopaedics where work could be consolidated within Rotherham and these opportunities are to be pursued. There are also opportunities to expand the integrated community approach and explore where the provision of services could benefit from more integrated pathways being established and for services to be provided within a community setting.

Overall, Rotherham partners fully accept that in order to deliver high quality, safe and sustainable elective care provision across South Yorkshire in the future that options will need to be considered for the future configuration of the elective system.

10.2.3 Cancer

STP Challenge

- An ageing population and a rise in lifestyle related risk factors mean that cancer incidence is increasing, the 14,000 people being treated each year currently in South Yorkshire and Bassetlaw is expected to increase to 18,000 by 2030.
- Improvements in cancer survival rates estimate almost 45,000 people living with and beyond cancer, which is expected to rise to as many as 78,000 by 2030.

Benchmarking of clinical outcomes highlights that one year survival rates post Cancer diagnosis are lower in Rotherham than the National average. Mortality rates from any cancer in both the over and under 75's are also above the national average. Our challenge is therefore to improve one and five year survival rates. This begins with supporting the challenging social demographics and lifestyle choices and promoting the prevention agenda by all partners across Rotherham. Signposting individuals to services and support groups who can help individuals with such lifestyle choices.

Commissioning high quality cancer pathways that deliver treatment within the required national waiting times is therefore a priority for Rotherham. We will work across commissioning, primary care and acute care, as well as public health and the wider community, to ensure that assessment and treatment targets are delivered. Where Rotherham residents require highly specialist treatment in 'tertiary centres' we will work with STP partners to improve existing pathways and we anticipate that this work will reduce the risk of breaching the key 62 day cancer treatment standards.

We are also aware that in some specific areas of cancer provision, such as lung cancer, spend on acute care is significantly higher than peer averages and we are working with partners to address this. We also intend to pursue opportunities to introduce one-stop services, more community based services as well as explore the greater use of technology to help with cross site working, sharing of information etc. There are also services where consolidation across the STP could provide greater clinical, operational and financial sustainability.

Our key strategic objective is to commission high quality, timely seamless pathways of cancer care, working with our partners across pathways to achieve this, and we will do this locally by focusing our efforts in the following areas:

1. **Raising Awareness to support early identification and early diagnosis** - specific focus on 2week waits for urgent cancer referrals.
2. **Treatment –** Commission high quality pathways of care for both local and tertiary cancer treatments.
3. **Survivorship** – Focus on the need to address complications as soon as required to reduce the need for unnecessary follow ups and support individuals to return to work.

10.2.4 Children's & maternity

STP Challenge

- Children not always having the best start in life, with high rates of preventable health problems arising such as obesity, mental illness and dental decay.
- Mortality and morbidity rates higher than the European average, which is considered to be associated with the fragmented provision of services.
- Providers of services meeting national standards for the safe care of acutely unwell children or for children undergoing surgery, with challenges in meeting new standards for maternity care.
- Rising demand and consistent inappropriate high use of acute services.
- Workforce shortages across all areas, with providers unable to recruit enough staff to fill rotas and shifts, thereby relying on expensive agency staffing.
- Inadequate and fragmented community based provision and variable knowledge in primary care about children health and poor health literacy.

Rotherham Direction

The **children's plan** is based on the principle that every child should have access to high quality unscheduled care which is safe, effective and caring. To this end all providers are committed to design and deliver care which is local and responsive to the needs of the local children, parent and carers.

Our ambition is to provide care closer to home in close partnership with the primary care team community and social services thus 'making care closer to home a reality'.

A significant number of these consultations could be managed through effective and efficient community services delivered by multi-professional collaborative teams working in close proximity with primary care. We envisage 3 hubs within Rotherham encompassing the 0-19 year service.

The benefits for the parent and child are:

- Easier access to services
- Earlier identification and resolution
- Faster co-ordinated and appropriate response
- One assessment, planning and evaluation
- Better service experience

Each hub will comprise:

- GPs with special interest and expertise in child health working at the front line with a team of paediatricians, mental health professionals, nurses, and Allied Health Professionals
- Community acute nursing team supporting earlier discharge and home/outpatient support
- Rapid access clinics for urgent specialist help
- A 24-hour hotline for healthcare professionals to speak with a Consultant
- Specialist paediatricians holding clinics on site. These may be rotational for specialist clinic (Rapid Access Centre, Safeguarding, Constipation/enuresis, Sleep disorders, General and specialist clinics)

The acute hospital will deliver ambulatory care through a short-stay assessment unit with pathways to transfer to tertiary care if required through the managed acute clinical network.

Better Births aims to increase personalisation of care, "centred around individual needs and circumstances". There is a strong focus upon personalised care and choice of provision, with this recognised as a route to improved safety ("Safe care is personalised care"). Continuity of care is an integral part of the approach.

At the centre of our overall vision, is an aim to introduce 1:1 midwifery-led care right through pregnancy and birth as a choice for all women who are assessed as having 'low risk' pregnancies. This would provide continuity of service throughout the pregnancy and enable a choice of birthing options.

This would involve strengthening provision for:

- Home births
- Group midwifery / Midwife Led Unit births
- Births in other community settings in the future (family hubs)

For women who begin on higher risk pathways, there will be consultant-led obstetric care, although there will be named midwife contact throughout and a process of ongoing assessment and monitoring which will enable women to transfer to the lower risk pathway choice and flexibility to all women, with personalised plans throughout enabling an ongoing dialogue around education and prevention. Our aim is to maximise choice and support whilst minimising clinically unnecessary interventions.

Midwifery-led provision would increase, whilst we are also working to consolidate and secure consultant-led obstetric care, making the best use of our scarce obstetrician resources.

We will:

- Ensure that every woman has a personalised care plan with their midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses.
- Reorganise midwifery staffing rotas into smaller teams as identified in 'Better Births' to ensure all midwifery teams have an identified obstetrician who can get to know and understand their service and advise on issues as appropriate.
- Work to offer the three choices of maternity care provision recommended in Better Births, with consideration to be given to a fourth choice (community hubs) on a regional footprint to expand choice for women.

10.2.5 Mental Health & Learning Disability

STP Challenge

- Approximately 25% of the population experiences some kind of mental health problem in any one year.
- People with severe mental illness can lose 20 years of life.
- Co-morbid mental health problems raise total health care costs by at least 45% for each person with an additional long-term condition.
- These challenges are compounded by a stigma that exists around mental health and learning disabilities, and the lack of parity of esteem with physical health services.

Rotherham Direction

The Rotherham Place Plan has developed a clear strategy for improving Mental Health (including Child and Adolescent Mental Health Services) and Learning Disability provision across the borough. We have detailed our strategy within the CCG's commissioning plan. Rotherham mental health services are working closely with primary care colleagues to identify and meet the needs of people's physical healthcare alongside their mental health. Delivering transforming care partnership plans with local authority partners in order to enhance community provision for people with a learning disability and/or autism and improving access to healthcare within this patient group are key to closing the gaps.

The Rotherham Place Plan will continue to prioritise joint working with partners across South Yorkshire to reduce the reliance on bed based provision for people with learning disabilities. Mental Health Liaison services should be available 24/7 across the STP footprint as should mental health crisis care, in line with the local crisis care concordats. Within our place plan we articulate the current work taking place in Rotherham with regard to Liaison Psychiatry and we will share any learning with our system wide partners.

Early Intervention in Psychosis and Improving Access to Psychological Therapies (IAPT) access and waiting times are a key priority for Rotherham and are in line with the NHS Planning Guidance (2016) which asks for an increase from 15-19% people accessing psychological therapies and 53% of first episode psychosis patients accessing treatment within two weeks of referral. More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Child and Adolescent Mental Health IAPT by 2018. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

11 Risk

The following lists the key high level risks affecting the Place Plan and its implementation.

	Key Issue / Risk	RAG Rate	Mitigation
1	**Transformational funding** – impact of not being successful in securing additional funding to deliver the place plan at pace and scale.		• Development of robust implementation plan, agreed by partners. • Upfront agreement on how potential funding will be prioritised, agreed by partners. • Ability to mobilise plans quickly to attract any potential additional funding announcements.
2	**Organisational behaviour** – potential impact of individual organisations financial and delivery targets on the overall system wide delivery of the Place Plan.		• Open and transparent discussions. • Robust governance arrangements. • System wide commitment to joint plan.
3	**Capacity to deliver the Plan** – risk of organisations not having the capacity/workforce within existing resources to deliver the plan.		• Realistic implementation plan, aligned to partners organisational goals and objectives. • Robust performance monitoring arrangements. • Make best use of joint working arrangements and shared resources. • Joint workforce strategy, aligned to the requirements of the plan. • Joint Organisational Development Plan.
4	**Capability to deliver the Plan** - risk of organisations not having sufficient capability / skills within existing workforce to deliver the plan.		• Skills gaps analysis/ competency Framework / training plan. • Effective change management / culture change. • Joint Organisational Development Plan.
5	**Impact of national policy / regulations** – unknown impact of national policies and changes to business rules.		• Robust governance arrangements. • Work with statutory and regulatory bodies to inform development of revised policy / regulations.
6	**Public opinion** – risk of not undertaking relevant public consultation on the key initiatives of our plan.		• Open and transparent discussions. • Robust governance arrangements. • Ensure place plan is informed by existing consultations. • Ensure robust consultation is continued to be undertaken on future developments. • Make best use of joint working arrangements and shared resources.
7	**Impact on organisational reputation** - risk of adverse publicity in relation to the Place Plan and its objectives.		• Open and transparent discussions. • Utilise collective communication and engagement resources to ensure robust approach continues.
8	**Resident Behaviour** – risk that current behaviour in terms of access and use of services is not changed as a result of the plan.		• Open and transparent discussions. • Effective public education. • Effective communication plan. • Understanding /insight in to local behavior and create environments to make healthy lifestyle choices.
9	**IT Infrastructure** – impact of not successfully integrating health and social care systems and not driving forward IT solutions to support self-management.		• Joint Interoperability group and partner sign up. • Effective training. • One provider for Health IT.

Red	Significant Risk	**Orange**	Of concern	**Yellow**	Of some concern

Rotherham Doncaster and South Humber NHS Foundation Trust

1.	**Meeting**	**Rotherham Health and Wellbeing Board**
2.	**Date**	**16 November 2016**
3.	**Title**	**Care Quality Commission (CQC) Update**

1. Introduction

The purpose of this report is to provide a brief update on the progress that Rotherham Doncaster and South Humber NHS Foundation Trust has made following its CQC inspection and to advise on the re-inspection undertaken in October 2016.

During September 2015, RDaSH NHS FT received a Comprehensive Trust-wide inspection by the Care Quality Commission (CQC). The inspection report summary was published on 19 January 2016 and gave the organisation a rating of 'Requires Improvement'. To access the full report please go to www.cqc.org.uk/provider/RXE

Across the 5 domains, through which each comprehensive inspection is carried out, the Trust's overall position was:

Safe - requires improvement
Effective - requires improvement
Caring - good
Responsive - good
Well Led - good

In addition, to the overall rating and summary report, each of the services visited, 18 in total, an individual rating and report was prepared. Each of these reports is then aggregated up to achieve an overall rating for the organisation.

Of the 18 individual reports, services were rated as requires improvement in 4, good in 12 and outstanding in 2.

In the summer of 2016, RDaSH was notified that it would receive a planned re-inspection of the organisation by the CQC. This would be undertaken via a series of unplanned or short notice visits to service areas that required improvement:

- Learning Disability Community Services
- CAMHS
- Adult Mental Health Community Services
- Drug and Alcohol Services

and a "well led" review during the period 10-12 October 2016.

A re-inspection so close to our original comprehensive inspection was viewed as positive as it indicated confidence by the CQC into the actions being undertaken by RDaSH to address the issues previously raised.

To secure a change to its overall rating an organisation has to have a well led review undertaken.

2. Key Improvement Themes

From the September 2015 inspection the key areas for improvement arising in service reports and or overall Trust wide summary report were:

• Duty of Candour (Trust wide)
• Information Technology systems (Trust wide)
• Care Planning (Community MH)
• Risk Assessment (Community Mental Health, Drug and Alcohol, CAMHS)
• Medicines Management (in community settings/teams)
• Mandatory and Statutory Training (Trust wide)

As part of the Trust's response to the Inspection report a comprehensive action plan was generated and overseen by the Trust's Quality Committee. In addition, throughout the Trust's governance structure responsibility for key actions has been clearly located. For example, a business case for the expansion of pharmacists supporting community adult mental health services was approved through the Trust's Finance and Performance Committee and then operationally managed by the Chief Pharmacist.

Regular update reports have been provided through the Board of Director's public meetings and an up to date copy of the Action Plan is published on the Trust's website.

3 Next Steps

The Trust now awaits the outcome of the most recent re-inspection and is expecting to receive individual service reports (for those services re-inspected) to review in the next few weeks. An overall summary report is anticipated by the end of December or early January 2017.

Building on the work undertaken following the September 2015 inspection, known in the Trust as Phase 1 we have already begun to develop a Phase 2 Sustainable Improvement Plan that focusses on embedding improvements, themes and triangulation of work that has been completed across the organisation. The Trust is utilising its involvement in "Listening into Action" to harness the engagement of its workforce, service users and patients and members of the public through Big Conversation events to bring about positive change.

Kathryn Singh
Chief Executive
8 November 2016

ROTHERHAM BOROUGH COUNCIL – HEALTH AND WELLBEING BOARD REPORT

1.	**Meeting**	**Health and Wellbeing Board**
2.	**Date**	**16/11/16**
3.	**Title**	**Healthy Ageing Framework Update**
4.	**Directorate**	**Public Health**

5. Summary

The Health and Wellbeing Board are provided with a progress update which includes the consultation schedule and the proposed changes to the Healthy Ageing framework. The framework has been enhanced through the consultation and become more person centred and outcome focused. The opportunities to align the Healthy Ageing Framework to other high level frameworks are being explored and next steps are proposed.

6. Recommendations

Health and Wellbeing Board to

- **Note the consultation findings and the changes the Healthy Ageing Framework.**
- **To consider using the framework as part of the commissioning and planning of services for Rotherham's ageing population.**
- **To task Public Health to identify the similarities and differences in the Healthy Ageing Framework, Child Centred Borough and WHO Age Friendly Cities/Communities to identify high level actions that support the Health and Wellbeing of all residents.**

7. Proposals and details

In June 2016 a draft version of the "Healthy Ageing Framework" was shared with the Health and Wellbeing Board. This framework aims to develop a coordinated strategic approach to commissioning and delivering services for our ageing population. The Health and Wellbeing Board asked for there to be a comprehensive consultation completed to ensure that the framework fully met the needs of the community.

The following consultation sessions were been completed in the late summer and autumn 2016.

- Rotherham Older People's Forum 14th September
- Rotherham Pensioners Forum 27th September
- Rotherham Older People's Summit 7th October
- Age friendly Rotherham 28th October

The findings from the consultation were provided by over 50 Rotherham residents. The residents welcomed the need for a coordinated approach and the development of the framework. However they did suggested that a more easy to read document with less system wide jargon was developed. The revised version has included 'I statements' to enable residents to easily relate the priorities back to their lives (Appendix Figure 1). Other changes included the addition of statements on transport, work and caring. It is planned for the document will be shared with the Rotherham Older People's Forum at their Annual General Meeting on 9 November 2016.

The framework has been discussed with voluntary sector groups and Healthwatch as part of the consultation. There has been support from the groups consulted and recognition that working together would provide opportunities for improvement. There is further stakeholder engagement required to ensure that the framework fully meets the needs of health and social care sector.

During the development and consultation of the framework the World Health Organisations "Age friendly cities and communities" programme has been shared with Rotherham stakeholders. The WHO programme allows communities to tap in to the potential of older people and ensure that developments are suitable for our ageing population. This programme is an internationally recognised approach.

8. Finance

There is no additional funding required to deliver this agenda, it is about working differently and in partnership across the Health and Social Care system and voluntary and community sector.

9. Risks and uncertainties

The main risks and uncertainties of this work relates to the application of the framework to the work within the Health and Social Care system. The suggested recommendation to review the similarities and differences of the existing frameworks will ensure that the model meets the ambitions of the Health and Wellbeing Strategy.

10. Policy and Performance Agenda Implications

There are many performance indicators within the NHS, Adult Social Care and Public Health outcome frameworks that are predominantly focused on older people. There is also a need to ensure that the whole population indicators fully support the needs of our ageing population. The framework will help to focus activity and commissioning towards the high level indicators.

11. Background Papers and Consultation

Healthy Ageing Framework for Rotherham 1 June 2016 Health and Wellbeing Board

12. Keywords: Healthy Ageing, Age Well, Framework

Officer:

Teresa Roche, Director of Public Health

Rebecca Atchinson, Public Health Principal

Appendix

Figure 1: Healthy Ageing framework (revised following the consultation)

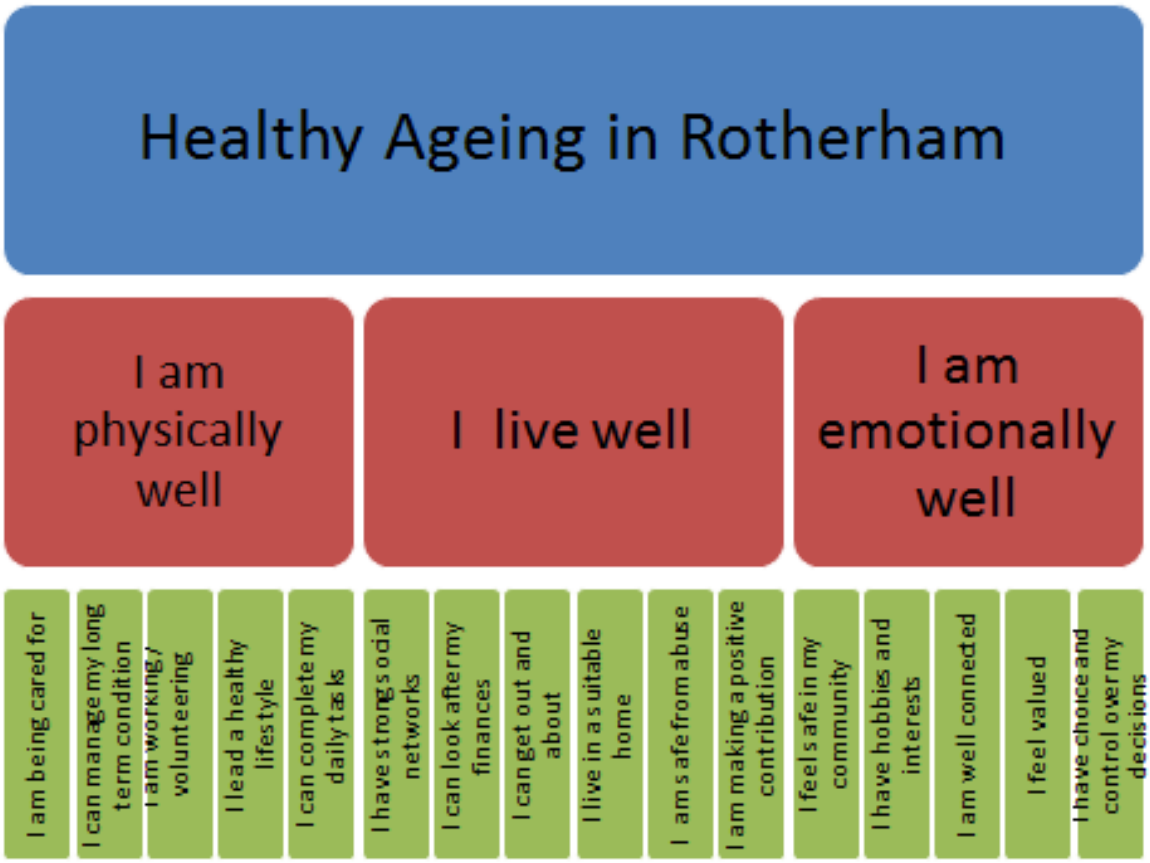
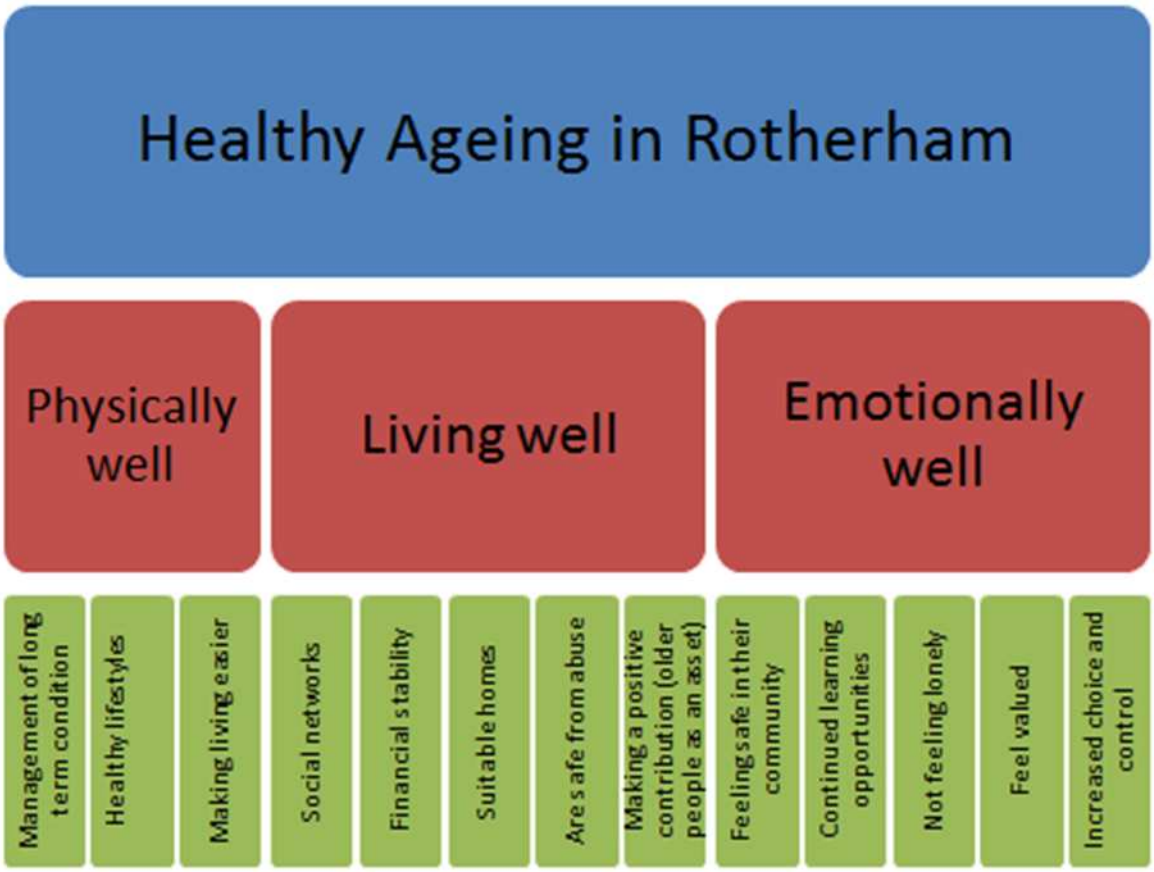


Figure 2: Age friendly cities and communities

Figure 3 Rotherham original Healthy Ageing Framework



2016–2021

Caring Together
The Rotherham Carers' Strategy

Rotherham age UK

adult services consortium

Rotherham Doncaster and South Humber NHS Foundation Trust

NHS Rotherham Clinical Commissioning Group

Caring Together
Supporting Carers in Rotherham

Rotherham Carers Forum

Voluntary Action Rotherham

CROSS ROADS CARE Rotherham

Rotherham Metropolitan Borough Council

Contents

The Care Act 2014 has a strong focus on carers. It acknowledges the value of the support provided by unpaid carers which underpins the whole adult social care system. It also recognises a carer's right to choose to care, and to a life outside caring. The Act gives increased rights to assessments and support and ensures carers will be recognised in law in the same way as the person they care for.

Safeguarding is a cross cutting theme across all carer outcomes. The Council and its partners will co-operate in safeguarding the welfare of vulnerable adults and children as set out in the Care Act 2014 and the Children & Families Act 2014.

We will ensure that carers and the person they are caring for have a voice, and know what to do if they want to raise issues and concerns.

1. Introduction

Who is a carer?

A carer is anyone who provides unpaid support to a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

In Rotherham we recognise that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital.

It is important that we identify and support all carers, including young and hidden carers.

Our ambitions are:

To achieve our aims we need to build stronger collaboration between carers and other partners in Rotherham, and recognise the importance of whole family relationships.

We want to lay the foundations for achieving these partnerships and set the intention for future working arrangements.

We want to do something that makes a difference now…whilst working in partnership with formal services, working together with people who use services and carers.

2016 marks the start of a renewed partnership to support carers in the Borough. This document sets out our commitment to working together so that collectively over the next five years we can work towards the following agreed outcomes:

- **Outcome One:** Carers in Rotherham are more able to withstand or recover quickly from difficult conditions and feel empowered
- **Outcome Two:** The caring role is manageable and sustainable
- **Outcome Three:** Carers in Rotherham have their needs understood and their well-being promoted
- **Outcome Four:** Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification
- **Outcome Five:** Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time
- **Outcome Six:** Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers

Our aims are:

- That every carer in Rotherham is recognised and supported to maintain their health, wellbeing and personal outcomes
- To ensure carers are supported to maximise their financial resources
- That carers in Rotherham are recognised and respected as partners in care
- That carers can enjoy a life outside caring
- That young carers in Rotherham are identified, supported, and nurtured to forward plan for their own lives
- That every young carer in Rotherham is supported to have a positive childhood where they can enjoy life and achieve good outcomes

2. What do we know about carers?

Nationally

• Around 7 million people nationally are providing informal care. By 2030 the number of carers will increase by 3.4 million (around 60%)
(Source: Carers Trust)

• The estimated financial value of this care is £132 billion per year
(Source: Carers Trust)

• 35% rise in the number of older carers between 2001 and 2011 and evidence that many of these carers are providing over 60 hours a week of care

• Mutual caring is a way of life for many older couples but also in families where there is a family member who has a disability. It is estimated that 1 in 4 people with a learning disability live with a parent over the age of 70 and the mutual caring remains hidden until the family experiences a crisis

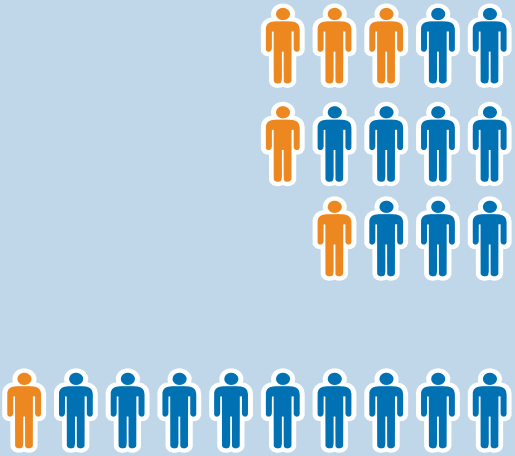
• There are 166,363 young carers in England, according to latest census data released on 16th May 2013 (Source: Children's Society 2013)

• One in 12 young carers is caring for more than 15 hours per week
(Source: Children's Society 2013)

• Around one in 20 young carers miss school because of their caring responsibilities
(Source: Children's Society 2013)

• Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language

- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability
- The average annual income for families with a young carer is £5,000 less than families who do not have a young carer
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to 9 grades lower overall than their peers eg the difference between 9 B's and 9 C's
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19



3 in 5 people will be carers at some point in their lives

1 in 5 people aged 50-64 are carers in the UK

1 in 4 carers are caring for someone with a mental health need, up to 1.5 million carers, of which 50,000 are children/young people

1 in 10 carers are caring for someone with dementia – this is 11% of all UK's carers

(Source: Carers Trust)

In 2013/2014 there were 2,375 carers' needs assessments undertaken, with 72% of these taking place jointly as part of the assessment for the person cared for. 105 carers' needs assessments are recorded as refused during this period. Estimates for 2015/2016 are for 2,378 carers' needs assessments to be completed, with a further 2,404 carers offered information, advice and signposting.

Four key priorities for supporting carers:

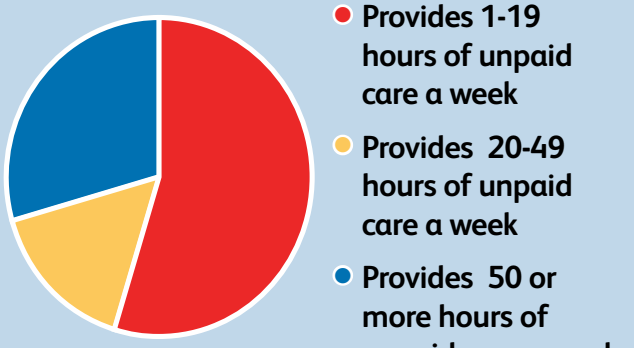
✔ Identification & recognition ✔ Realising & releasing potential
✔ A life alongside caring ✔ Supporting carers to stay healthy

National Carers Strategy (DOH, 2014)

Locally

In Rotherham there are around 31,000 unpaid carers, of which 1,619 (5.2%) are BME. 12% of the total population are carers, compared to the national average of 10.3%. 7.8% of all BME residents are carers (reflecting a younger age profile). The highest proportion by ethnicity is in the Irish community where 14.6% are carers (reflecting an older age profile). 42% of BME carers are Pakistani. 28% of Rotherham carers are providing 50+ hours of care per week which is, again, slightly higher than the national average. (Information from the 2011 Census)

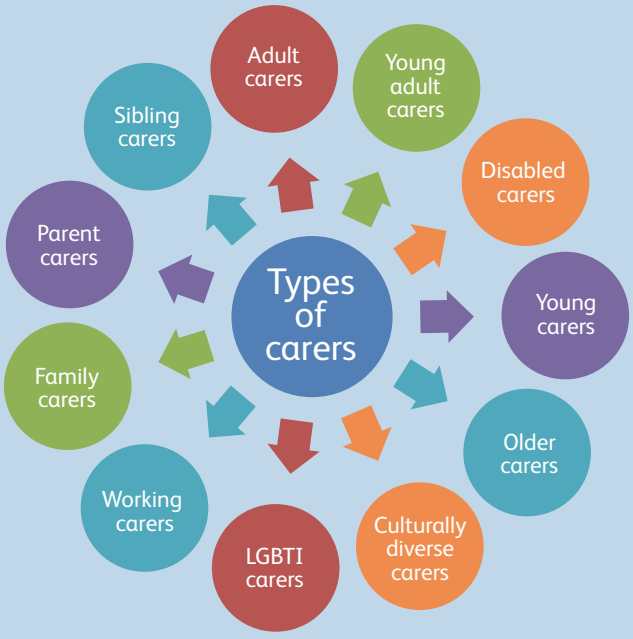
Figure 1 below shows a breakdown of the amount care provided by Rotherham carers:



Impact of Caring:

Research findings show that caring can have an impact on the physical health and mental wellbeing of carers. Caring can:

- Make you physically exhausted – if you need to get up in the night as well as caring in the day, if you have to lift or support someone, if you are also looking after your family and have a job.
- Leave you emotionally exhausted - stressed, depressed or with another mental health issue.
- Affect relationships - with your partner or other family members.
- Lead to isolation – difficulties in keeping or developing friendships, keeping up interests and hobbies, leaving the house.



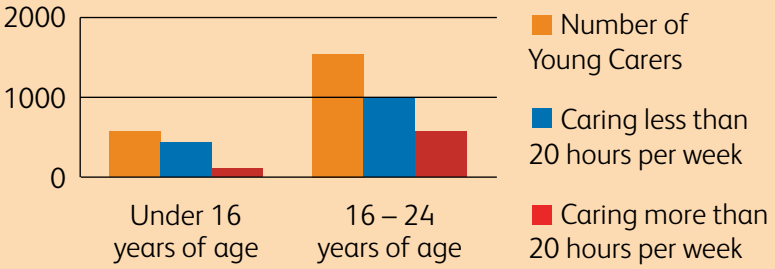
- Lead to financial difficulties – giving up work to care, managing on benefits, cost of aids and equipment to help care, not having enough money to do "normal" things such as buying new/warm clothes, heating the house, house repairs, holidays, etc.

Carers need to be able to balance their caring roles with other parts of their lives – such as jobs and educational opportunities. They need time to keep up relationships and pursue their own hobbies and interests. Young carers can find it difficult to manage education, training or employment if they also have a caring role.

3. Young carers

Locally

Rotherham has 450 carers aged under 16, with 365 providing care for under 20 hours per week, 85 over 20 hours per week. There are 1,549 carers aged 16-24, with 1,012 providing under 20 hours per week, 537 over 20 hours. Of all carers aged under 25, 1,147 (57 %) were female and 850 (43 %) were male. 0.9 % of children aged 0-15 and 5.5 % of young people aged 16-24 were unpaid carers in 2011. It should be noted that these figures are from those who recognise and feel comfortable in sharing their young carer status. These figures also do not include Hidden Harm. (Source – 2011 Census)

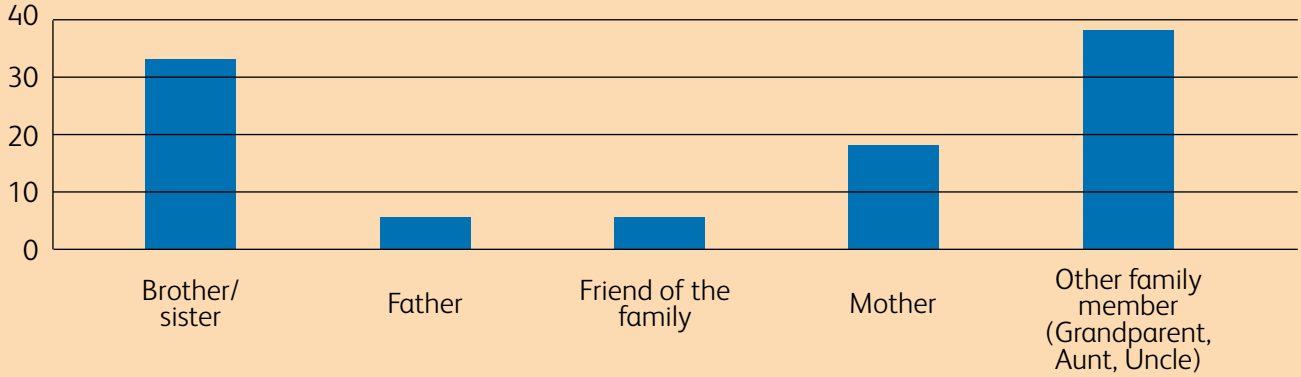


Many young people within Rotherham are helping to care and the person being cared for will usually be a family member such as a parent, grandparent, sibling, or someone very close to the family. The person or people they care for will have a serious or long term illness, disability, mental health difficulties or problematic use of alcohol or drugs; many young carers also help to care for younger siblings.

A Rotherham Young Carers Service is commissioned by the Council and works with young people aged 8-18 years, offering guidance and support around issues for young carers and to stop inappropriate caring roles, and to reduce the negative impact caring roles have on a child or young person's ability to enjoy a healthy childhood.

An Education Lifestyle Survey took place in 2015, with 13 out of 16 secondary schools taking part, along with all 3 pupil referral units, and 3,110 pupils participated.

653 (21 %) of pupils consider themselves to be young carers. A higher number of year 7 pupils said that they were young carers than year 10 pupils (25 % compared to Y10-15 %). The figure below shows the % breakdown of who they were caring for:



4. Carers' rights

Changes in policy and law over the last few years have meant that carers have more rights than they did in the past.

The Care Act (2014)

The Care Act has a strong focus on carers. Local Authorities now have a responsibility to assess a carer's need for support, which includes considering the impact of caring on the carer. The Act also contains new rules about working with young carers or adult carers of disabled children to plan an effective and timely move to adult care and support.

Children and Family Act (2014)

The Act introduces new rights for young carers to improve how they and their families are identified and supported. All young carers are entitled to have an assessment of their needs from the Local Authority. This can be requested by the young carer or their parent. This Act links to the Care Act 2014 which states Local Authorities are required to take "reasonable steps" to identify young carers in their area.

Work and Family Act

Changes in employment law mean that since 2007 carers have the right to request flexible working.

The introduction of the "family test" (DOH, 2014)

Brings the need to consider impact on family life when making policy decisions. Practical guidance on planning which considers the needs of the whole family. This includes looking at natural support networks in place and the outcomes that the family want to achieve. This whole family approach moves away from the traditional split between carers and the person they care for.

Equality Act (2010)

In preparing the Carers' Strategy we have ensured that the strategy complies with Section 149 of the Equality Act 2010. This is about protecting and promoting the welfare and interests of carers who share a relevant protected characteristic – such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex.

5. Partnership contributions to supporting carers in Rotherham

NHS Rotherham Clinical Commissioning Group commission a range of dedicated carer services

The Carer Resilience Service is working with all GP practices in Rotherham to support carers of people living with dementia. Carer Clinics for carers of people with dementia are taking place in 17 GP practices

Rotherham Metropolitan Borough Council spends approximately £2million a year on services and support which are specifically targeted at carers (this includes support for young carers)

The Carers Forum has recently been re-launched. It is a carer-led organisation, completely independent of statutory services. It aims to provide a "single voice" for Rotherham carers

The partners in Rotherham all contribute to supporting carers, however, we need to get better at working together and reaching more carers. This strategy will take us towards achieving this

Young Carers' Council

Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) was one of six pilot sites to sign up for the Triangle of Care

The voluntary sector offer a range of support for carers

Rotherham Hospice offers a 24 hour a day advice line for carers using the service. It also has targeted support for carers and wellbeing support

6. What Rotherham carers have told us

As part of developing this plan we asked carers to tell us what things would make a positive difference to their caring role. Some of these were extremely personal examples, however, most of this feedback can be grouped into a number of themes:

To be involved

Financial help

A break

Time for me

Consistent support

Valued

Information and advice

Quality care

A voice

Understanding

We also had responses from a group of young carers, and the feedback from Barnardos is that these responses are reflective of other young carers:

Time out from caring roles away from home

To be able to achieve our goals

Learning about the illness the person I care for has so I can understand

Meeting other young carers

Values and listened to

Being able to socialise with other young carers

Our opinion should count

Someone to talk to in confidence and who understands

7. The outcomes

Outcome One:

Carers in Rotherham are more able to withstand or recover quickly from difficult conditions and feel empowered.

Carers need to be enabled to continue in their caring role for as long as they choose to, or are able to do so. At times carers may need support to build, maintain or regain their caring role. Carers' ability to cope can be challenged in times of changes and, therefore, any changes need to be made in partnership with carers

What we plan to do to support this outcome:

We (the partners) need to develop a culture and reality of collaboration and co–production to deliver:

- Co-produced and delivered training package for agencies on carers' issues
- Integration of current carers' support services
- Partnership support for developing fundraising and match funding opportunities to build carers' resilience within Rotherham

Together we will:

- ✔ Raise the profile of carers within the wider health and social care economy
- ✔ Identify carers, as well as enable carers to realise that they are carers
- ✔ Offer opportunities for support and a voice within the Council for carers and self-advocacy groups
- ✔ Involve carers in the planning of services
- ✔ Develop a family assessment that focuses on whole family approaches that can be used interchangeably with individual assessments as appropriate
- ✔ Enable carers' assessments to be undertaken in more flexible ways, e.g. online or through carers' support services
- ✔ Ensure young carers' assessments are age appropriate and the process is meaningful to them. The assessment should focus on the impact caring can have on the individual child, as this may be different from one child to another
- ✔ Promote carers' right to have an assessment
- ✔ Create and maintain strong links between Children's and Adult services, and ensure that there are systems in place to identify young carers
- ✔ Strive to ensure carers can access proportionate advice, in the right way at the right time

Outcome Two:

The caring role is manageable and sustainable.

Carers may at times need support to manage their current caring role. If we achieve the first outcome and carers are more resilient then this will help, but carers may also need breaks from their caring role. The amount and intensity of this support will vary and needs to work for both the carer and the person they care for.

Carers need to be assured that there are good plans in place to continue the caring role if they are unable to do so. This could be an emergency plan or a longer term plan.

I am a carer and I also have a full-time job

I am a carer and I need to go to work tomorrow

I am a carer and tomorrow I will be picking up my foster children

I am a carer and I'm studying law at university

Together we will:

- ✔ Treat carers as equal partners with professionals when supporting the person they care for
- ✔ Develop "shared care" models for people with the most complex needs as an alternative to traditional care models
- ✔ Increase the amount of community based, local support and networking opportunities for provision of support
- ✔ Improve the information, advice and guidance available for carers, and link this up to immediate support during periods of crisis
- ✔ Review the Carers' Emergency Scheme to make sure that it works for carers of all people with support needs in Rotherham
- ✔ Try to plan early with carers
- ✔ Undertake a review of the transition of young carers into adult provision
- ✔ Develop a carers' pathway

Outcome Three:

Carers in Rotherham have their needs understood and their well-being promoted.

The steps identified to achieving the first two outcomes will support making the caring role more manageable. In addition to this carers in Rotherham need to be recognised outside of their caring role.

There needs to be a realisation that:

- Some carers do not recognise or accept this label and see the caring relationship as part of family life
- Not all carers want to be carers
- Trust needs to be fostered between carers and statutory services

Together we will:

- ✔ Develop a well-being budget and resource allocation system that supports carers independently of the support for the person they care for
- ✔ Develop carers' assessments and transfer carers' budgets to voluntary sector support services
- ✔ Encourage the development of a range of circles of support around carers within their community, including hidden carers, to support people where they live
- ✔ Work proactively with the carers of young people in relation to their care and support needs whilst transitioning to adulthood
- ✔ Ensure information and advice is available in different formats and venues, that is sensitive to the diverse range of needs in Rotherham
- ✔ Ensure carers are supported to maximise their financial resources by:
  - Working with partners to encourage Rotherham employers to become carer friendly
  - Ensuring benefit advice is available to support carers
- ✔ Strive to work closely with parent carers

Outcome Four:

Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.

We recognise that families with young carers need to be consistently identified early in Rotherham, so as to prevent problems from occurring and getting worse.

We must ensure that there is shared responsibility across partners for the early identification of families with young carers.

Together we will:

- ✔ Increase the numbers of young carers identified
- ✔ Increase the number of Early Help Assessments carried out by the Council and multi-agency partners to reflect support of those children and families with illness and disability
- ✔ Increase the rates of children identified from BME communities

Learning about the illness the person I care for has so I can understand

I worry about the future

To talk to someone confidentially and not be judged

Outcome Five:

Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time.

We recognise that the illness or disability of the person being cared for has an impact on everyone in the family.

We need to recognise that these young people are potential young carers and need to provide support and nurture these children and young people.

Together we will:

- ✔ Raise the profile of young carers
- ✔ Increase partnership working
- ✔ Link with Adult Services to recognise inappropriate caring roles and put support in place
- ✔ Where we identify inappropriate caring roles, work with families to find alternative solutions
- ✔ Work together with partners to ensure children and young people "in need" of protection are referred and assessed promptly by Children's Social Care.
- ✔ Develop an age appropriate holistic assessment and support process that aligns good Early Help and Children's Social Care outcomes.
- ✔ Hold regular meetings with the Young Carers' Council to learn from their experiences

To talk to someone confidentially and not be judged

I worry about the future

Being taken seriously – not just listened to, but listened to and act on what I say

Outcome Six:

Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers.

Young carers are children and young people first and have all of the pressures that growing up can bring. In addition, they carry out a very adult role and need support, understanding and protection.

We must ensure that the impact of caring is reduced so that the young carers have the same opportunities as their peers.

Young carers should be able to reach their full educational potential and progress on to further education, training or employment.

Together we will:

- ✔ Work with young carers and their families and identify ways to reduce caring roles
- ✔ Develop and work in partnership with other partners to identify solutions to increase the independence of the cared for person
- ✔ Ensure young carers and their families have a tailored support plan
- ✔ Respond to the Young Carers' Council request to develop the Young Carers' Card
- ✔ Identify more young carers from harder to reach communities
- ✔ Explore introducing an annual health check to promote and maintain physical and emotional well-being

8. Making it Happen – Caring Together Delivery Plan

Changes in policy and law over the last few years means that carers have more rights than they did in the past.

There is a separate "Making it Happen – Caring Together Delivery Plan" which will be updated regularly, that includes more detail, eg leads, outcomes, how we will know it is making a difference. The following sets out the actions from the Delivery Plan:

- Develop a quality assurance framework to capture carers' outcomes across the health and social care economy
- Targeting hard to reach / unknown carers through the integrated locality team and a joined up approach between Children's and Adults services
- Continued promotion and encouragement of GP carers' registers and carers' clinics within GP surgeries (ensure these lists are used to routinely involve carers)
- Development of joint funded carers' support service through the Better Care Fund to include:
  - breaks for carers
  - information, advice and support
  - rebrand / refresh of Carers Centre (Carers Corner) model
  - utilises community based support
  - targeted action around hard to reach groups
  - transitions
- Review of all carers' need forms and methods of assessments to ensure this becomes more personalised
- Review the way that social care resources are allocated for carers in line with the requirements of the Care Act 2014
- Develop an on-line / self-assessment for carers linked to resources. GP Link Workers to offer supported assessments. Carers' Champions in libraries and customer service centres
- Review and develop information, advice and guidance offer in conjunction with carers, including support with self-assessments
- Undertake an awareness campaign to promote carer friendly communities:
  - media
  - hospital
  - surgeries
  - organisation "champions"

  Link with existing work on dementia friendly communities
- Development of a memorandum of understanding with relation to young carers
- Development of carers' pathway that looks at all ages caring and whole family approaches
- Ensure that Carers Forum receives appropriate support to represent the "voice" of carers and is utilised as a joint and equal partner
- Appropriate advocacy is available for carers through the advocacy framework

- Development and roll out of an enhanced training offer that provides training for carers and about carers
- Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification
- Embed further awareness across schools and wider public / private / voluntary agencies working with children and families through:

  – Workforce development and training

  – Literature and marketing

  – Develop e-learning / webinar resources

  – Child centred case studies / marketing

  – Annual young carers conference
- Ensure that awareness is raised with parents of young carers to facilitate recognition and understanding of the issues their children experience, in order to promote wellbeing across the family. This means that assessment and planning needs to include awareness raising and provision of information by the Lead Professional
- Ensure that all assessments and plans for young carers take account of attendance and exclusion rates and those with issues have a plan to increase attendance and reduce exclusions
- Embed the young carers card across all Rotherham schools, colleges and other training establishments. Phase 2 - Explore and scope wider roll out of the young carers card in private and public sector buildings / organisations
- Reduction in hours spent by our children in caring for parents
- Ensure that young carers make effective transition from children's services

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Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
1	Develop a quality assurance framework to capture carers' outcomes across the health and social care economy	Caring Together Delivery Group	✓ We will have a baseline to measure the action plan against ✓ Carers will not be over-consulted for different purposes ✓ We will have a system for capturing qualitative and quantitative measures	March 2017	All	
2	Targeting hard to reach / unknown carers through the integrated locality team and a joined up approach between Children's and Adults services	The Village Integrated Locality Team Caring Together Delivery Group	✓ Increase in the number of carers' needs assessments ✓ Increase in the number of carers receiving services ✓ Increase in the number of young carers identified ✓ Increased number of Early Help Assessments carried out by the Council and multi-agency partners to reflect support of those children and families with illness and disability ✓ Increasing rates of children identified by BME communities ✓ Feedback from carers ✓ Change in demographic profile of carers we already know about	Ongoing	Supports Outcome 1 (2,9) 2 (4,6) 3 (3,5)	*Scott Clayton to cross-reference*

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
3	Continued promotion and encouragement of GP carers' registers and carers' clinics within GP surgeries (ensure these lists are used to routinely involve carers)	RCCG (Julie Abbotts) Crossroads (Liz Bent)	✓ Every GP Practice in Rotherham has an up-to-date register (this results in positive impact for carers, eg ordering medication, etc) ✓ Register is shared with wider health and social care economy (subject to consent) ✓ Carers' champion in every GP surgery	Ongoing	Supports Outcome 1 (1,2,8,10) 2 (3,4,6,8) 3 (4,5,6)	100% target by survey Year 1 – 50% 100% target by 5th year
4	Development of joint funded carers' support service through the Better Care Fund to include: • breaks for carers • information, advice and support • rebrand / refresh of Carers Centre (Carers Corner) model • utilises community based support • targeted action around hard to reach groups • transitions	Better Care Fund Operational Group	✓ Increased numbers of carers' needs assessments, carers linked into support services ✓ Number of carers getting a break ✓ Outcomes from carers' resilience measurements ✓ Levels of carers benefit achieved across the Borough	Agreed in Better Care Fund Plan for 2016	Supports Outcome 1 (3,4) 2 (1,2,4,5,6,8) 3 (3,5,6)	The Better Care Fund plan co-produced with Delivery Group

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
5	Review of all carers' need forms and methods of assessments to ensure this becomes more personalised	RMBC (Sarah Farragher) to lead in partnership with the Caring Together Delivery Group	✓ Feedback from carers in relation to their experiences of the assessment process ✓ Increase in the number of carers receiving an assessment ✓ Strong Carers Forum ✓ Ongoing involvement of carers in the Caring Together Delivery Group	By December 2016 Development of family assessment within new social care system (Liquid Logic)	Supports Outcome 1 (2,5,6,7,9,10) 2 (1,6) 3 (2,4,5)	
6	Review the way that social care resources are allocated for carers in line with the requirements of the Care Act	RMBC (Sarah Farragher) to lead in partnership with the Caring Together Delivery Group	✓ Number of carers in receipt of a personal budget / well-being budget	By December 2016 Within the new Social Care Assessment System (Liquid Logic)	Supports Outcome 1 (2,4) 2 (6) 3 (1,2)	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
7	Develop an on-line / self-assessment for carers linked to resources GP Link Workers to offer supported assessments Carers' Champions in libraries and customer services	RMBC (Debbie Beaumont)	✓ Number of people using the assessment tool ✓ Number of carers in receipt of a carers' budget	February 2017	Supports Outcome 1 (2,4,5,6,7,8,10) 2 (3,4,6,8) 3 (1,2,4,5,6)	Number of people recorded as making enquiries
8	Review and develop information, advice and guidance offer in conjunction with carers, including support with self-assessments	Caring Together Delivery Group Supported by Information, Advice and Guidance Officers	✓ Feedback from carers and support agencies ✓ Increase in identification of hard to reach carers ✓ Feedback from mystery shopping ✓ Carers' Newsletter is co-produced	Ongoing	Supports Outcome 1 (1,2,4,8,9,10) 2 (3,4,6) 3 (3,5,6,7)	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
9	Undertake an awareness campaign to promote carer friendly communities: • media • hospital • surgeries • organisation "champions" Link with existing work on dementia friendly communities	Caring Together Delivery Group supported by the Information Advice and Guidance Officers	✓ Increase in identification of hard to reach carers ✓ Increase in number of carers who report to access flexibly working ✓ Increase in carers being involved in service planning	To coincide with Carers' Rights day and Carers' Week	Supports Outcome 1 (1,2,3,8,10) 2 (1,3,4,6,7,8) 3 (3,4,5,6,7)	
10	Development of a memorandum of understanding with relation to young carers	RMBC commissioning (adults and children's)	✓ Carers routinely have a voice in service development and changes		Supports Outcome 1 (7,9) 2 (3,6) 3 (4)	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
11	Development of carers' pathway that looks at all ages caring and whole family approaches	Caring Together Delivery Group	✓ Feedback from carers about: • the way that people work with them • how the pathway works for the person they care for • having a plan (what to do in a crisis) ✓ Carers Forum issue log	Ongoing	Supports Outcome 1 (2,3,4,5,8,9,10) 2 (2,3,4,5,6,7,8) 3 (3,4,5,6,7)	Question in annual survey
12	Ensure that Carers Forum receives appropriate support to represent the "voice" of carers and is utilised as a joint and equal partner	Carers Forum Management Committee / Crossroads (Liz Bent / RMBC commiss-ioning)	✓ Success and growth of Carers Forum ✓ Carers routinely have a voice in service development and changes	In progress	Supports Outcome 1 (1,2,3,4,8,9,10) 2 (1,3,4,6,8) 3 (3,5,6)	
13	Appropriate advocacy is available for carers through the advocacy framework	Caring Together Delivery Group	✓ Number of carers accessing advocacy services	September 2016	Supports Outcome 1 (1,3,4) 2 (1,4) 3 (3,5,6)	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
14	Development and roll out of an enhanced training offer that provides training for carers and about carers	RMBC Learning and Development in conjunction with the Caring Together Delivery Group	✓ Number of professionals accessing training on carers ✓ Number of carers accessing training ✓ Ask as part of training	In progress	Supports Outcome 1 (1,2,3,4,8,10) 2 (1,3,4,6) 3 (3,5,7)	
15	Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.	Jayne Whaley, Barnardos Susan Claydon, HoS Early Help	✓ Increased numbers of young carers identified ✓ Increased number of Early Help Assessments carried out by the Council and multi-agency partners to reflect support of those children and families with illness and disability ✓ Increasing rates of children identified from BME communities		Supports Outcome 4	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
16	Embed further awareness across schools and wider public / private / voluntary agencies working with children and families through: • Workforce development and training • Literature and marketing • Develop e-learning / webinar resources • Child centred case studies / marketing • Annual young carers conference					

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
17	Ensure that awareness is raised with parents of young carers to facilitate recognition and understanding of the issues their children experience, in order to promote wellbeing across the family. This means that assessment and planning needs to include awareness raising and provision of information by the Lead Professional	Susan Claydon Jayne Whaley	✓ Parental feedback ✓ Child feedback ✓ Increased mental and emotional wellbeing for the child (evidence based / validated tool WEMWEBS etc		Supports Outcome 6	
18	Ensure that all assessments and plans for young carers take account of attendance and exclusion rates and those with issues have a plan to increase attendance and reduce exclusions		✓ Increased attendance for the young carer cohort in Rotherham ✓ Reduced exclusions for the young carer cohort in Rotherham ✓ Reduced NEETS within the young carer cohort in Rotherham		Supports Outcome 6	

Making it Happen – Caring Together Delivery Plan

No.	What actions are we going to take to ensure we meet the "we will" outcome statements?	Who is going to lead / support and by when?	How we will know it is making a difference?	By when?	Cross-reference to outcomes	Performance measures
19	Embed the young carers card across all Rotherham schools, colleges and other training establishments **Phase 2:** Explore and scope wider roll out of the young carers card in private and public sector buildings / organisations		✓ All schools, colleges, etc, are signed up. ✓ Sign up and increased identification / better outcomes for children		Supports Outcome 4 6	
20	Reduction in hours spent by our children in caring for parents					
21	Ensure that young carers make effective transition from children's services		✓ Young people smoothly transition to appropriate adult support		Supports Outcome 5	

ASC/JoB
(14.09.16)

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1	
Name of policy, service or function. If a policy, list any associated policies	Caring Together Supporting Carers in Rotherham (Carers' Strategy) Caring Together Delivery Plan
Name of Service and Directorate	This is a partnership strategy, however, within RMBC the lead Directorate is Adult Care and Housing
Lead Manager	Sarah Farragher
Date of Equality Analysis (EA)	29th August 2016
Names of those involved in the EA (Should include at least two other people)	Caring Together Delivery Group

Aim/Scope (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1

This is partnership strategy which sets out the ambition to build stronger collaboration between carers and other partners in Rotherham.

What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Caring disproportionally effects:

- Women - 58% compared to 42% male
- Older adults - 1 in 5 people aged 50-64 are carers
- There are around 350,000 young carers nationally

Information has been collected from National sources on carers and locally based on 2011 Census data. In Rotherham there are a higher proportion of carers from BME background (12% compared to national average of 10.3%).

Research shows caring has an impact on the physical and mental wellbeing of carers.

This strategy has been fully co-produced with:

- The Caring Together Delivery Group - this is made up of carer representation from the Carers Forum and Caring4Carers, who have also undertaken wider consultation at various stages of the development.
- The Voluntary sector – co-ordinated via Crossroads as the local Carers' Support Service but with input from other voluntary sector organisations.
- NHS Rotherham Clinical Commissioning Group.
- Young carers through Children's Commissioning, who have consulted with young carers via Barnardo's.

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Engagement undertaken with customers. (date and group(s) consulted and key findings)	Engagement has been undertaken with customers through the Carers Forum and Caring4Carers networking groups, through Children's services with Barnardo's and through the wider voluntary sector forums. In addition, specific feedback was gathered from a range of sources (through the period November 2015 – January 2016) on the question: ***What three things would make a positive difference to your caring role***
Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key findings)	Colleagues from the following parts of the Council have been involved in shaping this strategy: • Adult Social Care • Culture and Leisure Services • Training and Development • Carers Corner

The Analysis

How do you think the Policy/Service meets the needs of different communities and groups? Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 **and** page 8 of guidance step 4

The strategy recognises the following type of carers:

Adult Carers, Young Adult Carers, Young Carers, Older Carers, Culturally Diverse Carers, LGBT Carers, Family Carers, Parent Carers, Sibling Carers.

There is an emphasis within the strategy on identifying hidden carers.

Analysis of the actual or likely effect of the Policy or Service: See page 8 of guidance step 4 and 5

Does your Policy/Service present any problems or barriers to communities or Group? Identify by protected characteristics **Does the Service/Policy provide any improvements/remove barriers?** Identify by protected characteristics

This plan sets out the following aims:

- Every carer is recognised and supported
- Carers are not financially disadvantaged
- Carers are recognised and respected as partners in care
- Carers have a life outside caring
- Young carers are identified, supported and nurtured

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Engagement undertaken with	Engagement has been undertaken with customers through

Emphasis on hidden carers, carer friendly communities, etc., will have an impact on BME carers, older carers, young carers, carers with mental health difficulties, disabled carers

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RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

What affect will the Policy/Service have on community relations? Identify by protected characteristics

Emphasis on hidden carers, carer friendly communities, etc – will have an impact on BME carers, older carers, young carers, carers with mental health difficulties, disabled carers

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Equality Analysis Action Plan -

Time Period: _____

Manager: Sarah Farragher Service Area: Adult Care and Housing Tel: 22610

Title of Equality Analysis:

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)

Name of Director who approved Plan		Date:	

***A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.**

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

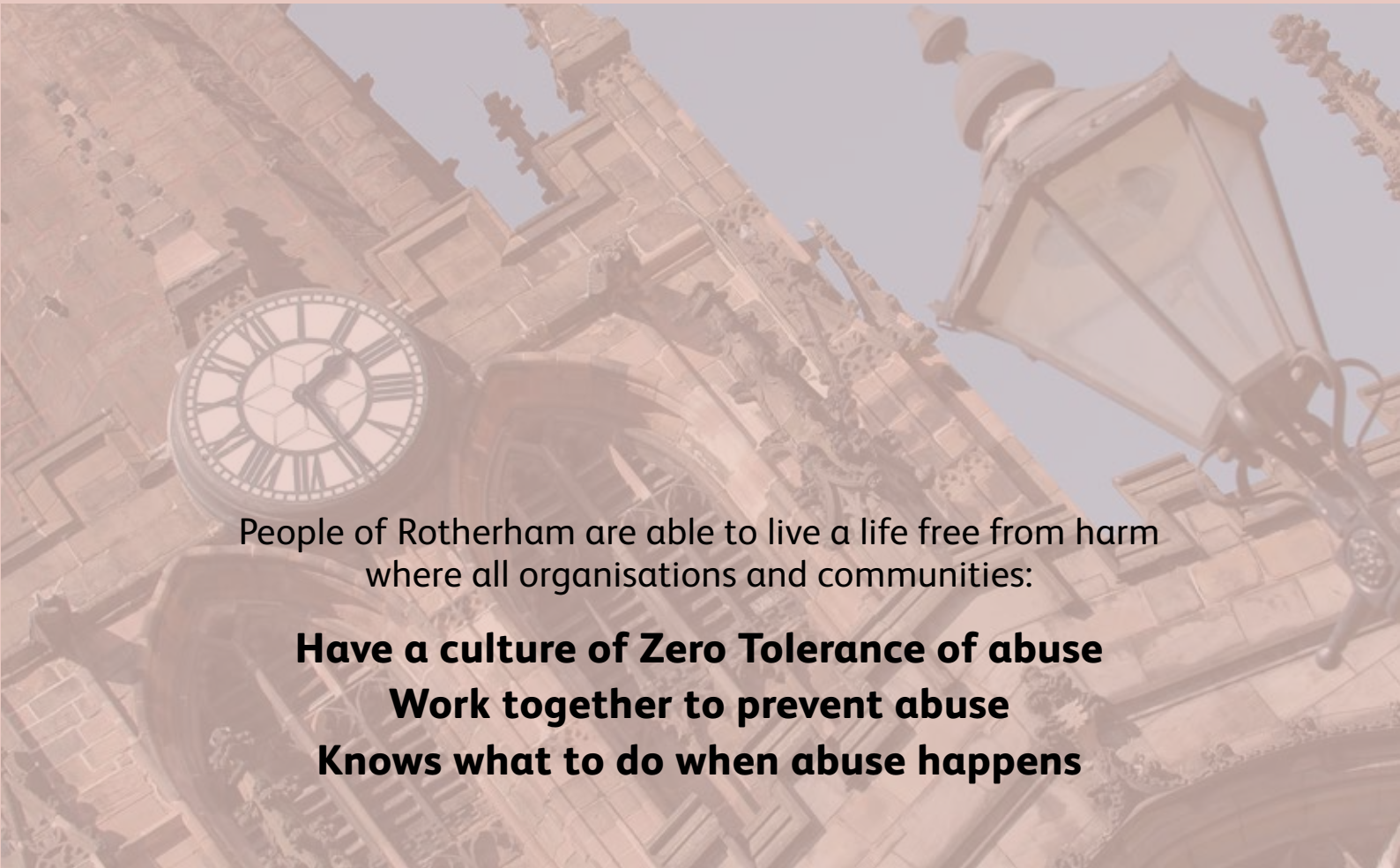
Completed equality analysis	Key findings	Future actions
Directorate: Function, policy or proposal name: Function or policy status (new, changing, existing): Name of lead officer completing the assessment: Date of assessment:		

ASC/SF
(04.11.16)

Rotherham
Safeguarding Adults

Rotherham **Safeguarding** Adult Board

2015
2016
Annual Report



People of Rotherham are able to live a life free from harm where all organisations and communities:

Have a culture of Zero Tolerance of abuse

Work together to prevent abuse

Knows what to do when abuse happens

Introduction by Sandie Keene CBE
Rotherham Safeguarding Adults Board Independent Chair

2015/16 has been a significant year in respect of Safeguarding Adults in Rotherham. The implementation of the Care Act 2014 gave a higher profile to Safeguarding by giving the Board a new legal status and setting out new requirements for all agencies to work together to protect those in need of care and support from harm.

During the year the Board has reviewed it's membership and agreed our priorities. We have ambitious plans to ensure:

- We engage better with the public and make it easy to report concerns about safeguarding.
- We ensure that where safeguarding concerns are identified then a personal response will be provided.
- We communicate well by listening and ensuring good information is available.
- We have open and clear governance so what we do is widely known.
- We understand the level of reported abuse and have systems and processes in place to ensure we are responding appropriately and quickly

This annual report sets out our progress so far. Whilst we have made a good start, we know there is still much to do. We realise that safeguarding adults may not always have a high profile and there can be uncertainty about what this involves and where to report concerns. Our aim is to make sure that everyone in the Borough shares our zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

We want to build confidence in the services which exist and pay tribute to the many staff and family carers who provide excellent support for individuals. Where standards fall short of this we will look to investigate and put plans in place to protect as well as drive up quality. We will seek to learn from mistakes and be open in our actions.

All the agencies in Rotherham are committed to the plan contained in this annual report and have directed resources to achieve our aspirations. As the Independent Chair since September 2015, I have welcomed the engagement and full contribution of members of the Board. We hope you will agree there is significant progress and that, whatever your interest, you will join with us in ensuring further success is achieved.

Message from Cllr David Roche

Chair of the Health and Wellbeing Board

Safeguarding is everyone's business and in Rotherham we will work together with all of our partners to ensure that those who lack the mental capacity to make the right decisions will be helped and supported and protected from harm.

This Safeguarding Annual Report for 2015/16 gathers safeguarding information from all of our partners and will evidence the importance we all place in protecting the vunerable in our society. Joint working with our partners in Health has never been stronger and safeguarding is at the forefront of all our agendas.

Safeguarding is also much wider than responding to individual concerns. It involves developing a culture of prevention in services and communities so that abuse doesn't happen in the first place and also equipping you with the information you need to keep yourself safe.

I would like to take this opportunity to acknowledge the commitment of all of you including the statutory, independent and voluntary community sector, who have helped us to achieve all that we have in the last twelve months.

Councillor David Roche
Adult Social Care and Health

What does Zero Tolerance mean in Rotherham?

Since 2007 we have worked hard to raise awareness of adult abuse in Rotherham and all safeguarding alerts which were deemed to require further investigation were responded to and the people involved made safe within 24 hours of contact.

In 2015/16 2556 concerns/alerts were made to Safeguarding. After ensuring people were safe by screening the concern 579 concerns were investigated further and a plan in place to protect them, to prevent further abuse and ensure that the outcomes desired by the individual were met.

These can be broken down into the categories of abuse as:

280 as result of Neglect or Acts of omission

97 as result of physical abuse

11 as result of institutional/organisational abuse

46 as result of emotional/psychological abuse

93 as result of financial or material abuse

15 as result of sexual abuse

2 as result of discriminatory

20 as result of domestic abuse

3 as result of sexual exploitation

2 as result of modern slavery

10 as result of self-neglect

We put in place ongoing support for these people to protect them from further abuse, where appropriate, and to help them to achieve their outcomes. During the investigation we will routinely check on any changes to the desired outcomes and ensure they are achievable and realistic.

The action we take when we find out abuse has taken place is:

- When the alleged source of harm is identified as a member of staff, we will recommend that employer/agency should suspend the employee from work or carry out a risk assessment.
- Police are called in to investigate, they will need to establish if a crime has taken place or there is evidence of criminal activity.
- Work with the person at risk of harm to identify what they want to happen and identify outcomes.
- We ensure that if needed, services are put in place to provide additional support throughout the investigation. We will identify an advocate to work with or on behalf of the victim if required.

When abuse is substantiated we ensure that victims are safe and the source of harm are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate/regulatory professional body (who determine appropriate action).

We have clear expectations that providers suspend, investigate and take appropriate disciplinary action against any staff members alleged or proven to have abused someone.

When abuse or poor standards were evident in residential homes or through care being provided in people's own homes we took swift action.

Harm is defined in the Care Act as:

Sexual – for example - forcing adults to do sexual acts they don't want to or can't consent to (including rape, sexual assaults etc).

Financial or Material – for example taking money or anything of value from adults etc

Neglect and Acts of Omission – any action that causes ham or isolates people, for example not supporting them to get washed/dressed etc.

Psychological or Emotional – for example, threatening to leave them alone or intimidating them etc.

Self Neglect – is any failure of an adult to take care of themselves that causes serious physical, mental or emotional harm or substantial damage to or loss of assets.

Discriminatory – to bully someone who has a disability or is "different".

Physical – for example hitting.

Domestic Abuse – Any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

Modern Slavery/Human Trafficking – The movement: recruitment, transportation, transfer, harbouring or receipt of people.

Of the 84 contracted care homes in Rotherham, 5 care homes were failing to provide good care (down from 9 in 2014/15). This consisted of four Older People establishments and one Learning Disability provider. These providers were issued with Contract Defaults with strict deadlines for improvements through Special Measures Improvement Plans (SMIP's) which were regularly monitored.

Providers were held to account for their care practice in order to improve standards. In addition suspensions of new placements were imposed; this means that we continue to refuse new admissions to care homes where standards were not being met. We worked with the homes until we were satisfied before allowing new placements to be made again and maintained increased vigilance where necessary to ensure residents incumbent received the level of care they required.

Our interventions helped keep residents in those homes safer. In addition urgent action was required by one Older People's establishment who were found to be in breach of Fire Safety Regulations, this work was completed in Partnership with the South Yorkshire Fire and Rescue Service.

Of the seven domiciliary care providers only one was seen to be failing and was issued with a Contract default. A suspension of new care packages was put in place until such times as the standards of care had improved against the SMIP and we were confident that these improvements could be sustained. Effective contingency planning prevented this impacting upon the service and no one was left at risk during this period.

We carried out quality assurance visits on all 151 regulated homes and services in Rotherham working with Advocacy Services to ensure the customer voice and experience of these services are part of that assessment. These measures and interventions led to an improvement in standards of care and safety

Rotherham Safeguarding Adults Review of 2015/16

In 2015/16 Rotherham's Safeguarding Adults Board (RSAB) has been continuing to work to promote and protect vulnerable adults in Rotherham.

In June 2015 Rotherham invited Dr Adi Cooper a national leading authority on Safeguarding Adults to conduct a peer review of the safeguarding services on offer in Rotherham. The aim of this review was to provide a brief 'heath check' of safeguarding functions in Rotherham, using the Local Government Association Standards for Adult Safeguarding. In particular we focused on how the Safeguarding Adults' Board was functioning and how the Council's adult social care services were meeting its safeguarding responsibilities. The peer challenge team were impressed by the openness and commitment to the residents of Rotherham from all the people they interviewed.

Recommendations were made including:

- Fully implement and embed the Making Safeguarding Personal Agenda across the Safeguarding service.
- Develop resilient strategic leadership through the appointment of an Independent Chair of the Adult Safeguarding Board, to provide leadership and pace.
- Prioritise the development of a draft Strategy for the Adult Safeguarding Board.
- The appointment of a SAB Manager will ensure the functioning of sub-groups to take the strategy and annual plan forward, co-ordinate reporting to the SAB, support the Independent Chair and relationships with other Boards.

In September 2015 the Rotherham Safeguarding Adults Board appointed a new Independent Chair, Sandie Keene CBE. Sandie brings a wealth of knowledge to the board and also advises the Local Government Association in matters of Health and Social Care.

In November 2015 the RSAB commissioned Mike Briggs the Independent Chair of East Riding Safeguarding Adults Board to work with them to develop a Strategic Plan to guide the board through to 2019.

January 2016 saw the appointment of a Safeguarding Adults Board Manager. The board manager has worked with all partner members to establish four sub-groups to ensure that Safeguarding in Rotherham is well co-ordinated and working together. The groups are;

- Training and Development
- Performance and Quality
- Making Safeguarding Personal
- Safeguarding Adults Review

The Safeguarding Adults Team are dedicated in the implementation of the Making Safeguarding Personal Agenda, all adult safeguarding work should be based on the Making Safeguarding Personal principles, as enshrined in the Care Act Guidance. This means that Section 42 enquiries/concerns should support the individual to identify their desired outcomes and whenever possible ensure those outcomes are achieved for the person being safeguarded.

The aim of any enquiry should be to support a person's recovery and help them to achieve a resolution. Safeguarding is about working with a person to keep them safe and ensure their outcomes are met - safeguarding is carried out with someone not to someone - they should be actively involved in every step of the way.

Section 42 Enquiry

Section 42 Enquiry

The Local Authority retain accountability and oversight of the enquiry and outcomes

Apply 3 Point Test

Initial Response
Risk Assess Protection Plan

Concern (Alert)	Decision Making Meeting (Strategy)	Ongoing Enquiries (Investigation)	Outcome Meeting (Case Conference)
Outcome Established	Check Outcome	Check Outcome	Check Outcome
Exit	Exit	Exit	Exit

M S P

Can only EXIT following conversation with person at RISK and AGREED outcome

Mission Statement

People of Rotherham are able to live a life free from harm where all organisations and communities

- Have a culture that does not tolerate abuse.
- Work together to prevent abuse.
- Knows what to do when abuse happens.

Objectives

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible.
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults.
- Where abuse does occur, enable access to appropriate services and have increased access to justice, while focussing on outcomes of people.
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately.
- The whole community understands that abuse is not acceptable and that it is 'Everybody's business'.

Charter

We will:

- Take a zero tolerance approach to abuse and the factors that lead to abuse
- Take action to protect vulnerable adults
- Listen and respond to people
- Investigate thoroughly and in a timely manner any concern that is raised
- Pursue perpetrators of abuse
- Empower customers
- Embed an outcomes focused approach
- Learn lessons and improve services as a result

Rotherham Safeguarding Adults

Looking forward to 2015/16

This report introduces both the achievements of Rotherham Safeguarding Adults Board (SAB) for 2015/16 and comments on some of the key points of inter-agency working arrangements and positive partnership.

We will continue to develop a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused; this will remain a key operational and strategic goal. The Safeguarding Adults Board will explore their role in how they can support the embedding of the 'Making Safeguarding Personal' approach across agencies by establishing and developing:

- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach

Rotherham Safeguarding Adults Board in 2016 have committed to the following actions which we will continue to progress to conclusion in 2016 -17.

These are:

- Developing a Constitution with agreement from all partners
- Develop a Safeguarding Adults Board website
- Facilitate Board Development sessions with all partners
- Raise the profile of Safeguarding Adults and the RSAB

The four Safeguarding Sub-Groups each have a work plan and will develop their plans throughout the coming year to ensure the board are informed and guided in all matters that arise. Each group has developed a 'Terms of Reference' and they will work to deliver:

Making Safeguarding Personal

- Ensure the 'customer voice' is heard at board level
- Implement the Making Safeguarding Personal agenda to a gold standard accreditation
- Work across the South Yorkshire Region to develop a easy read guide to Safeguarding Procedures

Training and Development

- Revise and update the Boards Safeguarding Training Strategy
- Identify areas where cross sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users

Performance and Quality

- Carry out annual self-assessments and peer challenges of all member organisations.
- Develop a performance reporting framework for Safeguarding
- Establish robust quality assurance mechanisms for safeguarding case files
- Review the access to advocacy and the quality of service received including outcomes achieved.

Safeguarding Adults Review

- Making recommendations to the Chair in respect of whether a review should be commissioned
- Commissioning and overseeing SAR's and any other reviews agreed by the Chair
- Receiving completed reports to quality assure before presenting to the Chair and Board
- Ensuring that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation.

Appendix 1

Key Partnership Contributions 2014-15

Rotherham Metropolitan Borough Council

Safeguarding Adults Investigation Team:

The Safeguarding Adults Investigation Team continues to maintain a high standard of professionalism in dealing with Safeguarding referrals. Their continued commitment to build on existing relationship with partner agencies and the community of Rotherham ensure all lines of enquiries are exhausted and those who are responsible for alleged abuse are pursued through the South Yorkshire Safeguarding Adults Procedures.

Where abuse is substantiated the source of harm are reported to the appropriate professional body such as the Disclosure and Barring Service, the Nursing and Midwifery Council or Health Care Professional Council or dealt with appropriately through employment law. Adults at risk of harm continue to be protected through appropriate risk assessments, protection plans and support networks. The Safeguarding Adults Investigation Team recognises the importance 'of family life', where cases of abuse occur they will conduct investigations with sensitivity and proportionality.

Implementation of the Care Act and Making Safeguarding Personal has had a huge impact with time spent on each case. The team has seen a dramatic increase in the number of concerns raised due to Making Safeguarding Personal – workers are spending more time 'up front' – to ensure customer outcomes are met and can exit Safeguarding at an earlier point. The team currently manage all first point of contact for Safeguarding – which supports with accurate recording and gives a strategic overview of all safeguarding concerns reported.

The team also hold and manage all Section 42 concerns involving commissioned services, this has proven valuable as intelligence gathering and supported greatly with preventative work.

In 2015/16 2556 alerts were reported to the Safeguarding Team an increase of 53% on the previous year, this increase was seen across all Local Authorities and was due to the introduction of the Care Act and the widening or the eligibility criteria. 579 of these alerts became section 42 enquires, this is where an investigation begins and further enquires are made. 117 investigations progressed to a Decision Making Meeting (DMM), 38 cases continued to an Outcome meeting.

The Safeguarding Adults Investigation Team seeks to maintain a high expectation in standards of provider services, forge good working relationships with these providers and work on preventative measures when 'hot spots' or trends occur. To ensure excellent provider services in Rotherham, the Safeguarding Adults Investigation Team works closely with the Contract Compliance Team.

Case Outcome:

The family of Mrs M were very concerned for her wellbeing when she was admitted to a residential care home. After 5 weeks they felt their loved one had become withdrawn and was not communicating or eating. The care home had not completed a care plan in respect of Mrs M and records showed that they were administering regular medications to deal with her behaviours.

Safeguarding quickly arranged a meeting with the care home, Mrs M and her family. Ensured an immediate care plan was put in place and that any medication given to Mrs M was administered appropriately. Further meetings were held with Mrs M's social worker and a transfer to a new care home was arranged.

Family and staff at the new care home have informed the Safeguarding Team that Mrs M is now communicating and socialising with other residents, she is eating well and medication is no longer needed to manage any behaviours.

Contract Compliance Team:

During 2015/16 the Contract Compliance Team was aligned with the Commissioning Team to assist with the advancement of the Contracting work and the Commissioning Agenda. Strong links have been maintained with the Safeguarding Team and there are regular opportunities to share valuable intelligence regarding providers.

The Compliance team participated in an internal audit and an action plan of recommendations has been worked through.

Commissioning and Contracting have consulted with providers and produced new Residential Contracts which are reflective of the Care Act, and are more detailed to assist providers in understanding their roles. Work continues in supporting the Domiciliary Care providers; in 2015/16 we commissioned an average of 12796.25 hours of care, of which we delivered an average of 11767.75 hours to the 1248 people on service.

Between the 1st April 2015 and the 31st March 2016 the Contract Compliance Team dealt with approximately 556 individual Contract Concerns across the complete range of providers. The majority of these concerns had multiple threads which required investigation.

The Top 5 categories for Contracting Concerns experienced by all provider groups were:

- Failure to Report incidents (Residential/nursing 46%, Domiciliary Care 43%, Voluntary Care Services 1%, DP 10%)
- Late /Missed calls (Domiciliary Care 99%, Supported Living 1%)
- Quality (Residential Nursing 62%, Domiciliary Care 38%)
- Medication (Residential Nursing 80%, Domiciliary Care 20%)
- Staffing (Residential Nursing 81%, Domiciliary Care 16% Voluntary Care Services 3%)

The Provider Risk Matrix is now a well-established tool which is used to inform our work. Due to additional responsibilities competing with resources, the Risk Matrix is being used to enable the team to focus upon those providers that are in the "RED" or "HIGH AMBER", to offer maximum support in the area of their Annual Inspection, Defaults and Improvement. A new Annual Inspection Toolkit has been implemented which is more "user friendly", this is supported by planned provider meetings which are arranged to reflect the provider's status on the Risk Register.

Effective monitoring of Residential/Nursing providers has resulted in 63 providers being rated Good, 15 requiring Improvement and 2 as inadequate by CQC, none of whom were surprises.

Vulnerable Persons Team:

In response to the reports published and in recognition of the needs of (now adult) survivors of Child Sexual Exploitation, in September Rotherham Safeguarding Adults developed The Vulnerable Person's Team, a dedicated team to work alongside the historic survivors of Child Sexual Exploitation and those individuals who came to the attention of services due to episodes of crisis who require support and specialist services. The Vulnerable Person's Team therefore was to develop a positive engagement model which would result in reducing multiple negative contacts with services. The ultimate aim is for good outcomes built on a partnership which reduces chaotic lifestyles and subsequent risks to vulnerable people, their families and carers.

By developing this unique team, we are able to work with this customer group to reduce the risk of harm, work with them towards a better quality of life and to provide stability and promote positive engagement in the future to prevent the individual reaching crisis point.

The Vulnerable Persons Team has already proved itself a valuable resource and has supported many individuals to improve their lives and continues to offer this wrap-around support to the ever increasing number of new referrals.

The Mayor presented two social workers from the Vulnerable Persons Team with certificates for their work around a recent child sexual exploitation trial (Operation Clover).

Mark Batterley, Becci Hall, received Certificates of Commendation from the Chief Constable of South Yorkshire Police for their role in the investigation of the high profile case, and these were officially presented in front of all councillors as a mark of thanks.

They were part of the team which provided intense support to the victims and survivors who were giving evidence of part of the trial. The multi-agency team helped the young women throughout the whole process (and continue to do so) to allow them to feel able to come forward and give evidence in incredibly tough circumstances. We are very proud of the work that they have all done, which hopefully will give confidence to others to come forward.

Case Study

R (31) was referred to the VPT via Children's services. Her 4 year old son was placed into the care of her Grandparents as R had begun to 'sofa surf'. She was using illicit substances and alcohol to a high degree. Aged 18, R was pushed down the stairs by her partner resulting in a profound brain injury. Her cognition was impaired and she became highly impulsive. She was being sexually exploited by numerous taxi drivers. She had been raped in front of her peers aged 27 at a house party. She refused to engage in services.

Actions

The VPT began the process of building a relationship with R facilitated by her Mother. Trust was eventually established and the VPT immediately began to assess current risk of continued sexual exploitation. The CSE Police Team were contacted and discussions took place with VPT, R and Detectives. VPT began to work on a process of "graded exposure" therapy to manage anxieties and a referral to Headways was made to assess level of cognitive impairment, the VPT also sought the advice of a Psychotherapist to help manage the complexity of R's trauma.

Outcome

VPT supported R successfully over a period of a year. Today she is in a strong mutually supportive relationship and after working with Children's services she now has custody of her 5 year old son who she adores. R's problems remain present, but to a far less degree. She presents as a happy female individual who goes on regular holidays and has recently purchased a car.

Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) Service:

In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS were "not fit for purpose" and recommended that they be replaced. At the same time, a case in the United Kingdom Supreme Court held that far greater numbers of people needed to be dealt with under the DoLS system than had previously been thought. This has placed increasing burdens on local authorities and health and social care practitioners administering the DoLS.

In Rotherham we saw the number of referral increase ten-fold which is in line with the activity that has been witnessed nationally.

Total applications from Managing Authorities for DoLS authorisations where Rotherham Metropolitan Borough Council is the supervisory body for 2013/14 was 52 for 2014/15 572, this increased to 957 for 2015/16 and if current applications continue for the year 2016/17 will see over 1200 applications.

In response to these events the Local Authority has:

- Played host to Mental Capacity Assessment and DoLS working group who are working to tackle the issues raised nationally and regionally
- Established a DoLS team headed by the MCA/ DoLS team manager.
- Increased business support
- Commissioned external training for all RMBC adult staff on Mental Capacity Assessment to increase awareness
- Introduce revised paperwork recommended by ADASS
- Work with ADASS who are providing guidance to all local authorities and health providers to improve practice

The Safeguarding Adults Board is keen to receive regular updates on actions to achieve deliverables both around further embedding of the Mental Capacity Act in the local area and contingency planning to address the 'Cheshire West ruling' which in turn will improve experiences and outcomes for vulnerable adults who come under the scope of the Act.

The Law Commission has been charged by the Government to review the whole DoLS process, the consultation paper concluded that the DoLS are 'deeply flawed'. They provisionally proposed that they be replaced with a new system, to be called 'Protective Care'. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme.

During the four month public consultation they attended 83 events across England and Wales. This was one of the most extensive public consultation exercises undertaken by the Law Commission. 583 written responses were received.

They are working on the final report with recommendations and a draft Bill in December 2016.

Domestic Abuse Service:

The Independent Domestic Violence and Advocacy Service (IDVAS) is integrated within Safeguarding Adults in Rotherham. This has ensured that Domestic Abuse is seen as a local Safeguarding priority, also reflecting that Domestic Abuse has been added under the new category of abuse in The Care Act 2014.

Between April 2015 and March 2016 the service received 581 referrals and supported 535 Multi Agency Risk Assessment Conference cases (MARAC)

There was a 7% increase of the number of referrals discussed at the MARAC than in 2014 - 15. This is due to the new offence of controlling or coercive behaviour in intimate or familial relationships being criminalised which came into force on 29 December 2015. Additionally, a continuous effort from the IDVAS in Rotherham by visiting services and offering advice, guidance and support to other agencies to recognise domestic abuse and complete risk assessments.

The Independent Domestic Violence Advocates (IDVA's) have 3 Safe Lives qualified IDVA's and are currently recruiting for a full-time domestic abuse support worker who will provide support to the IDVA's. Furthermore, the IDVA team hold Trainer and YPDVA qualifications. They are further enhancing the skills within the service, two IDVA's are taking qualifications, one to become a Trainer and the other has just completed the independent sexual violence advocate (ISVA) who are trained to effectively respond to victims of sexual violence.

The Independent Domestic Violence advocacy service have developed a new training package to be delivered in Rotherham later this year. This is to raise awareness of what domestic abuse is and its impact on its victims, to introduce good practice and risk assessment, to explore and challenge some commonly held beliefs, attitudes and assumptions about domestic abuse and to increase understanding of domestic abuse services in Rotherham, domestic abuse risk assessment and MARAC process.

Case Outcome:

Mrs H arrived in the UK in 2015, since arriving she has been kept in a room, given little to eat or drink, has been put to work for 14 hours a day and threats made to her and sometimes physically assaulted. Mrs H was rescued from a Rotherham address by her auntie and uncle and fled with the clothes she had on and no shoes.

Mrs H was taken to the police station but quickly transferred to the hospital where she was admitted and treated for dehydration. The case was graded

as high risk by the police and referred to the IDVA service and MARAC. Extra security was set up for the case and a password system was implemented at the hospital to keep the whereabouts of Mrs H secret. All services secured notes for security purposes.

Rotherham Rise BME outreach service was contacted and attended the hospital where they gave Mrs H advice and information in relation to domestic abuse and her options. Once Mrs H was fit to leave hospital she was brought to Riverside House where she was seen jointly by a safeguarding adult social worker and an IDVA to establish any other relevant information whilst Rotherham Rise located a refuge. Clothes and shoes were bought for the client. Once a refuge was located, funds were provided for the client to travel safely by taxi to the refuge. The case was heard at a closed MARAC also for security purposes and then transferred to the MARAC in the area where Mrs H was relocated in a refuge.

This is an excellent example where multi agency working has swiftly, efficiently provided services and safety for a client with a positive outcome. Mrs H will now begin a new life away from fear of harm.

Rotherham NHS Foundation Trust:

At the time relevant to this annual report the vision of the Rotherham NHS Foundation Trust (TRFT) was:

To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience

In March 2016 the Trust launched a new vision:

To be an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital.

Achievements to support this within TRFT:

Training

- Adult Safeguarding Training (including the Mental Capacity Act) is a mandatory requirement within the Trust and is offered to all colleagues to enable them to gain the required knowledge, skills and competence in Adult Safeguarding, Dementia care and Learning Disability (LD).
- The Prevent Strategy continues to be implemented and compliance with training is above trajectory.

Partnership Working

- TRFT have been working in partnership with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) to ensure the Mental Health Act is applied appropriately.
- TRFT continues to be represented at MARAC and is a partner in the Safer Rotherham Partnership.
- Work is ongoing to implement the Care Act 2014 and the Making Safeguarding Personal agenda throughout the Trust.

Support

- The Adult Safeguarding Team offers advice and support to all staff where there are identified or suspected concerns about safeguarding.

Governance

- Continued to build on achievement of Commissioning for Quality and Innovation (CQUIN) standards and safeguarding standards.

Development

- The positions of Lead Nurse in Dementia Care and Lead Nurse in Learning Disability are leading to improvements in those service areas.
- TRFT have embedded the Dementia Care strategy including dementia screening which aims to achieve screening of all patients aged over 65 who are in hospital for more than 72 hours and have established a network of Dementia Link Nurses and Dementia Champions, based in clinical areas.
- Embedded the 'Forget Me Not' carer passport and continues to work towards improvements driven by the Dementia Friendly Hospital Charter launched by the Dementia Action Alliance and supported by the Alzheimer's Society. Implemented the 'Traffic Light System', a person-centred assessment for patients who have a learning disability and established Learning Disability champions.
- The LD Lead nurse has worked in partnership with a local advocacy group for people with LD and is developing e-training to make information more accessible to all.
- TRFT has fostered excellent links with the community Learning Disability service providers and GPs and the LD Lead nurse attends local parent/carer groups.

Case Outcome:

Mrs C was admitted following a collapse at her home and was admitted to one of our in-patient facilities for further evaluation of her physical condition. Whilst on the unit, Mrs C disclosed to her nurse that her daughter, whom she lived with, had control of her bank book and bank card. Mrs C said that she was not allowed to spend money without her daughter's permission.

The nurse explored with Mrs C what she wanted to do about this, how it made her feel and what would happen if she were to take back her bank book and card from her daughter. Mrs C was asked what outcomes she would want from any interventions and she said that she did not want to get her daughter in trouble, but she did want to have more control over her own finances. She said she was not frightened of her daughter and that she knew her daughter had lots to think about

as well as care for her. Mrs C felt that it would be useful to have a discussion with her daughter about it, with the nurse present.

The nurse explained to Mrs C that she would complete a 'safeguarding concern' to share this information with other professionals. This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach. The nurse subsequently arranged to meet with Mrs C and her daughter M. M had no idea that her mother felt this way and agreed to review the arrangements for managing her mother's finances to ensure that Mrs C had more choice and control over her money. As a result of achieving Mrs C's stated outcome, this case was able to exit safeguarding.

NHS Rotherham Clinical Commissioning Group – RCCG

NHS Rotherham Clinical Commissioning Group (NHSR CCG) firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind NHSR CCG will continually develop the organisations Safeguarding agenda, with Safeguarding Adults high on the agenda. Over the last year there have been significant changes within Adult Safeguarding following on from the implementation of The Care Act 2014, which placed Adult Safeguarding on a statutory level and set clear legal framework for organisations. Following this NHSR CCG has remained a committed member of the Rotherham Safeguarding Adults Board (RSAB) which has in turn undergone significant changes resulting in improved partnership working.

In July 2015 the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (2015) was revised and continues to build and strengthen the NHS commitment to safeguarding those at risk. It gives a clear vision of principles and guidance stating what a CCG's responsibilities are as commissioners of local health services in terms of assurance that providers are meeting their safeguarding duties and that the CCG secures the expertise of Designated Professionals on behalf of the local health system. It is hoped that this will be further embedded once the NHS England Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document is published later this year.

Achievements:

In August 2015 NHS Rotherham CCG updated their "Top Tips for Safeguarding Adults" to reflect the significant change in Adult Safeguarding brought about by the Care Act 2014, the Domestic Abuse Pathway, Deprivation of Liberty and The Prevent and Channel Guidance. To ensure that these have been embedded into practice NHSR CCG gained assurance

from GP practices last year via an audit and a survey monkey technique. As the documents have been updated to reflect the changes in practice NHSR CCG have been encouraged by the positive feedback from practices about the relevance of the tool. Whilst these safeguarding "Top Tips" are not their Safeguarding Policy they continue to form a picture of what staff know and understand about safeguarding within a GP practice as well as the wider multi agency partnership and where they can get immediate support from when they have safeguarding concerns.

On the back of last year's (2014) NHSR CCG "Safeguarding Vulnerable Clients Policy" written in conjunction with NHSR CCG and the South Yorkshire and Bassetlaw NHS England Area Team and in light of the recent changes to legislation NHSR CCG have revised the information to reflect current law and have renamed the Policy "Safeguarding People Policy and Practice Guidance". The new document has covered in detail, The Care Act 2014 including the three new categories of abuse, Making Safeguarding Personal, case law changes to the criteria for application of a Deprivation of Liberty and the statutory Guidance for Prevent and Channel for recognising those that might be vulnerable to radicalisation and supporting terrorism. The policy and practice guidance has been well received by GP practices and will continue to be implemented to ensure that those at risk are afforded their "right to live a life free from abuse, neglect and be safe"

In September 2015, 360 Assurance (Internal Audit) under took an audit of NHS RCCG's Adult Safeguarding arrangements to evaluate systems were in place for ensuring that Adult Safeguarding needs are identified and commissioned in line with current legislation and guidance. The review was undertaken in line with the Public Sector Internal Audit Standards in order to provide an objective and unbiased opinion. NHS RCCG as commissioners have a responsibility for commissioning high quality health care for all including those that are less able to protect themselves from harm, neglect and or abuse and must work with providers, regulators and multi-agency partners to ensure that safeguarding is embedded. 360 opinion of NHS RCCG Adult Safeguarding was "significant assurance".

In February 2016 NHS England North wrote to all CCG's including NHS RCCG to seek and formalise the process required for safeguarding assurance. This was conducted via a self-assessment followed by peer challenge from NHS England North in May 2016 and action plans.

NHS RCCG is fully aware that effective safeguarding is based on a multi-agency approach and is a willing safeguarding member to the RSAB. NHS RCCG has robust governance arrangements in place to ensure that its own safeguarding structures and process are in place and that the agencies from which NHS RCCG commissioned services meet the required standards. A wide range of measures are in place for monitoring NHS RCCG commissioned services including, contractual obligations, safeguarding standards, Performance Management / Quality Assurance meetings and reporting and Quality Assurance of Annual Safeguarding Reports .KPI's (Key performance indicators) and CQUINS (Commissioning for Quality and Innovation) for Adult Safeguarding are all utilised in order to gain assurance.

NHS RCCG continues to publish an annual safeguarding report "Safeguarding in Rotherham" which demonstrates how NHS RCCG continues to be commitment to safeguarding and promoting the welfare of all residents in the Rotherham Borough and provides assurance that commissioned health services are working collaboratively to safeguard those at risk. More so it provides assurance of how NHS RCCG carries out its safeguarding roles and responsibilities.

Each provider's annual report is scrutinised and published and all highlight a proactive approach to safeguarding and continue to focus on the drivers for change and commitment of ensuring that those who

are at risk are safe and receive the highest possible standard of care.

NHS RCCG will continue to work closely with statutory partners and be continually responsive to changes and developments in Safeguarding Adults. NHS RCCG will not be complacent in its commitment to Safeguarding which is demonstrated by including Safeguarding as one of the four priorities in the commissioning plan 2015-2019 Your life, Your health.

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH):

To support the delivery of adult safeguarding, within RDaSH and across the wider partnership arena, there is a clear governance and accountability framework in place, specific to each of the localities that it covers. The framework provides assurance to the RSAB and commissioner's that whilst the ultimate responsibility and accountability for adult safeguarding lies firmly with the Trust Board, every member of staff is accountable and is responsible for safeguarding and protecting adults at risk

As a multi-agency partner working with the RSAB, the RDaSH safeguarding adult team has been able to act as a link between strategic and operational objectives and share the learning and development across all areas of the Trust.

A comprehensive workforce development programme is in place and staff are able to access both single and multi-agency training that allows them to meet their safeguarding competency framework. A model of clinical supervision is in place and embedded across the Trust to ensure safeguarding cases are managed in line with the Care Act 2014 and Making Safeguarding Personal.

Responsibility for Safeguarding

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive Lead Dr Deborah Wildgoose and the Board Non Executive Lead Pete Vjestica.

Safeguarding Adult Board Contribution

RDASH contribute to the workings of RSAB through Board and Sub group membership.

Governance arrangements

The following governance arrangements are embedded within the organisation;

- South Yorkshire Multi-agency Safeguarding Adults Procedures
- RDaSH Safeguarding Adults Policy
- RSAB Safeguarding Adults Process for Health Staff
- Mental Capacity Act and DoLS Policy
- Making Safeguarding Personal
- Risk assessments
- An RDaSH Local Authority Designated Officer (LADO) process in place
- Reports to Safeguarding and Quality Group and Trust Board
- Results on actions of any inspections or audits undertaken within the year i.e. Trust clinical records audit, Quality Reviews.

Oversight of safeguarding cases

Safeguarding Adult Lead Professionals review and quality assure cases and escalate to the Head of Safeguarding for complex and sensitive cases.

Safeguarding Adults Training

Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;

- Multi agency training
- Single agency training
- Clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk

assessments and planning for individuals and services and reporting and review of incidents (IR1's and SI's).

Prevention in Safeguarding Adults

Preventative safeguarding adults work is undertaken in RDaSH through safeguarding adults information being made available to staff and patients, the application of robust risk assessments, planning and the monitoring of low level concerns. Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the Safeguarding Adult Lead Professionals and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers also review all safeguarding adults concerns.

Future intentions

The organisation will continue to embed the changes with regard to Care Act 2014 and the principles of Making Safeguarding Personal.

Moving forward it will develop a Safeguarding Strategy and support the organisational Transformation Agenda to ensure safeguarding remains a high priority.

South Yorkshire Fire and Rescue Service (SYFR):

South Yorkshire Fire and Rescue (SYFR) is an emergency responder for operational firefighting and rescue services, committed to reducing deaths and injuries and safeguarding property. In addition to the emergency response, SYFR provide services within the Prevention and Protection directorate to create a safer environment for people to work and live. This includes the Technical Fire Safety Teams with responsibility for improving fire safety in business premises, public buildings and enforcing legislation and the Community Safety teams working to improve fire safety in the home and wider community.

1. Emergency Operational Response

- Fire Fighting & road traffic collisions (extrication from vehicles)
- Rescue from water, height and collapsed structures – may include suicide
- Dealing with hazardous materials,decontamination (chemical, biological, radiological an nuclear events
- Assisting YAS to gain entry and as First Responder for Blue Light Services
- LIFE Team – Local Intervention & Falls Episode (Collaborative Blue Light Services (YAS, SYFR, SYP)

2. Prevention & Protection

- Community Safety
  - Home Safety Checks – fitting of Smoke Alarms, Fire Risk Assessment, risk reduction advice, tailored escape plans
  - Fire & Road Safety Education – Schools & LIFEWISE (Adults & Children)
- Technical Fire Safety
  - Education & Audit in Commercial & Business premises which include Health & Social Care premises, Care Homes and Supported Accommodation

3. Safe and Well

In addition to the Home Safety Check for fire safety SYFR are working together with Public Health to provide additional elements to this visit

- Safe & Well Checks will include:
  - Healthy Ageing
  - Trips & Falls
  - Crime Prevention
  - Optimise sight testing
- Safe & Well Partnership Scheme
  - A referral partnership pathway to improve the targeting of high risk and excluded groups who may be at an increased of fire
  - All organisations who provide services or support members of the community in the above groups are urged to sign up to the Safe & Well Scheme via the SYFR website www.syfire.gov.uk/safe-well

Safeguarding Arrangements

By virtue of the nature and extent of the activities SYFR become involved with across the county Safeguarding activity has also increased.

Responsibilities

The Safeguarding Officer as the designated lead for safeguarding adults and safeguarding children is the named representative for SYFR at Safeguarding Boards and also attends the Workforce Subgroups. The role sits within the Community Safety function under the Prevention and Protection Directorate and is championed by both the Area Manager for the Directorate and also Group Managers with Community Safety Leads.

Policy

The Safeguarding Officer is responsible for Safeguarding policy development, management and coordination and monitoring of all internal safeguarding alerts & referrals. Group Managers deputise out of hours and in the absence of the Safeguarding Officer.

Training

From 2015 to 2016 159 staff have received Safeguarding training; this includes staff from Community Safety, Youth Engagement, Technical Fire Safety, Operational Response and also volunteers. The SYFR Safeguarding Training programme includes: -

- Induction,
- Basic Awareness
- Updates & Refreshers
- Mental Capacity & Dementia Awareness
- Case Conferences & Core Groups (Strengths Based Approach – Signs of Safety and Making Safeguarding Personal – Outcome focus

Governance

SYFR has undertaken a number of self assessment audits i.e. Section 11/Care Act Compliance audits and attended respective Challenge Meetings in the last 12 months. An internal SYFR Safeguarding Executive Board and the Reference Subgroup has also recently been established.

An initial Referral to SYFR was made to SYFR by a partner agency (Housing Provider) for a Home Safety Check. The initial visit was carried out by fire crews who immediately flagged up a number of concerns with the High Risk Co-ordinator for additional fire safety input from the Community Safety Team. Smoke Alarms were fitted at the initial visit and an attempt was made to carry out a fire risk assessment, provide advice on reducing risk and discussing an escape plan but this was difficult.

Arrangements were made to carry out a joint visit with a Housing Officer after several failed attempts to gain access to the property. However, John would not engage with the Housing Officer but did allow the Fire Community Support Officers (FCSOs) to enter some of the rooms, albeit reluctantly. They found the property to be in a filthy state, the house was cold and damp, he said he could not afford to put the heating on and did not have any hot meals just sandwiches. John had limited mobility and had a mobility scooter but he had to lift this over the threshold and up and down two external steps. He also had two large dogs.

During this visit the FCSOs learned that John had a Colostomy/Stoma bag and he had been struggling with this as they arrived – no bag was in situ and they were concerned about infection risks given the conditions in the property, his clothes were also very dirty. The FCSOs had also been made aware that John was alcoholic by the referrer.

As a result of this visit an urgent call was made to the Stoma Nursing Care Team and to the Adult Access team for a full needs assessment. A joint follow up visit was arranged with the Housing Officer. Unfortunately the relationship between John and the Housing Officer had broken down, because he perceived incorrectly that she had not delivered on "previous promises" and he was angry about this. The FCSOs and HRC in this case

provided advocacy and pushed for a number of other services as they built up a relationship with John.

- Housing initiated repairs and a deep clean to the property
- Adult Social Care requested intervention from a specialist Social Worker which included a review of John's finances – he is now able to heat his home
- SYFR provided "Hot Pack" meals and a "Warm Pack" – blankets, soups, thermal hand warmers, gloves and socks
- SYFR in partnership with a local food bank initiated delivery of food
- SYFR in partnership managed to secure a new microwave and kettle – providing safer cooking methods
- SYFR in conjunction with a local charity secured extra clothing (John had only one set of clothes)

John's progress is being monitored by the Social Worker together with follow up visits by SYFR and the Housing Officer. By virtue of receiving what he perceived to be meeting his needs he became more receptive to engaging with services and his general health and well-being and living conditions improved as a result of this.

South Yorkshire Police:

South Yorkshire Police are committed to working in partnership with all agencies involved in the safeguarding of vulnerable adults.

Since the last Rotherham Adult Safeguarding annual report in 2014 South Yorkshire Police have seen a slight decrease in the number of referrals made in respect of adult Safeguarding from 821 (2014) to 807 (2015).

In September 2015 South Yorkshire saw the inception of Safeguarding Adult Teams (SAT's). The teams were introduced to meet the demands of the Police and Crime Commissioners Policing priority of Protecting Vulnerable People. The concept of the teams is that highly trained and skilled officers will now deal with some of the most vulnerable victims who live within our communities.

The SAT's remit will be to deal with;

- all high risk domestic abuse cases, including safety planning around the victim, as well as the management of the perpetrators, including incidents of honour based violence and forced marriage
- Investigation of rape and serious sexual assaults of persons aged 18 and over where the identity of the offender is known and they will investigate any sexual offence reported by persons suffering from a mental disorder or learning disability.
- Investigation of serious and/or complex offences where adult safeguarding issues exist and the lack of care towards or neglect of, the victim forms part of the offence.

In Rotherham, the team has seen a 45% increase to their staffing levels and consists of 1 Detective Inspector, 2 Detective Sergeants, 11 Detectives and 2 Civilian Investigators split into 2 teams covering 7 days a week 8am to 10pm making them more accessible to vulnerable victims.

Effective partnership working is imperative to the SAT's and the staff at Rotherham are working closely with partners in social care. Each day one of the Detective Sergeants meets and agrees the safety planning for each high-risk domestic violence incident considering not only the victim's need but also any children within that relationship. This continues to build on existing working practices around multi-agency safeguarding and co-location working, introduced last year.

Safer Rotherham Partnership:

The Safer Rotherham Partnership is the borough's Community Safety Partnership with statutory responsibilities established under the Crime and Disorder Act 1998. The partnership has a legal responsibility to tackle crime, anti-social behaviour, drug and alcohol misuse and to enhance feelings of safety.

There are currently six responsible authorities on the SRP, who have a legal duty to work in partnership to tackle crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and to reduce re-offending.

The six responsible authorities are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- South Yorkshire Fire and Rescue Service
- National Probation Service
- South Yorkshire Community Rehabilitation Company
- Rotherham Clinical Commissioning Group

The SRP also brings together a range of interested parties from the public, private, community and voluntary sectors to help deliver the outcomes in the SRP Partnership Plan through our strategic and operational structures, as well as representation from the Office of the Police and Crime Commissioner.

The SRP has a statutory duty to develop an annual Joint Strategic Intelligence Assessment of the risks and threats that crime and disorder poses to the communities of Rotherham. The purpose of the assessment is to:

- Identify the partnerships priorities for the forthcoming year.
- Highlight performance, progress and achievements against the commitments made in the 2014/16 Partnership Plan.
- Identify key crime and disorder risks and threats to the community.

Achievements

Throughout 2015/16, the Partnership continued to make progress in tackling Crime and Anti-social Behaviour across the borough, although in line with both the local and national position, overall total recorded crime showed an increase on the previous year, complaints of anti-social behaviour reduced. During the period 19,126 crimes were recorded across Rotherham, which was a 12% (2,090 crimes) increase on the previous year. During the same period a total of 14,355 incidents of anti-social behaviour were recorded, a reduction of 8% (1,198 incidents) on the previous year. Sexual Offences and Violent Crime continued to increase, with the increase in sexual offences being attributable to increased current and historical reporting of crimes post the Jay and Casey reports. As in the previous year a contributory factor to the increase in violent crime was attributable to national changes on how those crimes are recorded resulting in all areas seeing increases.

Key Indicators:

- Total recorded crime increased by 12% (+2,090)
- Anti-Social Behaviour incidents reduced by 8% (-1,198)
- Violence with injury increased by 22% (+378)
- Public order offences increased by 36% (+202)
- Sexual offences increased by 46% (+219)
- Racially or religiously aggravated crimes increased by 33% (+42)
- Domestic burglary increased by 8% (+76)
- Theft of motor vehicles increased by 33% (+93)
- Theft from motor vehicles reduced by 2% (-25)
- Shoplifting increased by 13% (+211)
- Criminal damage increased by 18% (+498)
- Arson Endangering Life reduced by 18% (-3)
- Drug offences reduced by 29% (-200)

Rotherham Voluntary and Community Sector:

Achievements

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- The nominated representative, who is the Chief Executive of Age UK Rotherham, attends the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated on safeguarding issues and encourage and support their contribution to this important area of work.

- Each of the Safeguarding Adults sub-groups has representation from the voluntary and community sector.
- VCS organisations have contributed to the Safeguarding Board and Development Days as partners, for example taking part in Adult Safeguarding Week and as an alerter and referrer where concerns are identified.
- Individual VCS organisations have also continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough.

Learning and Development

The implementation of the Care Act 2014, from April 2015, Making Safeguarding Personal and the updating of the South Yorkshire Safeguarding Adults procedures all impacted on the Board's training programme in 2015/16. All of the existing training programmes were updated to ensure they were compliant with legislation and procedures. This involved rewriting the specification for each course, updating the course outline, rewriting of course and session plans and the quality assurance of training course delivery. For silver level training courses, this process worked very well with the contracted training provider. For gold and platinum level training, contractual differences were experienced with the training provider; this resulted in delayed course delivery until an alternative training provider was appointed. Arrangements with training providers are now stable and developed; this followed the retendering of training programmes and awarding of new contracts from April 2016.

Board's approach to training course delivery continued to be planned and responsive with both open off-site courses and closed on-site courses provided to support some providers, for example, to meet emergent needs derived from contract compliance issues or high learner numbers. We continued to give access without attendance charge to all of our training courses and only applied no-shows and cancellation charges.

In 2015/16 we ran a rolling programme of supportive multi-agency and specialist training opportunities for staff, managers and volunteers on local policy, procedures and professional practice, so that adults across Rotherham are protected from abuse and neglect and their wellbeing is promoted. 1,395 learners attended silver level training, 114 attended gold level training and 55 attended platinum level training courses, that is a total of 1,564 learners. Courses comprised 82 silver level courses, 5 gold level courses, and 5 platinum level courses, that is a total of 92 training courses.

Table A gives a breakdown of those attending all courses from agencies in 2015/16.

Table A

Outturn	2015-16
Local Authority	225
Independent/Voluntary sector	1084
Health	221
Police/Probation	0
Service Users/Carers	22
Students	2
Other	0
Total	**1564**

Training continued to play a critical role in contributing to preventing and detecting abuse and neglect and protecting adults at risk of harm. It will be routinely refreshed to ensure workers and volunteers are equipped with the knowledge, skills and behaviours required to enable them to carry out their role effectively and to expected standards.

Appendix 2

Key Facts and Figures

A Concern

A Concern is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

A total of **2556** concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the 3 point test is applied.

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team such as the vulnerable person's team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

Section 42 Enquiry

A Section 42 Enquiry is the same as an Alert however it becomes an enquiry when the details progress and an investigation/assessment relating to the concerns begins.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and in most cases agree to the safeguarding enquiry unless capacity is lacking or a crime has been committed.

579 Section **42** enquiries began 2015-2016

Decision Making Meeting DMM

The DMM will bring all relevant people together to ensure that, if the investigation continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

This meeting may be held virtually, to ensure it happens in a timely manner.

117 Decision Making Meetings Convened 2015-2016

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

38 Outcome Meetings Convened 2015-2016

Safeguarding Adults Review – SAR

A Safeguarding Adults Review must be carried out if

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.

- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SAR's Commissioned 2015-2016
1 SAR was commissioned in 2015/16. Unpublished.

What Were the Categories of Alleged Abuse Investigated?

Categories of Alleged Abuse 2015-2016							New for 2015/16			
Neglect	Physical	Financial/ Material	Institutional/ Organisational	Psychological	Sexual	Discriminatory	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self Neglect
48.3 %	16.7 %	16.2 %	1.8 %	7.9 %	2.6 %	0.4 %	3.4 %	0.5 %	0.4 %	1.7 %
Categories of Alleged Abuse 2014 - 2015										
Neglect	Physical	Financial/ Material	Institutional/ Organisational	Psychological	Sexual	Discriminatory				
66 %	19.5 %	9.5 %	2.5 %	2.5 %	0 %	0 %				

Who Was the Alleged Perpetrator?

Relationship of Alleged Perpetrator to Alleged Victim	
	2015/16
Social Care Support	58 %
Known to the individual	36 %
Other	6 %

Where did the Alleged Abuse Happen?

Setting of Alleged Abuse	
	2015/16
Residential/Nursing Care Home	51 %
Own Home	37 %
Hospital	1 %
Community Service	6 %
Other	5 %

Mental Capacity Act and Deprivation of Liberty Safeguards

Under the current system, any deprivations of liberty in care homes and hospitals must be authorised under the DoLS. This process involves six assessments and is coordinated by best interests assessors (BIAs), who are typically specially trained social workers.

In order to authorise deprivations of liberty in other settings, such as supported living, local authorities must currently apply to the Court of Protection. This is often a complicated and costly process. Councils made just 1.6% of the court applications they believed may have been necessary to comply with the law in 2014-15, research published last month by Community Care revealed.

Mental Capacity Act and Deprivation of Liberty Safeguards 2014/2015					
Year	No. of Applications	Authorised	Not Authorised	Not Assessed	Awaiting Scrutiny and sign off
2012/13	46	30	16	0	
2013/14	56	44	12	0	
2014/15	565	165	111	289	
2015/16	957	190	350	306	111

Training and Development

The year saw further delivery of a range of bespoke and specialist Safeguarding Adults training events, as well as the continued availability of e-learning. This table summarises attendance at all courses as compared to previous years and the encouraging uptake of learners:

Safeguarding Adults Training Attendance					
	2011/12	2012/13	2013/14	2014/15	2015/16
LA	249	552	150	358	225
Independent/ Voluntary sector	1072	894	933	1388	1084
Health	508	363	388	409	221
Police/Probation	0	3	2	2	0
Service Users/ Carers	13	2	2	15	22
Students	32	7	7	13	2
Other	16	8	2	15	10
Total	**1890**	**1829**	**1484**	**2201**	**1564**

Appendix 3

Rotherham Safeguarding Adults Board Attendance

Date of Safeguarding Adults Board Meeting				
	20th May 2015	5th November 2015	11th January 2016	7th March 2016
South Yorkshire Police	✘	✔	✔	✔
The Rotherham Foundation Trust	✔	✔	✔	✔
Clinical Commissioning Group RMBC	✔	✔	✔	✔
RMBC Director of Adult Social Services	✔	✔	✔	✘
South Yorkshire Ambulance	✘	✘	✘	✘
South Yorkshire Fire and Rescue	✘	✘	✔	✘
NHS England	✘	✔	✔	✔
RDASH	✔	✔	✔	✔
RMBC Children Services	✘	✘	✘	✔
Healthwatch	✔	✔	✔	✔
Voluntary Sector	✔	✘	✔	✔

Rotherham Safeguarding Adults

Don't let adult abuse go unnoticed

Call 01709 822330

(Monday to Friday 8.30 until 5.30)

Out of Hours call 01709 336080

Or contact us with your concerns on our new Confidential Text to Tell Service 07748 142816

South Yorkshire Police 101

www.rotherham.gov.uk

Rotherham Metropolitan Borough Council

Rotherham Safeguarding Adults


Rotherham
ageUK


healthwatch
Rotherham


NHS
Rotherham
Clinical Commissioning Group


Rotherham Doncaster and
South Humber
NHS
NHS Foundation Trust


South Yorkshire
POLICE


South Yorkshire
Fire & Rescue


CROSS
ROADS
CARE
North West


RDaSH


NHS
Rotherham


Rotherham
Metropolitan
Borough Council

Rotherham Metropolitan Borough Council

NHS Rotherham Clinical Commissioning Group

Local Child and Adolescent Mental Health Services (CAMHS) Transformation Plan for Rotherham – 2015/16.

October 2016 Refresh (Version 2)

The Rotherham NHS Foundation Trust

Rotherham Doncaster and South Humber NHS Foundation Trust

mind For better mental health

healthwatch Rotherham

Rotherham MAST Multi Agency Support Team

Rotherham CAMHS Local Transformation Plan (LTP) – Action Log

Date amended	Version	By whom	Details
21st December, 2015	Version 1	Nigel Parkes	Added to section 4.3.3 'All age 24/7 Liaison mental health services in emergency departments'.
28th October, 2016	Version 2	Nigel Parkes	Updated and refreshed in line with NHS England requirements. To include 2015/16 actual data.

Contents

Section 1 – Introduction & Background

The 'Future in Mind' report, published in May 2015, required that Clinical Commissioning Groups (CCGs) prepare a Local Transformation Plan (LTP) which, following assurance by NHS England, would release additional funding for local CAMHS services. The original LTP was published in October 2015 and signed off by NHS England in November. This released the extra funding.

This document represents the first 'refresh' of the Rotherham CAMHS LTP. It updates all the base data contained in the original LTP and outlines key development areas for future years, where possible up to 2020/21, which is the final year of the period covered by the 'Future in Mind' document and 'Implementing the five year forward view for mental health'

An action plan was developed to take forward the work outlined in the LTP and this continues to be overseen by the CAMHS strategy & Partnership group, which meets on a quarterly basis.

Section 2 - Engagement and partnership working

2.1 General Engagement

The production of the original document and this refresh continues to be led by Rotherham Clinical Commissioning Group (RCCG) but is very much a collaborative process with all Stakeholders in Rotherham, including; Rotherham Metropolitan Borough Council (RMBC) – including Public Health, Social Care and Education – Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), The Rotherham Foundation Trust (TRFT), Healthwatch Rotherham, Rotherham Multi Agency Support Team (MAST), Rotherham & Barnsley MIND and voluntary groups such as The Rotherham Parent Forum, Voluntary Action Rotherham (VAR) and the Children, Young People and Families Consortium.

RDaSH has also reconfigured the CAMHS service in Rotherham and consulted with Children, Young people and their families in that process. More details of the reconfiguration are contained in section 4.

One of the identified areas for future investment in 2015/16 was to fund a piece of work looking at engagement with Children and Young People and specific details are included below.

2.2 Developing services through input from Children & Young People (CYP) & parents/carers. (Local Priority Scheme 9)

In 2015/16 some extra funding was utilised to undertake research to better understand what engagement with children & young people and their families/carers looks like. This was specifically aimed at improving engagement by the RDaSH CAMHS service.

The research work was carried out and a report was produced which made a number of recommendations. These focussed on nine participation priorities across three aspects of service delivery.

1. Direct practice - Patients have direct experience of being listened to and are involved in decisions about their own care through:-
   - The assessment process
   - Routine Outcome Monitoring
   - Complaints procedure and advocacy (Peer Support)

2. Service management – Patients directly influence service delivery including:-
   - Staff training
   - Supervision and appraisal
   - Recruitment and selection

3. Organisational leadership – Patients directly influence the strategic management of the service including:-
   - Involvement in commissioning
   - Influencing senior managers
   - Mission statement

These have been incorporated into the RDaSH CAMHS Service Development & Improvement Plan for 2016/17 and are being reflected in the development by RDaSH of a new Patient and Public Engagement and Experience Strategy.

Two other new investment areas in 2015/16 provided opportunities for better engagement of Children & Young people and their families. These are the investment in the Rotherham Parents Forum to provide a family support service and with Healthwatch Rotherham to support and extend their Children's Advocacy service. With both developments a key element is feedback to service providers in order to improve services going forward.

Section 5 includes more detailed updates on these two investment areas.

2.3 Needs Assessment

When the Rotherham Emotional Wellbeing and Mental Health Strategy was developed in 2014, a comprehensive needs analysis was undertaken to support that work. This supported the development of the original CAMHS LTP and is currently being updated and will then feed into the CAMHS section of the Joint Strategic Needs Assessment (JSNA).

Section 3 – Current and future expected investment

3.1 Financial Investment in Rotherham

The original LTP outlined investment in Emotional Wellbeing and Mental Health Services in Rotherham for the financial year 2014/15. This table has been extended to include actual investment in 2015/16 and 2016/17 (where known) and also where available, proposed investment in 2017/18.

Source of Funding	Area of funding	Investment in 2014/15	Investment in 2015/16	Investment in 2016/17	Proposed Investment in 2017/18
RMBC	Early Help Counselling	£151,766	£143,989	£130,241	To be confirmed
	RDaSH	£139,000	£139,000	£139,000	To be confirmed
	Rotherham & Barnsley MIND	£60,000	0	0	To be confirmed
	Looked After & Adopted Children's Therapeutic Team	£393,979	£438,848	£443,024	To be confirmed
Education	Support in Schools	£274,918	£156,192	£141,361	To be confirmed
RCCG	RDaSH	£2,345,000	£2,568,105*	£2,752,560*	£2,752,560*
	RMBC		£163,555*	£54,000*	£54,000*
	Rotherham Parents Forum		£32,000*	£70,000*	£85,000*
	Healthwatch		£5,000*	£20,000*	£20,000*
	Other		£99,646*		£73,000*
NHS England	Tier 4 Inpatient services	£1,868,414	£1,675,276**	Not Available	To be confirmed
Total extra LTP funding included in figures above			£363,201	£564,000	£652,000
Eating Disorders (RDaSH and South Yorkshire Eating Disorder Association(SYEDA))			£145,242	£139,000	£139,000
Perinatal Mental Health			Not Applicable	Not Applicable	To be confirmed

*Areas of funding which include the extra funding allocated to CCGs as part of the LTP process.

**Doesn't include patients placed outside of Yorkshire & Humberside.

Note – The proposed investment in 2017/18 will be subject to approval of the CCG's financial plan.

The following table shows the current and future investment by Local Priority Scheme, for those still running and also the new scheme (no. 20).

Local Priority Scheme	Description	Investment in 2016/17	Proposed Investment in 2017/18
1	Intensive Community Support Service	£170,000	£170,000
2	Crisis response		
3	Autism Spectrum Disorder (ASD) Post diagnosis Support	£54,000	£54,000
4	Prevention/Early Intervention		£3,000
5	Family Support Service	£70,000	£85,000
6	Workforce Development		
7	Hard to reach Groups		
8	Looked After Children (LAC)		£10,000
9	Provision of Advocacy Services	£20,000	£20,000

10	Child Sexual Exploitation (CSE)	£50,000	£50,000
11	Increased General Capacity	£200,000	£200,000
12	Increased Funding for Out of Hours services	Included in 11	Included in 11
13	Single Point of Access	Included in 11	Included in 11
14	Interface & Liaison Post	Included in 1	Included in 1
15	24/7 Liaison Mental Health		
16	CYPIAPT	£37,000	
17	Eating Disorder Service	£139,000	£139,000
18	Transition		£20,000
19	Perinatal Mental Health		
20	Self Harm		£40,000

Note – A number of the above local priority schemes were implemented using non-recurrent funding in 2015/16. These include for example, numbers 6, 7, 15 and 19. The fact that these have not been further funded does not mean that there is no further emphasis in these areas and in all cases work is continuing, sometimes supported by funding in other priority areas. Good examples of this are the Family Support Service being provided by the Rotherham Parents Forum and the Healthwatch Advocacy service, which will, by their nature, pick up some hard to reach groups, who perhaps will struggle to engage through other routes. The Perinatal Mental Health Pathway work (Local Priority Scheme 19) will also undertake a piece of work to specifically look at engaging with hard to reach groups. See section 5.1.1.

Appendix 1 (separate Excel file) includes the finance information and related activity and staffing information for Emotional Wellbeing and Mental Health Services in Rotherham relating to 2015/16.

Services have only been included in the figures contained in Appendix 1 if they are deemed to spend 100% of their time on Emotional Wellbeing and mental health issues, so School Nurses, for example, have not been included.

3.2 Future development areas

'Future in Mind' outlined the aspirations for the 5 years up to 2020/21 and whilst all work streams have been identified in the LTP Action Plan, some of these have yet to be significantly investigated and progressed. These include the following:-

- **An alternative to the 'Tiered' system**. This will involve undertaking a scoping exercise to understand how the 'Thrive' model, or something similar, could be adopted in Rotherham. This to include the option of a graduated response, involving a range of partners & flexible service. This could incorporate a 'Recovery College' approach. It is planned for this scoping exercise to start in 2018 and a new system to be potentially rolled out in 2019.
- **A 'One stop shop' model of provision**. This will involve undertaking a scoping exercise to understand how 'one-stop-shops' can be developed in Rotherham. These should be appropriate for all areas, cultures & languages. They should take a Holistic approach and utilise a 'universal screening tool'. They should also 'Support' & 'Direct' to other services as appropriate. This work is scheduled to start in 2018.

- **Future joint-commissioning models with NHS England specialised commissioning**. The CCG and NHSE are required to develop joint commissioning plans by December, 2016. Section 5.4.4 includes further details.

The LTP Action Plan outlines these and other future development areas and expected timescales.

3.3 Future new areas of investment

Whilst at this stage some proposed areas of future increased investment still require further development, the following is the proposal for a new area for 2017/18.

3.3.1 Self Harm Prevention and support (Local Priority Scheme 20)

It is proposed to invest £40,000 in addressing the significant issue of Self Harm. Further work is required to understand exactly how the funding will be used, but it is likely that the investment will be targeted at schools and includes a range of areas including prevention, early intervention and support.

Section 4 - Local CAMHS Reconfiguration

A significant proportion of the LTP funding investment so far has been made in the Local CAMHS service and this has been undergoing a significant reconfiguration since 2015.

As at October 2016, the service has been reconfigured into a number of distinct pathways:-

- A Single Point of Access (SPA) - which is linked with the Local Authority Early Help team and will co-locate,
- A Locality Team – with Locality workers who interface with GP practices, schools, Early Help and Social Care teams.
- An Intensive Community Support service – which includes a liaison function and works to avoid patients accessing Inpatient services or stepping down sooner to community services.
- A Learning Disability Pathway.
- A Child Sexual Exploitation (CSE) Pathway – which provides direct support to Children & Young People affected by CSE and also support to staff.
- A Developmental Disorder pathway – specifically undertaking Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses.
- A Psychological Therapies pathway – providing Cognitive Behavioural Therapy (CBT) and other therapies.

Further details of the specific elements which benefited from extra funding in 2015/16 and beyond are included in section 5.

Some extra funding has been provided to increase the general capacity of the RDaSH CAMHS service (**Local Priority Scheme 11**). This has provided a 0.5 whole time equivalent (wte) Family Therapist, a 0.5wte Cognitive behaviour Therapist and a 0.5wte Child Psychotherapist. These roles are now fully embedded in the new CAMHS structure.

The CCG receives monthly activity and Key Performance Indicator (KPI) monitoring information which is also shared with RMBC. This covers a range of monitoring data including; activity, access & waiting times, assessments undertaken and demographic information of patients in the system. This monitoring is regularly reviewed as required.

The main KPI associated with the funding to increase capacity is:-

- To meet the 18 week referral to treatment target of 92% for the incomplete pathway and 95% for the completed pathway.

Section 5 - Key areas of the Transformation Plan:-

The following sections provide updates on the investment areas of the original LTP and outline any future new investment areas. These relate to the 5 key themes of the 'Future in Mind' report.

5.1 Promoting Resilience, prevention and early intervention

5.1.1 Perinatal Mental Health Pathway (Local Priority Scheme 19)

Over the past 19 months RCCG has been working with the following partners from across the borough; Rotherham Doncaster and South Humber NHS Foundation Trust, The Rotherham NHS Foundation Trust (RDaSH)and GROW, and have developed the following:

- Multidisciplinary guidance in pre-conception and perinatal mental health in Rotherham.
- Local guidelines in psychotropic medication for antenatal and postnatal mental health problems.
- A piece of work from GROW to understand the needs of women and their families who have experienced perinatal mental health problems. This includes looking at how to engage with the more hard to reach groups in Rotherham.
- A specialist Perinatal Mental Health Service Pilot delivered by RDaSH.

As part of the 2016/17 Contract negotiations with RDaSH the CCG has agreed some additional investment to enable further pathway work to be undertaken.
In September 2016 the CCG has also applied for further funding through the NHS England Perinatal mental Health Services Development Fund process. The outcome of this application is expected in October 2016.

5.1.2 Prevention & early intervention work with schools and families

RMBC is continuing to work with schools in Rotherham on the Social, Emotional and Mental Health (SEMH) initiative which is specifically targeting the most vulnerable children in schools.

Commissioners have worked closely with the Rotherham Youth Cabinet in the past and particularly when the Emotional Wellbeing and Mental Health Strategy was being developed. As a significant 'voice' of young people in Rotherham, the Youth Cabinet can be a powerful tool to generate key messages for children and young people.

Some non-recurrent funding was used in 2015/16 (**Local Priority Scheme 4**) to support the Youth Cabinet to deliver a conference promoting self-help tools for children and young people. This was attended by 72 Young People and 46 staff from various organisations and the feedback was extremely positive.

It is proposed to provide funding of £3,000 to the Youth Cabinet in 2017/18, in order to continue to take forward the area of 'Self-Help' and support their manifesto aim for 206/17.

The Family Support Scheme has also contributed to prevention and early intervention work and will continue to work in this area by supporting families in the areas of ASD, ADHD and Conduct Disorder (see section 5.1.3 below for further details).

Part of the reconfiguration of the RDaSH CAMHS service involved developing 'Locality Workers' to interface with GP Practice localities and the new Early Help teams which RMBC have developed. In addition, the Locality Workers are also working closely with schools and providing support and advice to staff and direct contact with pupils as necessary.

Work has been continuing to further develop and update the 'mymindmatters' website – www.mymindmatters.org.uk – and a full review is currently underway.

Non-recurrent funding was utilised in 2015/16 to develop whole school approaches (**Local priority scheme 4**)

Six schools in total signed up to the initiative and developed action plans to implement the 'whole school approach'. This work is still continuing and will be reviewed in the summer of 2017.

RMBC Public Health is also leading on the development of a Rotherham Public Mental Health Strategy and an initial stakeholder event took place in October, 2016.

5.1.3 Family Support Service (Local Priority Scheme 5)

The objective of the service is to provide support to Children, Young People and families who are accessing, or about to access mental health services, which enables them to cope better with the challenges resulting from interaction with the various services and any emotional wellbeing or mental health issues. And to facilitate feedback by Children, Young People and their families to services, which ensures that these services are developed with real input from services users and their families.

The service is being provided by the Rotherham Parents Forum and is fully established with three Co-ordinators now in place. A 'Volunteer' training package has been developed and volunteers were planned to be trained from September 2016, although this has been delayed due to a high volume of referrals.

38 families have been supported as at Q2, with total of 53 children. Most families had 1 child supported and the majority were aged 5 to 11, with 33 being male & 20 female. Also a significant number of cases related to ASD (22). There are many examples of the effectiveness of the service in terms of families starting down the CAMHS route, but then avoiding access to services, through being effectively supported and empowered.

The Rotherham Parents Forum has good links with local services including RDaSH CAMHS, Healthwatch & Early Help teams. Both the Parents Forum and RDaSH CAMHS attend Healthwatch 'drop-in' sessions and meetings are planned to open a dialogue to ensure that these groups continue to work together around these families.

The service makes effective use of all methods of contact with families including; telephone, email, face to face contact & social media (Facebook).

Quarterly meetings take place and the CCG is provided with the following monitoring data:-

- Numbers of families supported during the quarter.
- New families supported.
- Details of feedback from families demonstrating improved experience in their journey through support from the Recipient.
- Examples of how the Recipient has worked with Providers of services to improve the experience of patients and families.

Funding for this local priority scheme is planned to continue on a recurrent basis and be increased by £15,000 from 2017/18.

5.1.4 Early Intervention in Psychosis services

Over the past 12 months RDaSH have undertaken a programme of work to ensure that the Rotherham Early Intervention in Psychosis (EIP) service is delivered in line with the new access and waiting time standard, which requires that 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. This service is now an 'all-age' service.

Progress to date in the following key areas is as follows:

- **Early Intervention in Psychosis Waiting Time Standard** - The Early Intervention Team (EIT) have been required to ensure that 50% of people experiencing a first episode of psychosis are treated with a NICE approved care package within 2 weeks of referral. Despite initial problems with systems, shortage of administration staff and a reduction in staffing levels the service has been able to make the necessary adjustments and are now confident of comfortably meeting the waiting time standard. For the first quarter of 2016 EIT achieved 80% compliance with this standard.
- **Family Interventions -** Three team members were identified to implement this standard. Unfortunately, despite completing their training progress, the delivery of family interventions has been slow largely due to the fact that all three staff members have had extended periods of absence. The adjusted plan is now for all care co-ordinators to receive training in family interventions.
- **At Risk Mental State -** Two members of staff, a psychologist and CBT Therapist, have completed the "Trainers for Trainers Course" and have rolled out 'Comprehensive Assessment of At Risk Mental States' (CAARMS) training to all of the EIT care co-ordinators across the Trust. Work is currently underway to identify people with at risk mental states (ARMS) and develop a clear pathway of interventions. At the present time it is unclear how the CBT therapy indicated by NICE will be delivered as the service is not currently commissioned to provide this.
- **Physical Health -** All service users taken on by the EIT are immediately invited to a physical health clinic appointment with dedicated EIT staff for a baseline physical health appointment and if commenced on an anti-psychotic their physical health is reviewed at 3 months, 6 months and 12 months as in line with NICE guidelines for physical health and wellbeing.
- **Vocational Interventions -** Plans are underway to have a dedicated Occupational Therapist and support worker (qualified Occupational Therapist) to lead transitions work in the EIT to ensure that all EIP service users have access to vocational interventions. A partnership with the Rotherham RDaSH Vocational Team is currently operational. This promotes direct support and advice to EIP service users and also augments to the required knowledge of community resources and initiatives available to EIP staff.
- **Access to Anti-Psychotic Medication** – The EIT has dedicated psychiatrists including Consultant Psychiatrist and Speciality Doctor who routinely attend EIP weekly multidisciplinary meetings to discuss and review prescribing anti-psychotic medication including the requirement to offer Clozapine. There are also periodic meetings with manager, medical secretary and senior nurses to review prescribing procedures.

5.2 Improving access to effective support

As mentioned in section 3.2 above, two areas relating to access to services which are scheduled to be focussed on in the future are an alternative to the 'Tiered' system and a 'One stop shop' model of provision.
In addition, the following local priority schemes relate to this area.

5.2.1 Single Point of Access (SPA), (Local Priority Scheme 13)

The CCG has provided funding to develop a Single Point of Access (SPA) for CAMHS services. The SPA is currently operational within the CAMHS structure, but work is ongoing to combine this with the RMBC Early Help access service. Regular meetings take place between the services to understand the appropriateness of referrals and the longer term aim is that they will co-locate and referrals will be directed to the most appropriate service as early as possible in the process.

This will provide a single access point for mental health and Early Help referrals and ensure improved and targeted access to appropriate services.

The main KPI associated with this scheme will be that 95% of referrals received by RDaSH CAMHS will either be accepted by the service or signposted to an appropriate service.

5.2.2 Healthwatch Advocacy Service (Local Priority Scheme 9)

The Healthwatch Rotherham advocacy service for children & young people continues to be developed and further emphasis will be placed on how the service interfaces with RDaSH CAMHS and the Rotherham Parents Forum so that services can be further developed in order that they are even more accessible to children & young people.

To date, the service is seeing a small number of complex cases, with issues extending in some cases across different areas, including RDaSH, TRFT and schools.

The KPIs associated with the work are:-

- Children & Young People will be seen within 5 days following referral.
- Advocacy support being provided to Children and Young People in Rotherham and positive feedback rating scores, averaging at least 4 out of 5, being recorded following the experience of this service.

Funding for this local priority scheme is planned to continue on a recurrent basis.

5.2.3 ASD Post Diagnosis Support (Local Priority Scheme 3)

It has been recognised that there is a gap in provision of post diagnosis support for children & young people with ASD in Rotherham, particularly concerning support for families at home. The support at school is provided by RMBC's Autism Communication Team (ACT).

Preliminary work has been undertaken to scope out the service and a service specification and job descriptions have been prepared. Recruitment is underway.

A 'Family Support Book' has been developed, providing basic strategies to support children & Young People with Autism. This is available in 2 different versions - 'Blue' for use in educational settings and 'Green' for use by families.

A number of sensory assessments were undertaken in order to understand the relevance of providing sensory support as part of the service. The Rotherham Parents Forum has been actively involved in scoping out the service.

Expected outcome of the work:-

- Improved resilience of families and young people.
- Reduction in need for specialist interventions from mental health services.
- Reduction in social care referrals.
- Improved parental mental health.
- Children and young people are able to manage ASD in order to allow them to learn, develop and fulfil their potential.

The main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.

Funding for this service is continuing in 2016/17 and planned to continue thereafter.

5.2.4 Enhanced Crisis Service (Local Priority Scheme 2 & 12)

As part of the reconfiguration of its CAMHS services, RDaSH has developed an Intensive Community Support service, which, with the support of the Paediatric Liaison post (Local Priority Scheme 14), provides a Crisis response service from 9am to 5pm. Outside of these hours the existing 'Out of Hours' service (Local Priority Scheme 12)continues to operate, but the intention is to provide a 8am to 8pm Crisis Service, with the 8pm to 8am service being provided by the Adult/Older People's Access service.

Another longer term aim is to combine the existing Adult/Older Peoples mental health Liaison service with the Paediatric Liaison Post and for this to provide the 8am to 8pm cover.

The Crisis Service will support the suicide prevention and self-harm work in Rotherham. In particular, referrals to this service will help inform partners of any need to activate the Rotherham Suicide and Serious Self Harm Community Response Plan.
http://rotherhamscb.proceduresonline.com/chapters/g_multi_age_prev_self_harm.html#community_plan

This initiative also links very closely with many elements of the Rotherham Crisis Care Concordat and will help to provide support to Children & Young People before, during and after Crisis.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- Increased child and young person satisfaction;
- Increased staff satisfaction in delivering this model;
- Positive impact on staff recruitment and retention as on-call rota will be replaced.
- Improved support for the welfare and resilience of family/carers.

The main KPIs associated with the work will be:-

- 95% of children & Young people who present at A & E in crisis will be seen within 1 hour.
- 100% of Children & Young people who access CAMHS via A & E will have an initial mental health assessment within 24 hours.
- For all cases where Children & Young People are admitted to TRFT during normal hours, a joint RDaSH/TRFT discharge plan will be in place for 100% of cases, unless there are exceptional circumstances.

5.2.5 Intensive Community Support (Local Priority Scheme 1)

This also links into the RDaSH CAMHS Crisis service (see local priority scheme 2 above) and the CAMHS Interface & Liaison post (local priority scheme 14).

Staff in the combined Intensive Community Support/Crisis service are each working with a caseload of 12. In 2016/17 there has been a reduction in Inpatient admissions for Rotherham patients and it is believed that this is partly due to the Intensive Community Support and liaison services.

The service supports patients to both avoid admission to inpatient facilities and also to step down sooner and be supported in the community.

This also links to joint commissioning discussions taking place with NHS England relating to Inpatient activity. See section 5.4 below.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- A reduction in the length of stay in In-patient settings;
- Increased child and young person satisfaction;
- Improved therapeutic outcomes;
- Reduction in the number of children and young people attending A&E with mental health issues;
- Improved support for the welfare and resilience of family/carers.

The Main KPI associated with the work will be:-

- Reduction in average bed-days of children & young people admitted to an Inpatient bed.

5.2.6 All age 24/7 liaison mental health services in emergency departments (EDs) (Local Priority Scheme 15)

The funding for this scheme was non-recurrent in 2015/16 and was used to pump-prime the development of an 'All age 24/7 Liaison mental Health service' at TRFT.

As outlined in the "Five Year Forward View for Mental Health" policy document, it is the aim that by 2020/21, 50% of all acute hospitals will have an all-age mental health liaison service achieving Core 24 service standard (against a current position of only 7%).
A review was undertaken in May 2016 by NHS England, to understand how well prepared acute hospitals were in terms of meeting this objective and the conclusion was that further work needs to take place in Rotherham.

It was highlighted that joint work is ongoing to develop the service and implement plans to move towards a Core-24/ Enhanced/ Comprehensive Liaison service. Additionally, there are service specifications in place and under review and the CCG has indicated there are specific strategies/plans in place for Liaison Mental Health.

It is anticipated that continued work on behalf of both the Commissioner and Provider would be required to meet the government target and requirements of the CORE 24 standards by 2020.

The review also noted that the survey undertaken covered all ages, although Core 24 was not written with Children & Young People (CYP) in mind, and is not applicable for CYP. Separate national guidance is expected later this year in relation to Liaison Mental Health services for CYP. Following this guidance, further actions will be identified.

Linked to this is the specific funding for a Paediatric Liaison CAMHS post (Local Priority Scheme 14) which is continuing recurrently and is an integral part of the Intensive Community Support service and Crisis response.

5.2.7 Transition to Adult Services (Local Priority Scheme 18)

A transition service specification will be agreed with the CAMHS provider during 2016/17 and a CQUIN is also in place to cover transitions in mental health & Learning Disability services. A Transition 'Task & Finish' group is also being established to oversee work in this area. This is part of a wider piece of work being led by RMBC which is looking at transition across all children's services.

A national CQUIN for 2017/18 and 2018/19 will cover transition from CAMHS to Adult Services.

The expected outcome of this work will be:

- Improved experience of transition from Children's & Young People's services to Adult Services.

The main KPI associated with the work will be:-

- 100% of children & young people in transition will have a transition plan in place.

In addition, it is proposed to develop a new support service around transition, to focus on those Children & Young people who still require support for their mental health, but will not transition to Adult Mental Health services. The detail needs to be worked through but initial proposals are for a social prescribing service, which guides the young person through services & support available once CAMHS support finishes. Funding of £20,000 from 2017/18 is proposed.

5.2.8 Community Eating Disorder Service (CEDS) (Local Priority Scheme 17)

Rotherham Clinical Commissioning Group (RCCG) has continued to work in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH to develop the new Community Eating Disorder Service for those aged up to 19 years. During this period RDaSH has worked to realign staff in each of the CCG CAMHS areas to enable the delivery of a local Community Eating Disorder Service. Work has also commenced to recruit a specialist eating disorder team who will provide in-reach services to each of the local teams. This team will include the following specialist staff:

- Eating Disorder Specialist Nurse
- Eating Disorders Principal Clinical Psychologist

- Eating Disorders Family Therapist
- Eating Disorders Assistant Psychologist
- Eating Disorder Dietician

As part of this Community Eating Disorders provision RDaSH has issued a Service Level Agreement (SLA) to the South Yorkshire Eating Disorder Association (SYEDA - http://www.syeda.org.uk/). SYEDA has been commissioned to deliver evidence- based training and education sessions to professionals and children, young people, their families/carers and primary care across a range of community settings to raise awareness and sign post people to appropriate services. They will also deliver an in-reach service to provide guidance and advice to relevant workers across Rotherham.

The three CCGs have agreed to run this new Community Eating Disorder as a pilot and Doncaster CCG, on behalf of all the CCGs, has commissioned an external evaluation of the service.

Rotherham CCG as the lead for the development of this service, working in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH has agreed the following as part of the 2016/17 contract:

- A service specification for the Community Eating Disorder Service,
- A Performance dashboard which will report at both a footprint and local level to enable the CCGs to compare service delivery in each of their areas,
- A delivery implementation plan,

Across the CCG footprint a delivery task and finish group has already been developed. Locally, a time-limited group is to be established with relevant partners, such as GPs, Rotherham Adult mental Health, SYEDA, TRFT, Sheffield Health & Social Care etc. to review and align current eating disorder provision provided by each of these Providers.

In 2015/16 additional funding to establish this new community eating disorder service was received by the CCG from NHS England. This funding has continued in 2016/17, although at a slightly reduced level, and from 2017/18 will be part of the CCG funding baseline.

5.3 Caring for the most vulnerable

Work has already been undertaken in the areas outlined below. Additional work is planned relating to Children & Young people in the Criminal Justice system and also referrals from the Sexual Abuse Referral Centre (SARC). This is reflected in the LTP Action Plan.

5.3.1 Looked After Children (LAC) (Local Priority Scheme 8)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16.

There are good relationships between RDaSH and the RMBC Looked After and Adopted Children Therapeutic Team (LAACTT), with RDaSH providing enhanced support to LAC as required.

RDaSH CAMHS prioritises the assessment of LAC and treats cases as urgent. A pilot is proposed, starting from November 2016, to look at prioritising LAC for treatment by the CAMHS service.

The CCG supports the commissioning of CAMHS services for LAC placed outside of Rotherham and is developing a protocol to ensure that this works effectively. There is a growing demand for support for LAC placed outside of Rotherham and requiring local CAMHS access, and funding of £10,000 is being allocated in 2017/18 to support this increase.

5.3.2 Hard to reach groups (Local Priority Scheme 7)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16. Hard to reach groups are continuing to be targeted through the new CAMHS locality working model and identified through the new CAMHS SPA/Early Help Triage service.

5.3.3 Child Sexual Exploitation (CSE) (Local Priority Scheme 10)

On 26th August 2014 Professor Alexis Jay published an Independent Inquiry into Child Sexual Exploitation in Rotherham. The report, commissioned by Rotherham Metropolitan Borough Council (RMBC) as a review of its own practices, concluded that over 1400 children had been sexually exploited in Rotherham between 1997 and 2013.

In 2015, the 'Report of Inspection of Rotherham Metropolitan Borough Council' by Louise Casey CB revealed past and present failures to accept, understand and combat the issue of Child Sexual Exploitation (CSE), resulting in a lack of support for victims and insufficient action against known perpetrators.

Following these reports, the CCG invested in services to support people who had been affected by CSE and further strengthened this investment in the original CAMHS LTP. Funding has been directed at both Children's and Adult services.
Working with children and adults who have been affected by CSE remains a high priority for Rotherham CCG and a CSE pathway is now part of the newly reorganised CAMHS service. The service not only directly supports the victims of CSE but also staff in other services who deal with these victims. It also works directly with the voluntary sector in Rotherham, working with organisations such as GROW and Rotherham RISE.

It has not so far been possible to recruit to the vacant Family Therapist role within the CSE team and a CAMHS practitioner will be recruited to the team instead.

Expected outcomes;

- A holistic and joined up approach to address the mental health needs of people affected by CSE and a trained and supported workforce.

The main KPIs associated with the work will be:-

- Children & Young people who are believed to have been affected by CSE will be triaged for urgency within 24 hours.
- If the referral is deemed to be urgent, then the Child or Young Person will be seen within 24 hours.

The CAMHS CSE pathway also interfaces with the service being provided by Barnardo's which benefits from £3.1 million of funding. This is a discrete service which works across South Yorkshire. The Barnardo's service will be delivered by a team of 15 specialist workers up to 2018.

5.3.4 Changes to the use of police custody suites

Rotherham CCG has worked collaboratively with other CCGs in South Yorkshire and with South Yorkshire Police to ensure that provision is made for Children & Young People who would previously have been detained on custody suites. The current practice is that Children under 16 years will be taken to the Rotherham Hospital, and 16 and 17 year olds will be taken to the 136 suite at Swallownest Court.

5.3.5 General improved access to mental health services (for C&YP with a diagnosable MH condition)

The CCG has invested significant extra funding in increasing the capacity of the CAMHS service in Rotherham, through a general funding increase and specific local priority schemes as outlined above.

It is recognised that future investment will also need to be made in CAMHS capacity in future, in order to meet the aims of improved access by 2020/21 as outlined in 'Future in Mind'.

See 5.5.3 below for details of plans in 2017/18 to continue to increase and develop the workforce in Rotherham.

5.3.6 Learning Disability/Developmental Disorders

As detailed in Section 4 above, the local CAMHS service has undergone significant reconfiguration and there are now dedicated Learning Disability and Developmental Disorder pathways (ASD & ADHD).

The CAMHS LD service works closely with the Adult LD service and there are regular meetings to discuss patients transitioning between the 2 services.

Clinical Commissioning Groups in South Yorkshire have developed a Memorandum of Understanding (MOU) which outlines the agreement by partner organisations to provide an independent Clinical Expert (usually the CAMHS Learning Disability Nurse and/or an equivalent post) to take part in Care and Treatment Reviews (CTRs) for other partner organisations.

CTRs have been developed as part of NHS England's commitment to improving the care of people with learning disabilities and/or ASD with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities. It is expected that Rotherham CCG will require three CTR's per annum.

5.4 To be accountable and transparent

5.4.1 Co-Commissioning of Children's' Services in Rotherham

A Joint Commissioning Strategy has been developed which sets out the agreed joint and integrated approach for the commissioning of services for children and young people between RCCG and RMBC. It is intended to inform children, young people, families, partners, stakeholder's and communities about children's commissioning and to set out the intentions for 2015-17 based on demographics, the Joint Strategic Needs Assessment and what the parties have learnt from all stakeholders.

The Strategy describes the way RCCG and RMBC will work with all key partners to co-produce joint commissioning as a means of delivering the strategic vision of the Children and Young People's Partnership in Rotherham. This will include, for example, potentially pooling budgets, aligning service specifications and combining performance frameworks.

The two organisations work very closely already on the current commissioning of CAMHS services and RMBC is an associate to the mental health contract between RCCG and RDaSH and contributes £140k. The two parties are also actively discussing the option of establishing a Section 75 agreement to support the work in this area.

5.4.2 How the CAMHS LTP links with the Sustainability and Transformation Plan (STP).

Rotherham CCG has worked with other CCGs in South Yorkshire & Bassetlaw to develop a STP. One of the five main transformational programmes in the STP is 'Mental Health and Learning Disability' and there is a shared commitment to see 'Health as Health'.

Three main action areas relating to Mental Health & LD have been identified as below:-

- Health & Wellbeing – focusing on improving the physical health of people with mental health issues & Learning Disabilities. This involves close working with primary care services.
- Care & Quality – focusing on equality of access through mental health liaison services. The Rotherham based plan specifically targets the delivery of an all age psychiatric liaison service and also references the targets to increase the provision of CAMHS services so that a higher percentage of Children & Young People with a diagnosable mental health condition receive evidence based treatment.
- Finance & Sustainability – forming alliances with specialist mental health service providers & commissioners to ensure sustainability of services going forward and ensure that inpatient activity is appropriate and delivered locally.

5.4.3 Collaborative Working with NHS England

Both NHS England Specialised Commissioning Team and NHS England 'Health & Justice' have contributed to the development of the Local Transformation Plan as detailed below.

5.4.4 NHS England Specialised Commissioning Team

Mental Health Specialised Commissioning Team

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire.

The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers for the first-wave sites, working towards a 'go-live' date in October 2016 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- Improve access to community support
- Prevent avoidable admissions
- Reduce the length of in-patient stays and,
- Eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area; it is envisaged that the development of the LTP is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce the need for admission.

As mentioned in section 5.2.5, it is believed that there is already a positive impact in Rotherham as a result of having an Intensive Community Support Service in terms of reduced admissions to Inpatient services.

In order to improve the quality and outcomes for children and young people the Specialist Commissioning Team will work closely with identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of the variation that currently exists across YH to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness. This work will continue to be carried out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

In Summary, NHS England and local commissioners are continuing to work collaboratively in Y&H to ensure that they understand and address local issues that influence admissions to, and length of stay within, CAMHs inpatient services. This work will develop into Collaborative Commissioning plans (which should be in place by December, 2016), which will ensure that the future aims of the Future in Mind report are met in terms of admissions to Inpatient facilities being reduced to those that are only clinically appropriate, for the minimum length of stay possible and as close to the patients' home as possible.

NHS England Specialised Commissioning is a member of the CAMHS Strategy & Partnership Group.

Inpatient activity for Rotherham patients since 2012/13 is detailed below:-

Year	2012/13	2013/14	2014/15	2015/16
Total Inpatients	45	23	22	22
Admissions	42	20	18	15
Occupied Bed Days	2,768	2,113	2,015	2014

Regarding the admission gateway processes for Children & Young People with learning difficulties and/or challenging behaviour, RCCG continues to work with NHS England to ensure that this process is working. This relates to the use of a care & treatment review (CTR). See section 5.3.6 above.

Rotherham CCG, along with other CCGs in South Yorkshire is in a dialogue with NHSE Mental Health Specialised Commissioning Team regarding the future commissioning of the Amber Lodge facility in Sheffield. This facility supports children in primary schools with more severe behavioural issues with either an outreach or day care service. Discussions are ongoing around future collaborative commissioning opportunities.

The CCG and NHSE have also had an initial meeting to discuss the general move to more collaborative commissioning and the current impact of the Intensive Community Support service now operating in Rotherham. Further discussions are planned, including in the form of a workshop, in order to meet the requirement of having collaborative commissioning plans in place by December of 2016.

5.4.5 NHS England 'Health & Justice'

High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing. All children who come into contact with youth justice services are vulnerable by virtue of their young age and developmental immaturity. Many are doubly vulnerable in that they are disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. It is well established that children who offend have more complex health and support needs than other children of their age.

Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

Children who are, or who have been, in care are over-represented among the offender population. Research shows that 42% of children on custodial sentences had been 'held in care', while 17% were on the child protection register. Given what we know about the very high levels of complex needs among young people in secure settings, there is an urgent requirement to see young people in custody as children in need and for CAMHS to ensure access to the service is a priority. The case is particularly strong for those identified with early behavioural problems and ADHD (both of which are known to have strong associations with offending behaviour, substance misuse and later mental health problems), those who have suffered previous maltreatment, young females (who have high levels of mental

health and other needs), young people from BME communities (who remain over-represented in custody settings), and those with mild to moderate learning disabilities and communication difficulties, who currently fail to access community services. Children who offend don't always get early help with health needs – yet early intervention will lead to better outcomes. NICE guidance (2013) supports clearer evidence of what works to support children's and community outcomes – working with families and systems around young person.

Future in Mind recognised that commissioners across the whole system need to work together to ensure integrated care pathways to enable young offenders with mental health problems at all stages of the criminal justice pathway can get the most appropriate care at the right time by the right person.

The success of the Youth Offending Team (YOT) model has been widely acknowledged as an effective way of providing children who offend with the right mix of care, supervision and rehabilitation. The importance of integrated service provision within the Youth Offending Service (YOS) with clear care pathways is vital in the youth justice system where mental health problems in children who offend may be identified for the first time, but with a limited window of opportunity to assess need, plan for and deliver an appropriate intervention.
Challenges include;

- Threshold for acceptance into CAMHS is high and can exclude children with lower level, multiple and often complex mental health needs. Children under the supervision of youth justice services and those identified as being at risk of offending must not be marginalised and they should have equal access to comprehensive CAMH services.
- Specialist YOT CAMHs workers, or clear pathways into CAMHs, are needed to support children with a community sentence and should be available for those on release from secure accommodation.

Children referred to Forensic CAMHS (FCAMHs) may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. FCAMH services work collaboratively with other agencies working in the youth justice system, there should be a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public.
Challenges in service delivery include;

- The time of highest risk for children is during the transition between different parts of the pathway – it is essential this transition is managed safely and effectively. This is particularly the case for the transition from secure accommodation to increased independence and responsibility in the community. There is a need for children on release from the secure estate to be referred to a community forensic CAMHs if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention.
- The principle of 'equivalence of care' established that people (including children) in prison should have the same standard of care that is available to the wider (non-imprisoned) population. The 3 secure establishments for children in Yorkshire and the Humber; HMYOI Wetherby, Aldine House and Adel Beck Secure Children's Homes all have access to FCAMHs but there is often no community service to provide treatment or follow up available.

Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. At the point of arrest, there is an opportunity to identify these needs early on, to link young people and their families with the support they need and to reduce the chance of people going in and out of the youth justice system. Most adults with poor mental health first present with symptoms during their teenage years so early intervention is critical to promote children's life chances and reduce multi-sector costs. An independent evaluation found that

young people involved in L&D services took longer to reoffend and showed significant improvements in depression and self-harming.

Challenges in service delivery include;

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YOS, and voluntary health and social care services to meet their mental health needs. Clear care pathways need to be established into comprehensive CAMHs for children they are on the fringes of early criminal activity right up until their resettlement after custody.
- Pathways from L&D services will need to include services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.

In conclusion the youth justice system differs from the adult criminal justice system to reflect the fact that children have a different level of mental capacity, experience, maturity and different developmental needs. If evidence based mental health interventions are provided as soon as possible on entering the system or upon resettlement after custody, there is the greatest chance of avoiding the range of negative outcomes for these children.

As at July 2015, there were 3 Rotherham Children/Young People in Secure Children's Homes (SCH) and 1 Child/Young Person in a Young Offenders Institute (YOI).

Regarding Child Sexual Abuse Assessment Services in South Yorkshire (CSAAS), NHSE have signalled that they will in future fund all cases, both acute and non-recent, provided by Sheffield Children's Hospital in the dedicated SARC service. Previously this was only commissioned for acute cases.

5.5 Developing the workforce

5.5.1 Specific investment in Workforce Development and Development of Skills for Parents/Carers and Young People. (Local Priority Scheme 6)

The Workforce Development survey has been undertaken and the conclusions propose formulating a Workforce Development Framework which will provide clarity on training requirements at designated levels across a wide range of staff and organisations.

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. However the work outlined above is continuing.

5.5.2 Evidence based practice and Children and Young People's Improving Access to Psychological Therapies (CYP IAPT).

Rotherham has participated in the CYP IAPT initiative since October 2012 and **Local Priority Scheme 16** encompasses the specific training which is being undertaken by staff in Rotherham.

The CCG has a Memorandum of Understanding (MOU) with NHS England which covers the cost of the training and backfill for staff undertaking training through CYPIAPT. In the past NHS England has provided the full backfill costs to CCGs, but this is not the case for 2016/17 and future years. This will be a cost pressure for the CCG in future years.

The CCG also has a CQUIN in 2016/17 which supports the roll-out of Outcome monitoring in the CAMHS service. This will continue to be developed in future years, although not supported by a CQUIN.

RDaSH is also reporting its progress against the actions in 'Delivering with and delivering well' at the quarterly CAMHS Strategy & Partnership Group meetings.

5.5.3 Joint Agency Workforce plans

Through the extra funding made available to RDaSH CAMHS over the last few years, the workforce has been increased and strengthened. The CCG is also actively working with partner agencies and will prepare a Joint Agency Workforce plan by December 2016.

Discussions have already commenced concerning accessing the Health Education England (HEE) funding which has been identified to support the training and development of new CAMHS staff. This is for the development of staff either through the 'recruit to train' initiative, or through the development of 'Psychological Wellbeing Practitioners' (PWP). The CCG has agreed to consider investing in two PWP posts in 2017/18. Their full impact will take place in 2018/19. The joint agency workforce plan, once completed, will outline in more detail the expectations for additional staff to 2020/21.

In addition to the generation of new CAMHS posts as mentioned above, the following initiatives are promoting the development of the workforce in Rotherham:-

- CAMHS Locality workers are interfacing with schools & colleges to improve the understanding of mental health issues in those environments by education staff.
- The CAMHS CSE pathway is actively working with staff in universal health & social services to better deal with patients who have been affected by CSE.
- The CCG is supporting the CYPIAT initiative as detailed in 5.5.2.
- Funding from 2015/16 enabled a number of training courses to be delivered, including Mental Health First Aid (MHFA) and new staff in Rotherham are now able to deliver these courses.

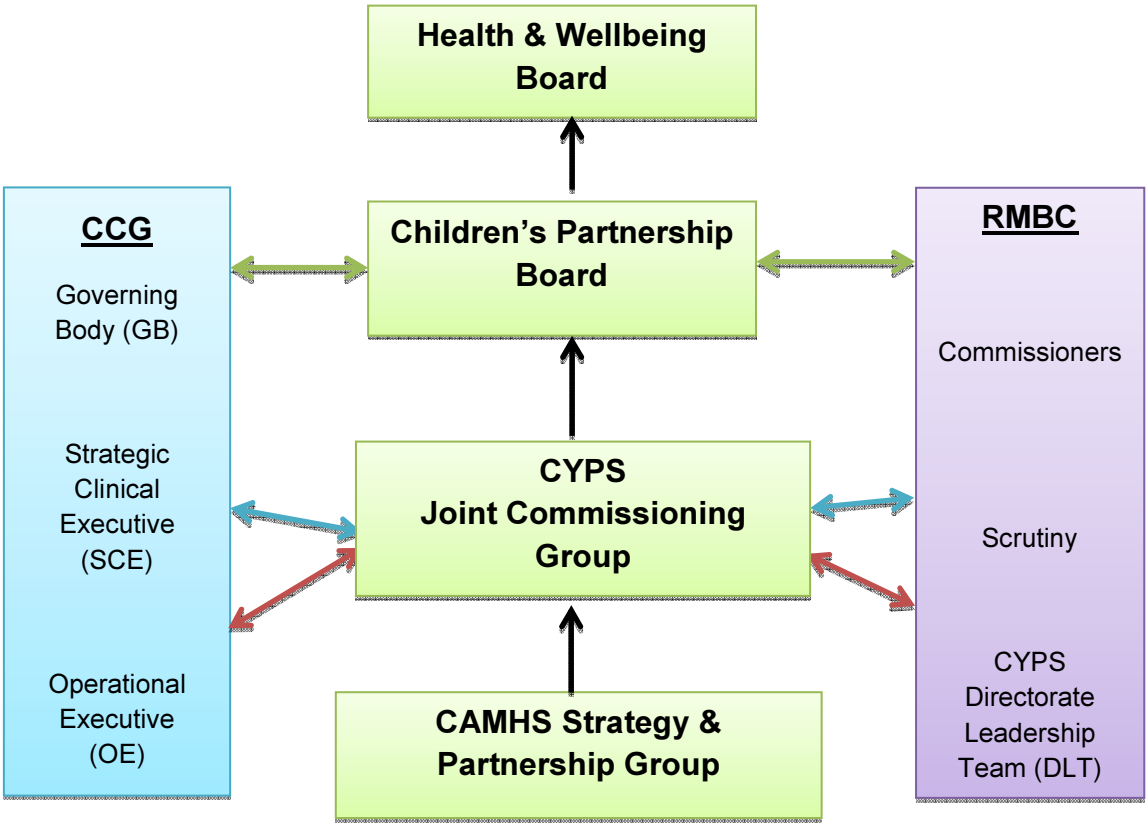
Section 6 - Governance and next steps.

6.1 Local sign-off of the Transformation Plan

This refresh of the Rotherham Local Transformation Plan has been signed off by the Chair and Deputy Chair of the Rotherham Health & Wellbeing Board, who are respectively:-

David Roche - Chair of the Rotherham Health & Wellbeing Board and RMBC Councillor
Julie Kitlowski - Vice chair of the Rotherham Health & Wellbeing Board and Chair of Rotherham CCG.

The following shows the governance arrangements:-



Implementation of the plan continues to be taken forward through monitoring of the action plan by the CAMHS Strategy & Partnership Group.

A new body was established in September, 2015 – The Rotherham Partnership – which the Health & Wellbeing Board now reports to.

6.2 Equality & Diversity

The Equality Act 2010 unifies and extends previous equality legislation. Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

The Protected characteristics within the Equality Act 2010 are:

- Age
- Disability
- Sex
- Sexual Orientation
- Race
- Gender reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Religion & Belief

This Transformation Plan specifically meets these requirements through work in the areas of Family Support Service (Section 5.1.3), Looked After Children (Section 5.3.1) and Child Sexual Exploitation (Section 5.3.3). In addition, work to engage with Children & Young People and their families and improve access to services through the SPA and Crisis response will ensure equality of access and good relations.

Going forward, Equality Impact Assessments (EIA) must be undertaken for all the development areas.

6.3 Ongoing monitoring of the Transformation Plan

The Rotherham CAMHS Local Transformation Plan 'Action Plan' continues to be the main mechanism through which the LTP is monitored. This is updated on a regular basis and discussed at the quarterly CAMHS Strategy & Partnership group meetings. Appendix 2 contains a list of the key areas of the 'Action Plan'.

6.3.1 – Risks around delivery of the Transformation Plan

In the original LTP a number of risks were highlighted around recruitment because it was felt that many local CAMHS services would be looking to expand CAMHS services from a finite pool of resource. Whilst there have been some delays in recruiting to specific posts such as Family therapists, in general the local CAMHS service has been successful in recruiting to a significant number. The main challenges have been around notice periods, induction processes and generally embedding new staff (and existing staff) in effectively a new structure.

The various non-recurrent investments undertaken in 2015/16 were successfully made with the exception of a scoping exercise around transition from CAMHS to Adult services, but this work has continued regardless.

6.4 Publishing of the Plans and declaration

The original LTP was published on the websites of key stakeholders including:-

- RCCG
- RMBC
- RDaSH
- The Rotherham Foundation Trust (TRFT)
- Healthwatch

This refresh, and future updates, will also be published in the same way.

Section 7 - Summary and Conclusion

In preparing this re-fresh of the Rotherham CAMHS Local Transformation plan, it was felt important to update on all the local priority schemes which made up the original LTP and outline how these have developed and been added to. Much work is still ongoing and there are robust processes in place – through the LTP Action Plan and quarterly CAMHS Strategy & Partnership group meetings – to continue to drive through the developments and ensure that the aspirations outlined in 'Future in Mind' remain on track.

There is still much to do, including developing a clear picture of what the future will look like, but it is clear that CAMHS services in Rotherham will be more robust, better able to meet the demands of the patients and their families and more focussed on real prevention. Agencies will be working much more closely together and providing 'joined-up' support to Children & Young people. Where patients need inpatient services, these will be locally based and only provided where absolutely necessary and for the shortest possible time. The primary aim will be to get children & young people back into the community and to their families.

Families will be encouraged and supported to enable and empower them to support themselves as much as possible, as will children & young people themselves.

Finally, the most vulnerable children & young people will be recognised as such and prioritised as appropriate to enable them to have the support they need in a timely fashion.

As has already been emphasised and was a key point in the original LTP, this is a 'live' document which will continue to evolve to ensure that the aspirations of 'Future In Mind' are met.

David Roche,
Chair of the Rotherham Health & Wellbeing Board

Signed…… Date……..

Dr Julie Kitlowski,
Vice Chair of the Rotherham Health & Wellbeing Board and Chair of the NHS Rotherham CCG Governing Body.

Signed…… Date……..

See below embedded document with scan of the above signatures.

Scan of H&WB Board signatures - 28th Oct

Appendix 1

Summary information relating to activity, funding and staffing of Emotional Wellbeing and Mental Health Services in Rotherham

***** Note, this has now been replaced by a separate Excel sheet, which accompanies this re-fresh.

Appendix 2

Summary of key Rotherham CAMHS development initiatives from the Local Transformation Plan 'Action Plan'. .

General Area, incl. ref. no.	Specific initiative	Timescale
Promoting Resilience, prevention & early intervention		
1.1 Perinatal Mental Health Pathway	Perinatal Task and Finish Group established (partnership group)	15/16
	Review current pathway	15/16
	Revise pathway following guidance	16/17
1.6 Family Support Service	Implement Service	15/16
	Evaluate/refine service	16/17
	Further develop the service	17/18
2. Whole school approach	Roll out SEMH initiative	15/16
	Enhanced mental health support to schools	16/17
	Further roll-out of the 'Whole School' approach	17/18 & ongoing
5. CAMHS Website	Further development	Ongoing
5b. Self-help	Youth Cabinet 'Self-help' conference	15/16
	Develop self-help techniques	16/17 & 17/18
Improving access to effective support		
6. New CAMHS model, e.g. 'Thrive'	Scope out new model	17/18
	Develop & roll out new model	17/18 & 18/19
7. Single Point of Access	Develop RDaSH SPA	16/17 & 17/18
7.5 One Stop Shop	Scope out one stop shops	17/18
8. Improving Communications & referrals	Implement Locality worker model	15/16
	Develop Family & patient based post diagnostic ASD support	16/17
	Named mental health leads in schools	16/17
	Scope out links between CAHMS & LD	16/17
	Appraise SEND roll-out	15/16
	Extend current peer support schemes	16/17 & 17/18
12. Crisis Care Concordat	Implement 'All Ages' Crisis Service	17/18 & 18/19
13. Intensive Community Support Service	Develop Intensive Community Support service	15/16
	Evaluate new service against inpatient activity	16/17
	Investigate 'place of safety' options.	16/17 & 17/18
15. Transition	Scoping exercise around transition	15/16
	Implement CAMHS Transition specification for both mental health and Learning Disabilities	16/17
	Develop & evaluate 'Ageless' service	17/18 & 18/19
17. Access & waiting time standards	Implement 18 weeks RTT reporting based on treatment	15/16
Caring for the most vulnerable		
20. Discharges from services	Audit the current DNA policy	Ongoing
24. Services for those sexually abused or exploited	Enhance CSE support	15/16
26. Co-ordination of services	Assess lead professional approach	15/16
28. Looked after and adopted children	Looked After and Adopted team in place	Ongoing
29. Children excluded from	Mental Health Locality workers embedded in the	15/16

Society	Early Help and other local teams.	
To be accountable and transparent		
30. Lead commissioner arrangements	Continue co-commissioning discussions between RCCG and RMBC	15/16, 16/17 & 17/18
31. Health & Wellbeing Board & JSNA assessments	Ensure up to date information & into the future	Ongoing
32. Co-commissioning of services	Develop Co-commissioning of community & Inpatient services to ensure smooth care pathways	16/17 & 17/18
33. NICE Quality Standards	Ensure that Providers take account of relevant NICE guidance	15/16
35. Mental Health Minimum Data Set	Ensure RDaSH implement in line with guidance and other providers as appropriate	15/16, 16/17 & 17/18
37. Access/Waiting Times/Outcomes	Implement waiting times standard for Early Intervention in Psychosis	16/17
Developing the workforce		
40. Training needs	Formulate Workforce development strategy	15/16 & 16/17
43. Children & Young Peoples IAPT	Continue local involvement	Ongoing
46. Engagement of Children, Young People & families in service development	Scope out engagement	15/16
	Implement & assess the new engagement strategy	16/17 & 17/18
47. Eating Disorder Community Service	Improve the access & waiting times for young people with an Eating Disorder	16/17 & 17/18

CYP Emotional Health Baseline Data Collection

Yorkshire and the Humber Clinical Networks

Introduction & Instructions

This template for recording emotional health services activity, workforce and investment builds on the template used in Y&H last year. The main difference is that a distinction is made between 'core' and 'allied' activity in the tables, as well as allowing a comparison between 14/15 and 15/16. The tables allow more discretion for individual services to subdivide services, or not to do so - within the overall divisions set out in the tables.

'*Core service* s' are defined as those services with a sole or predominant 'emotional health/ mental health' focus. '*Allied services'* are those services that make a contribution to the emotional health of children and young people, but are not exclusively provided/commissioned for this purpose. Some services, particularly in the third sector, may be funded to provide both core and allied services, and proportions of such services can therefore be allocated to both broad categories.

It is expected that the 'core columns' are completed. *It is at the discretion of individual areas as to whether they wish to complete the 'allied' columns.*

If you are unable to provide information please define whether it is either 'Not Known' or 'Not Applicable'.

The information provided will form part of what areas are expected to make publically available via other means. The overall intention of these tables is fourfold:

- To be transparent as the level of activity, workforce and investment in emotional health services in a CAMHS Partnership area, across all providers and commissioners.
- To demonstrate the changes in activity, workforce and investment levels over time.
- To provide some baseline data to enable areas to estimate changes in activity over time, as required for national reporting. (It is important to note that much activity, (e.g. at school level) cannot currently be collated, and that therefore overall increases will need to be estimated.)
- To highlight areas of service that are being provided, but where no data is available. (e.g. services based in schools). This inhibits the ability of the lead commissioner to plan services across the whole spectrum.

The core services are as follows:

'Emotional health' focused staff located in schools/clusters
Looked After Children CAMHS services
Multi Systemic Therapy Services
Early intervention emotional health focused service
Headstart projects
Youth Counselling Services
Public Health activities with an EH focus
NHS based CAMHS teams
Intensive home treatment CAMHS services
Projects working to address emotional impact of abuse
Specialist CAMHS services with specific remits - forensic, LD, ADHD, YOT etc
Third sector Services, or sections of services, with an explicit emotional health remit
Projects ascertaining YPs views as to local emotional health services
Any other service with an exclusive emotional/mental health remit

Allied services are as follows:

(These descriptions are drawn from are baseline statements in 14/15)

<u>School Based Services</u>
School based staff with overall pastoral and learning responsibilities (e.g. learning mentors, SENCOs)

<u>Local Authority and Third Sector Based Services</u>
Health visiting service
Children's Centres
Early Help and Safeguarding Support
Early Help Hubs
Generic family support services
Parenting support projects
Youth Support Services
Educational psychologists
Special Education Needs Assessment and Review Team
Behaviour support teams
Inclusion Teams
SEMH provision
Inclusion teams (Autism)
Complex medical needs and education team
Designated Looked After Children nurse
Leaving Care Services
Generic looked after children's teams
Overall YOT services
Young People's Drug services
School Nursing Service
Public Health activities focus on children generally.
Healthy Schools Projects
Teenage pregnancy projects
'Homestart' type third sector services
Young carer's schemes
Services with an overall remit to support young people
Services addressing abuse, trauma etc

Activity Tables

Name of Area: Rotherham CCG

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES	No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16
School Based Services	[Use/insert as many rows as necessary]					
RMBC	KN	KN	KN	KN	KN	KN
LAC (Virtual School)	KN	KN	KN	KN	KN	KN
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	0	0	0	0	0	0
LA Based Services	[Use/insert as many rows as necessary]					
LAACTT	361	511	287	479	150	208
Early Help Counselling	632	478	632	464	213	123
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	993	989	919	943	363	331
Third Sector Based Services	[Use/insert as many rows as necessary]					
MIND	101		101		68	
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	101	0	101	0	68	0
NHS Based Services	[Use/insert as many rows as necessary]					
RDaSH CAMHS	1243	1841	1086	1033	1288	KN
Eating Disorder RDaSH CAMHS	20		20		15	KN
LD Pathway	54	43	51	43	101	KN
ASD Diagnostic	114	70	98	70	138	KN
ADHD Pathway	85	KN	72	KN	298	KN
[Insert Service name]						
Sub-Total	1516	1954	1327	1146	1840	0
Total	2610	2943	2347	2089	2271	331

ALLIED SERVICES	No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16
School Based Services	[Use/insert as many rows as necessary]					
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	0	0	0	0	0	0
LA Based Services	[Use/insert as many rows as necessary]					
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	0	0	0	0	0	0
Third Sector Based Services	[Use/insert as many rows as necessary]					
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	0	0	0	0	0	0
NHS Based Services	[Use/insert as many rows as necessary]					
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
[Insert Service name]						
Sub-Total	0	0	0	0	0	0
Total	0	0	0	0	0	0

Workforce Tables

Name of Area: Rotherham CCG

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES			ALLIED SERVICES		
	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16		Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16
School Based Services	[Use/insert as many rows as necessary]		**School Based Services**	[Use/insert as many rows as necessary]	
RMBC	KN	KN	[Insert Service name]		
LAC (Virtual School)	KN	KN	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	0	0	Sub-Total	0	0
LA Based Services	[Use/insert as many rows as necessary]		**LA Based Services**	[Use/insert as many rows as necessary]	
LAACTT	5	5	[Insert Service name]		
Early Intervention Emotional service	7.6	2.4	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	12.6	7.4	Sub-Total	0	0
Third Sector Based Services	[Use/insert as many rows as necessary]		**Third Sector Based Services**	[Use/insert as many rows as necessary]	
MIND	1.8		[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	1.8	0	Sub-Total	0	0
NHS Based Services	[Use/insert as many rows as necessary]		**NHS Based Services**	[Use/insert as many rows as necessary]	
RDaSH CAMHS	28.55	KN	[Insert Service name]		
Eating Disorder RDaSH CAMHS	1.3	KN	[Insert Service name]		
LD Pathway	3.2	KN	[Insert Service name]		
ASD Diagnostic	2.6	KN	[Insert Service name]		
ADHD Pathway	2.14	KN	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	37.79	0	Sub-Total	0	0
Total	52.19	7.4	Total	0	0

Investment Tables

Name of Area: Rotherham CCG

Only include any investment in the most appropriate category. Do not include any service twice.
If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES - 2015/16								
Service type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services [Use/insert as many rows as necessary]								
MIND	60000	0						
Schools				80000	274918	156192	Education	CCG funded work around whole school approach
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
Sub-Total	60000	0	0	80000	274918	156192		
Early Intervention Services - Other Bases [Use/insert as many rows as necessary]								
RMBC	151766	143989		31738				2014/15 figure revised by RMBC
Patient Engagement				5000				
Family Support Service				32000				Rotherham Parents Forum
C&YP Advocacy Service				5000				Healthwatch Rotherham
[Insert Service name]								
[Insert Service name]								
Sub-Total	151766	143989	0	73738	0	0		
Services Targeted at Specific Vulnerable Groups [Use/insert as many rows as necessary]								
LAACTT	393979	438848		50000				2014/15 figure revised by RMBC
ASD Post diagnosis support				60500				ASD diagnosed C&YP
Hard to Reach Groups				21317				LGBT
CSE Training				14646				C&YP affected by CSE
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
Sub-Total	393979	438848	0	146463	0	0		
Specialist CAMH Services [Use/insert as many rows as necessary]								
RDaSH	139000	139000	2345000	2568105				
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
Sub-Total	139000	139000	2345000	2568105	0	0		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]				NHS E funding for 14/15 to be supplied by NHS E and entered here	NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS England	
Total	744745	721837	2345000	2868306	#VALUE!	#VALUE!		

ALLIED SERVICES - 2015/16								
Service Type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services [Use/insert as many rows as necessary]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
Sub-Total	0	0	0	0	0	0		
Early Intervention Services - Other Bases [Use/insert as many rows as necessary]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
Sub-Total	0	0	0	0	0	0		
Services Targeted at Specific Vulnerable Groups [Use/insert as many rows as necessary]								
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
[Insert Service name]								[Insert type of vulnerable group]
Sub-Total	0	0	0	0	0	0		
Specialist CAMH Services [Use/insert as many rows as necessary]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
[Insert Service name]								
Sub-Total	0	0	0	0	0	0		
Total	0	0	0	0	0	0		

****Need to confirm if 'Other' funding is RMBC on Ed Psyc service or traded, therefore schools funding source