HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 11th January, 2017**

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 - 15)
   Minutes of meeting held on 16th November, 2016

7. Communications/Updates

For Discussion

8. Communicating and Engaging on the Regional Sustainability and Transformation Plan and Rotherham Place Plan (Pages 16 - 25)
   - An opportunity to raise any questions and feedback on the issues
   - Tony Clabby (Healthwatch Rotherham) and Janet Wheatley (VAR) to present
   - Engagement on the STP with Elected Members

9. Health and Wellbeing Strategy (Pages 26 - 38)
   Aim 4 'Healthy Life Expectancy is Improved for all Rotherham people and the gap in life expectancy is reducing"
   Dr. Julie Kitlowski to present

10. Voice of the Child Lifestyle Survey 2016 (Pages 39 - 96)
Ian Thomas, Strategic Director, Children and Young Peoples' Services, to report

11. Caring Together - The Rotherham Carers Strategy (Pages 97 - 137)
Sarah Farragher, RMBC, to present

12. Rotherham Public Mental Health and Wellbeing Strategy 2017-2020 (Pages 138 - 161)
Jo Abbott, Assistant Director of Public Health, to present

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

8th March, 2017

Venue to be confirmed

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH AND WELLBEING BOARD
16th November, 2016

Present:-

Members:-

Councillor Roche	Cabinet Member for Adult Social Care and Health **(in the Chair)**
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Chris Holt	Rotherham Foundation Trust (representing Louise Barnett)
Sharon Kemp	Chief Executive, RMBC
Dr. Julie Kitlowski	Clinical Chair, Rotherham CCG
Carole Lavelle	NHS England
Sam Newton	Head of Service, Health and Wellbeing (representing AnneMarie Lubanski)
Robert Odell	South Yorkshire Police
Giles Ratcliffe	Public Health Consultant (representing Terri Roche)
Kathryn Singh	RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Ian Atkinson	Lead Officer, Health and Wellbeing Strategy Aim 2
Karla Capstick	Lead Officer, Health and Wellbeing Strategy Aim 1
Sarah Farragher	Head of Service Independent and Support Planning
Sandi Keene	Chair, Rotherham Safeguarding Adults Board

Officers:-

Kate Green	Policy Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Observers:-

Jo Parkinson	Communications, Public Health
Councillor Sansome	Chair, Health Select Commission
Janet Spurling	Scrutiny Officer, RMBC
Councillor Yasseen	

Apologies for absence were received from Louise Barnett (TRFT), AnneMarie Lubanski (RMBC), Councillor Mallinder, Terri Roche (RMBC) and Councillor Watson.

34. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

36. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 21st September, 2016, were considered.

Matters arising updates were provided in relation to the following items -

Arising from Minute No. 24(2) (Health and Wellbeing Strategy), it was noted that the Executive Group felt that plans should be ready for all 5 strategic aims so that progress could be made.

Arising from Minute No. 28(4) (Safeguarding Children Annual Report), the Executive Group had considered the issue of reporting to the Local Safeguarding Board but had not felt that was the correct process. Board members were reminded that discussions had taken place on the governance and the relationship between the Board and the Local Safeguarding Board and the Safeguarding Adults Board both of which were statutory Boards and independent.

Sharon Kemp reported that she was to meet with the Independent Chairs of both Boards with regard to their respective roles and governance. The comments made by the Board would be fed into the meeting as well as the previous discussions.

Arising from Minute No. 31 (Update from Self-Assessment Workshop), it was noted a report would be submitted to the next meeting.

It needed to be clear that there was only one discussion on Care Navigators and from the Health and Primary care setting perspective.

It was also important that the Task and Finish Group met as soon as possible and included public involvement in Board meetings as part of their discussions.

Resolved:- (1) That the minutes of the previous meeting of the Board, held on 21st September, 2016, be approved as a correct record.

(2) That Sharon Kemp report back to the Board on the outcome of her discussions with the Independent Chairs of the Local Safeguarding Adults and Safeguarding Children's Boards.
Action:- Sharon Kemp

37. COMMUNICATIONS/UPDATES

The Chair reported the following:-

- Correspondence received from the Secretary of State for Health and the Police Service suggesting that there should be representation from the Police on Health and Wellbeing Boards

- Copy of the latest Health and Wellbeing Board Bulletin had been circulated

- The Council had successfully passed a motion supporting the local pharmacies and the retainment of the national funding and had requested the Government to reverse the proposals

- The Sustainability and Transformation Plan had been published on 11th November and was now out for consultation.

Resolved:- That half of the Board meeting on 11th January, 2017, be devoted to the Sustainability and Transformation Plan.

38. HEALTH AND WELLBEING STRATEGY AIM 1 - ALL CHILDREN GET THE BEST START IN LIFE

Dr. Richard Cullen, CCG, and Karla Capstick, Lead Officer Aim 1, gave the following powerpoint presentation:-

Aim 1 – All children get the best start in life

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 – went 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 – 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
- 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

Shared Strategy – Aim 1 was closely aligned to (shared priorities)

- The Children and Young People's 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 Start/ and taking frontline staff to consult as part of Action 2

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 further actions/Strategy of the Best Start Partnership

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'
- Explore opportunities for improved use of ICT such as use of digital apps, opportunities to digitise child records etc.

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

- There had been a number of "best start" programmes in Rotherham previously; it was proposed that all the professionals in 0-5 and the pre-birth age group be pulled together to ascertain what each provided, avoid duplication and develop 1 action plan that covered the whole 0-5 agenda

- There was a possible link between the lower breastfeeding rates/lower time spent breastfeeding and the higher oral decay rates

- Rotherham should have a more innovative approach which includes access to cultural and wellbeing activities along with health and medical services

- Work was taking place at City Region level around developing a Wellbeing Indicator and looking at the health of people in work and poverty

- The effects of drinking during pregnancy was not fully understood

- Public Health were revisiting their smoking cessation and alcohol screening work

- The Early Help Strategy consultation had gone live

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

(2) That Children and Young People's Services submit proposals to the next Board meeting regarding raising aspirations and addressing the social issues.
Action: Ian Thomas

(3) That the Early Help Strategy be circulated to Board Members as part of the consultation process.
Action:- Kate Green

39. HEALTH AND WELLBEING STRATEGY AIM 3 - ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

Kathryn Singh, RDaSH, and Ian Atkinson, Rotherham CCG, gave the following powerpoint presentation:-

Aim 3: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

We will
- Improve support for people with enduring mental health needs, including Dementia, to help them live healthier lives
- Reduce the occurrence of common mental health problems
- Reduce social isolation

Joint Strategic Needs Assessment – Mental Health
- 1 in every 4 people in the United Kingdom suffer a mental health problem in the course of a year
- People with serious mental health problems have their lives shortened by 14-18 years on average
- Mental health problems are often found co-existing with physical health problems such as Diabetes and circulatory problems
- Quality of life has a major influence over the development of mental health problems
- Healthy living can help to protect against mental health problems. It is associated with significant economic impacts to the individual and wider society
- Dealing with mental illness is one of the major areas of expenditure for the NHS

Joint Strategic Needs Assessment – Focus on Dementia
- The estimated national diagnosis rate for Dementia as at April 2016 was 66.4% - Yorkshire and Humber it is 69.8%
- The Dementia diagnosis rate in Rotherham (2016) is estimated to be 73.3% which is higher than the regional or national average with Rotherham rated 8th highest in the region and 51st highest in England (out of 209 CCGs) for diagnostic rates

- An estimated 3,239 people aged 65+ in Rotherham were predicted to have Dementia in 2015 of whom 64% are women. 2,260 people aged 65+ have been diagnosed with Dementia in Rotherham in April 2016
- 42% of people aged 65+ with Dementia over 85 years and the condition affects 24% of all people aged 85+ in Rotherham

Mental Health and Wellbeing Workshop – February 2016 (25 attendees)

- Priorities workplace health and wellbeing
- Improving resilience in the community
- Making Every Contact Count
- Introduce Mental Health Impact Assessments

What has changed over the last 12 months

- Prevention
  - Partners now signed up to Making Every Contact Count
  - Range of healthy workforce initiatives e.g. Mindfulness Mental Health First Aid, CCG, RDaSH Healthy Workforce, TRFT incentive through CQUIN
  - Continue to deliver Suicide Prevention Strategy
  - Currently developing the Public Mental Health Strategy – led by RMBC
- Service Improvements
  - Introduction of Dementia diagnosis in Primary Care – July 2016
  - Social Prescribing model rolled out to Mental Health – great success
  - Enhanced Mental Health liaison in the hospital setting
  - Continued focus on improving access to psychological therapies
  - Align Service provision to focus on physical and mental health e.g. locality working and Woodlands (inpatient)
  - Significant investment in Rotherham CAMHS - £620,000
  - Locality working – mental health colleagues working alongside other parents crosscutting work e.g. Diabetes care/respiratory
  - Starting to harness new ways of working with voluntary sector through Social Prescribing to tackle isolation
  - Reconfiguration of RDaSH Mental Health Services into localities

What Next

- Continue to focus on improving Rotherham CAMHS
- Plan to very challenging national targets for IAPT and Early Intervention Psychosis
- Continue to consider different uses for Social Prescribing for prevention and to tackle isolation
- Roll out of Making Every Contact Count
- Continue to build on the positive work taking place around workforce health and wellbeing
- Joint approach to developing a new Autism Strategy for Rotherham

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

- The nature of the Making Every Contact Count model to be adopted by all partners

- The need for the Board and partners to agree a common approach that over the next 12 months they would work with their own staff and partners and give simple health prevention messages

- Mental Health was a key driver of Rotherham's Locality Plan

- The Strategic Director for Adult Care and Housing was working on an all age Autism Strategy with input from Children and Young People's Services

- Additional funding was being put into CAMHS transition services. The services provided for Adults had to be matched to those provided for Children. Consideration would be given to any bespoke responses that were required as part of the CAMHS transformation work

- The Strategic Directors for Adult Care and Housing and Children and Young People's Services were leading on a piece of work about transitions

Giles Ratcliffe, Public Health, reported that Aim 4 (reducing inequalities and increasing life expectancy) was bringing together a cross-partnership strategic steering group for MECC which would hopefully soon agree the principles/2-3 messages.

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

(2) That Aim 3 develop an action plan for presentation to the Board in April, 2017.
Action:- Ian Atkinson, Kathryn Singh

(3) That the Strategic Directors for Adult Care and Housing and Children and Young People's Services link in with RDaSH with regard to the transition from Children to Adult Services.
Action:- AnneMarie Lubanski/Ian Thomas

40. SUSTAINABILITY AND TRANSFORMATION PLAN

Chris Edward, CCG, reported that the Plan had been published on Friday afternoon (11th November) in accordance with NHS England's agreement.

The Plan's ambition, vision and priorities were supported by himself, the Council, Foundation Trust and RDaSH but recognised that it now needed to be considered through the formal governance processes as part of the consultation period.

Sharon Kemp stated that all the ambitions contained therein were supported but there was no specific detail behind them and until there was that further detail, it was not possible to consider the position of how the actions and priorities be achieved. The key issue for each of the organisations was to ensure Member involvement and the opportunity to reflect and consider.

The Chairman reported that Sir Andrew Cash had called together all Health and Wellbeing Board Chairs across South Yorkshire and Bassetlaw. It was acknowledged that there were some very good principles in the document which could be signed off but the Appendices containing the financial information and outcomes had not been seen as yet.

There was a meeting the following day of the regional Chairs and other senior members of Health and Wellbeing Boards, where the STP was the main agenda item.. The importance of Health and Wellbeing Boards and their role and what it meant in practice had yet to be fully revealed.

Resolved:- That the update be noted and a dedicated slot on the next meeting be allocated to look at the SRP in more detail.

41. ROTHERHAM PLACE PLAN

Chris Edwards, Chief Officer Rotherham CCG, presented an update on the development of the latest iteration of Rotherham's Integrated Health and Social Care Place Plan.

The report set out the amendments that had been made since the September Board meeting.

The Board also received the finalised 3 minute animation which told the story of innovations within the Rotherham Place Plan.

It was noted that the governance structure continued to evolve with further discussions with partners taking place before final approval and that the overall financial gap and elements of estimated savings were still to be confirmed.

It was a good news story for Rotherham and ways had to be found of communicating it to the wider public.

Discussion ensued with the following issues raised:-

- Elected Members should be included in the further work with the Rotherham Together Partnership

- The need to access any funding stream available. A recent visit had been made to Morecambe, a vanguard, who were 2 years further

down the integrated way of working than Rotherham was trying to achieve, but had received funding of £10M; Rotherham was remodelling with no additional funding

- Rather than 6 localities there would be 7 footprints each with its own way of serving its own particular footprint and its health needs

- The need for the Board to see the governance structure

- The Plan clearly stated what could be done with existing resources and the time it would take if no additional funding was provided

- It was known that the outcome of the pilot may result in a change to Services

- It was not known how the Place Plan would be treated within the STP process but should not prevent it from being promoted

- The need to involve children and young people who had very clear ideas and would be an ideal resource

- The need for a "name" for the Place Plan

Resolved:- (1) That the progress made be noted.

(2) That Carole Lavelle ascertain if there was any NHS England funding streams available that Rotherham could access.
Action:- Carole Lavelle

(3) That the Foundation Trust, CCG and Council Barnett, Julie Kitlowski, Chris Edwards and Sharon Kemp discuss how to capitalise upon the impact of the Place Plan.
Action:- Louise Barnett, Chris Edwards, Julie Kitlowski and Sharon Kemp

42. RDASH INSPECTION

Kathryn Singh, RDaSH, submitted an update on the progress that the Rotherham Doncaster and South Humber (RDaSH) Foundation Trust had made following its CQC inspection and the re-inspection undertaken in October, 2016.

During September, 2015, RDaSH had received a Comprehensive Trust-wide inspection with the following ratings received across the 5 domains:-

Safe – requires improvement
Effective – requires improvement
Caring – good
Responsive – good
Well led – good

Each of the 18 Services had also been visited and received 4 requiring improvement, good in 12 and outstanding in 2.

In the summer of 2016 notification had been received that a planned re-inspection would be undertaken via a series of unplanned or short notice visits to the 4 Services areas that required improvement i.e. Learning Disability Community Services, CAMHS, Adult Mental Health Community Services and Drug and Alcohol Services.

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

The Trust now awaited the outcome of the most re-inspection and was expecting to receive individual Service reports (for those Services re-inspected). An overall summary report was anticipated by the end of December, 2016/early January, 2017.

Building on the work undertaken following the 2015 inspection, known as Phase 1 in the Trust, work had started on developing a Phase 2 Sustainable Improvement Plan that focussed on embedding improvements, themes and triangulation of work that had been completed across the organisation.

It was noted that an action plan had been developed and was available on RDaSH's website.

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

(2) That the action plan be circulated to all Board Members.
Action:- Kate Green

43. HEALTHY AGEING FRAMEWORK UPDATE

Giles Ratcliffe, Public Health, presented a progress report which included the consultation schedule and the proposed changes to the Healthy Ageing Framework. The Framework aimed to develop a co-ordinated strategic approach to commissioning and delivering services for Rotherham's ageing population.

Consultation sessions had been held in the late summer/Autumn with findings provided by over 50 Rotherham residents. The need for a co-ordinated approach and the development of the Framework had been welcomed, however, it had been suggested that a more easy to read document with less system-wide jargon be developed. It had also been discussed with voluntary sector groups and Healthwatch.

During the development and consultation, the World Health Organisations "Age friendly cities and communities" programme had been shared with Rotherham stakeholders. The WHO programme allowed communities to

tap in to the potential of older people and ensure that developments were suitable for Rotherham's ageing population. The programme was an internationally recognised approach.

Tony Clabby reported that, from the events held during the recent Older People's month, there was an overwhelming view that people wanted to get behind the concept of an age friendly town.

The Chair commented that there were numerous strategies but there was a need for them to fit into the frameworks.

The Rotherham Together Partnership would be the appropriate facility for the discussion regarding work across the piste and the Borough.

Resolved:- (1) That the consultation findings and the changes to the Healthy Ageing Framework be noted.

(2) That the Framework be used as part of the commissioning and planning of services for Rotherham's ageing population.

(3) That Public Health 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 supported the health and wellbeing of all residents.
Action: Giles Ratcliffe

(4) That the Rotherham Together Partnership discuss the bringing together of strategies and frameworks with the aim of an age friendly community.
Action:- Sharon Kemp

44. CARING TOGETHER - THE ROTHERHAM CARERS' STRATEGY

Sarah Farragher, Adult Social Care and Housing, presented the Rotherham Carers' Strategy.

It was a partnership Strategy which had engaged with Rotherham Age UK, the Adult Services Consortium, Rotherham Carers Forum, Voluntary Action Rotherham, the Council and the CCG. Unfortunately it had not engaged with the Foundation Trust but there was still time to do so.

The Strategy had been developed in 2 stages; firstly the development of the Young Carers section which had been led by Linda Harper in conjunction with Barnados and the second stage the carers in conjunction with the partners listed above.

The Strategy had 6 outcomes:-

- Carers in Rotherham are more resilient
- The caring role is manageable and sustainable
- Carers in Rotherham have their needs understood and their wellbeing promoted
- 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
- Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time
- Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers

It was recognised that informal carers were the backbone of the health and social care economy and that enabling them to continue in the role was vital. It was important that all carers, including young and hidden carers, were identified and supported.

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

- Pleasing to see the important emphasis given to young carers which was a big issue and who needed all the support available

- The impact of some of the transformation programme which would impact on some carers particularly those caring for someone with learning disabilities

- The Hospital often felt the impact when a carer was unwell resulting in the cared person being admitted

- A number of GP surgeries now had carers clinics – it was an aspiration to have a Children's Champion in every surgery

- The carers/hidden carers were the ones left with the cared for person when the Services had gone and some support had to be found to help them to avoid crises situations

It was noted that the report would be submitted to Cabinet for endorsement. It was suggested that it then be submitted to back to the Board for sign off in January.

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

(2) That a meeting be held as soon as possible between the Foundation Trust and Sarah Farragher for their input to the Strategy.
Action:- Sarah Farragher

45. ROTHERHAM SAFEGUARDING ADULT BOARD 2015-16 ANNUAL REPORT

Sandie Keene, Chair of Rotherham Safeguarding Adult Board, presented the Board's 2015-16 annual report.

Whilst good progress had been made there was still much to do. It was the Board's aim to ensure that everyone in the Borough shared its zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

Sandie highlighted:-

- The Board had reviewed its membership and agreed its priorities
- Insufficient knowledge about the trends and comparisons on safeguarding issues in the Borough in comparison to other areas
- Performance information beginning to grow and develop
- Increased quality assurance of individual cases required
- Emerging Safeguarding Adult Reviews of historical cases
- Discussion regarding creation of a budget for 2017-18 with possible contributions from agencies

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

- There was a backlog in the number of Mental Capacity Act and Deprivation of Liberty Safeguards assessments that the Council had to carry out. Adult Social Care was looking to resolve the situation as soon as possible

- Care homes continued to be of concern with regard to the quality of safeguarding issues which hopefully the alignment of homes to GP practices would ease

- How could care home staff be upskilled to add to the quality of care without funding or resources? (It was hoped to have a representative from the providers on the Board in the future)

- It had been apparent at the Older People's Summit that people were not aware what the Safeguarding Adults Board was

It was noted that the Strategic Director for Adult Care and Housing was conducting a piece of work on care homes and planning for the future as well as the Local Authority and statutory organisation having a duty with regard to adult safeguarding.

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

(2) That Sharon Kemp discuss with AnneMarie Lubanski and the CCG to improve the quality of care and the provision of care homes for the future.
Action:- Sharon Kemp

46. CAMHS PLAN

The Board noted the refresh of the CAMHS Transformation Plan for Rotherham.

47. DATE, TIME AND VENUE OF THE FUTURE MEETINGS

Resolved:- (1) That future meetings take place on: -

- 11th January, 2017 (9.00-11.30 a.m. extended meeting to include the Sustainability and Transformation Plan)
- 8th March, 2017.

Lead Officers	Tony Clabby, Healthwatch Rotherham
	Janet Wheatley, VAR

Purpose:

To inform the HWB of the regional arrangements for engagement and communication in the STP and Place Plan
To seek arrangements and support for local actions in regard to the above.

Background:

Regionally, work is starting on engagement and communication on the STP, linked closely to local place plans. Officers from RCCG, Healthwatch and VAR have been involved in these initial discussions, working with counterparts across the region; this work is led by the regional staff (Helen Stevens).

Outlines of key messages have been produced that will inform and shape consultation and engagement across the region; these include:

- Healthcare- and the NHS – has always changed, in order to meet the changing needs of patients and to deliver new and innovative – and life changing treatments. Much of what we have available today as routine treatments and procedures were fantastical dreams when the NHS began. Currently, no change is not an option, transformation is needed to ensure sustainability
- One important message will focus on changing behaviours – of both staff and of patients. This is around how we use health services, and how we take responsibility for our own health.
- The drive for great quality services for everyone, regardless of where people live or other factors; to make sure this happens we need to ensure services work together and use new technologies effectively
- Another key message will be around funding as a driver, however this will need careful wording

Our plans locally

Across the STP footprint, Healthwatch and VCS bodies are being offered £5k each from regional funds to undertake engagement on the STP and place plans late January and running -April2017. In Rotherham, we are suggesting the following approach

- We have presentation already developed and delivered to VCS bodies, with excellent feedback – this we feel would need only a small amount of change to be used more widely
- Locally, our aim would be to describe the STP briefly as context, but to base the majority of the conversation on the place plan.
- We would want to be very clear about what could be changed, and what not – ie some elements of this must be information giving only.
- We recommend a series of engagement events, targeting north, south and central, and some communities of interest. Healthwatch and VAR will recruit to these (between 3 and 6 events)
- We recommend that the events are led by very senior staff – Chris Edwards, Sharon Kemp, Louise Barnett; in addition to leads from Healthwatch and VAR
- In addition, we ask that engagement/comms leads from all partners are identified and actively help/support/promote the work

Analysis of key issues and of risks

Not to engage widely on STP and Place Plans, is not an option. Engagement is mandated in commissioning decisions in the 2012 Health Act; in addition, engagement in STPs has been promised by parliament. Moreover, we want to involve people locally in these important discussions, and shaping the work locally.
The main risks are:-

- That interest is low, recruitment to events is low, and we do not engage Rotherham people in active debate on this work. This could potentially mean that we could be subject to challenge and review on our plans.
- That local campaign and interest groups become active and target this work, as has happened in other areas.

Patient, Public and Stakeholder Involvement:

This work will take forward involvement in all areas

Equality Impact:

A full equality impact and stakeholder analysis will be completed as part of the work, and will inform specific actions, targeting overlooked groups as deemed necessary.

Financial Implications:

Funding has been agreed regionally to carry out this activity; £5k for both Healthwatch and VAR.

There will be a financial implication for all stakeholders involved in respect of releasing staff to implement the work and attend the events as described.

Human Resource Implications:

NA

Procurement:

NA

Approval history:

NA

Recommendations:

That the plans in outline are agreed.

That officers are nominated in all bodies to take this work forward

That all stakeholders commit to supporting this work; including actively promoting engagement.

Sustainability and Transformation Plan

The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) is available via the following link: http://www.smybndccgs.nhs.uk/what-we-do/stp

Elected members have previously had an opportunity to hear more detail about the STP and ask questions/provide feedback during a session at the Health Select Commission meeting on 1st December, 2016. The Minute from this meeting relating to the STP is provided below.

Minute No. 54.
"Chris Edwards (Chief Officer, Rotherham Clinical Commissioning Group), Louise Barnett (Chief Executive, The Rotherham Foundation Trust) and Sharon Kemp (Chief Executive) gave the following powerpoint presentation:-

Our Ambition:-
"We want everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and live longer"

Why we need to change
- People are living longer – and their needs are changing
- New treatments are emerging
- Quality, experience and outcomes are variable
- Health and care services are not joined up
- Preventable illness is widespread
- Shortage of clinical staff in some areas
- We have inequalities, unhealthy lifestyles and high levels of deprivation in South Yorkshire and Bassetlaw
- There are significant financial pressures on health and care services with an estimated gap of £571M in the next 4 years

Health in its wider context
- Being healthy is about more than just health services
- 80% of health problems could be prevented
- 60% are caused by other factors:
  Socio-economic status
  Employment
  Housing
  'non-decent' homes
  Access to green space
  Social relationships/communities
- Public service reform
  Personalised support to get people into work
  Support young people facing issues
  Develop wraparound services
  Structure ourselves better
  Make money work better to achieve outcomes

Reforming our services

- We have a history of strong partnership working
- We want to work together in new ways
- Key to our success will be:
  Developing accountable models of care
  Building on the work of the Working Together Partnership Acute Care Vanguard
  Joint CCG Committee
  Local Authorities working together

Developing and Delivering the Plan

- £3.9Bn total Health and Social Care budget
- 1.5M population
- 72,000 staff across Health and Social Care
- 37,000 non-medical staff
- 3,200 medical staff
- 835 GPs/208 practices
- 6 Acute Hospital and Community Trusts
- 5 Local Authorities
- 5 Clinical Commissioning Groups
- 4 Care/Mental Health Trusts

Developing the Plan

- Built from 5 ‘place’ based plans – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield
- 8 workstream plans (now our priorities)
- Chief Executive and Chief Officer led

Our Priorities

- Healthy lives, living well and prevention
- Primary and Community Care
- Mental Health and Learning Disabilities
- Urgent and Emergency Care
- Elective and Diagnostic Services
- Children’s and Maternity Services
- Cancer
- Spreading best practice and collaborating on support office functions

Shadow Governance – Strategic Oversight Group

- Collaborative Partnership Board – membership includes
  5 Clinical Commissioning Groups
  5 Local Authorities
  5 Foundation Trusts
  4 Mental Health Trusts
  NHS England
  Voluntary Sector
  Healthwatch
- Executive Partnership Board
- Joint Committee CCGs
- Provider Trust Federation
- STP Delivery Unit

Reshaping and rethinking Health and Care
Our focus will be
- Putting prevention at the heart of what we do
- Reshaping and rethinking primary and community-based care
- Standardising hospital care

Putting prevention at the heart
- Drive a step change in employment and employability
- Help people to manage their health in their community with joined up services
- Invest in a region-wide Healthy Lives programme – focussing on smoking cessation, weight loss and alcohol interventions

Reshaping Primary and Community Care
- Improving self-care and long term conditions management
- Social Prescribing
- Early detection and intervention
- Urgent care intervention and treatment closer to home
- Care co-ordination

Standardising hospital care
- Reshaping services
- Managing referrals
- Managing follow-up appointments
- Diagnostics and treatment
- Reviewing local and out-of-area placement in Mental Health Services
- Specialised services

Early Implementation
- Spreading best practice and collaborating on support office functions
- Children's surgery and anaesthesia
- Hyper Acute Stroke Services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

Financial Challenge
- We currently invest £3.9Bn on Health and Social Care in South Yorkshire and Bassetlaw
- If we do nothing we estimate a £571M gap by 2020/21:
  £464M Health gap
  £107M Social Care gap

Putting the Plan into action - Our Objectives
We will:-
- Reduce inequalities
- Join up Health and Care Services
- Invest and grow Primary and Community Care
- Treat the whole person, mental and physical
- Standardise Acute Hospital care
- Simplify Urgent and Emergency Care

- Develop our workforce
- Use the best technology
- Create financial sustainability
- Work with patients and the public

Engagement
We will:
- Connect and talk with our communities
- Connect and talk with our staff
- Foundation is in place with:
  Partners' communications and engagement group already set up
  Strategy in development
  Local conversations in 'place' already happening

Our Timeline
- Collaborating on support office functions – 2016-2019
- Develop network approach to services – 2016-2021
- Review Hospital Services and resources – 2016-2017
- Develop accountable care systems – 2016-2020
- Implement GP Forward View – 2016-2020
- Improve self-care and long term management of conditions – 2016-2021
- Focus on employment and Health – 2017-2020
- Invest in Primary Care and Social Prescribing – 2017-2020
- Develop and invest in Healthy Lives Programme 2017-2021
- New model of Hyper Acute Stroke Services – 2016-2019
- New model of Children's Surgery and Anaesthesia Services – 2016-2019
- New model of Vascular Services – 2016-2019
- New model of specialist Mental Health Services – 2017-2020
- New model of Chemotherapy Services – 2016-2018

Discussion ensued with the following issues raised/clarified:-

- There had been a lot of the concern regarding the decision by NHS England to keep the STPs confidential. Some other areas had gone against NHSE advice and published their STPs early. Would it have been better for South Yorkshire and Bassetlaw if it had been published early? All Plans would be available in the public domain by Christmas; Rotherham's had been published in November. Everything going forward would be in the public domain. With hindsight it was a misjudgement to have kept it private.

- What was the aim of the consultation or was it an information sharing exercise? The Plan contained a set of aspirations. Working together across South Yorkshire was something everyone would want with increased prevention, joined up services and integration across Health and Social Care. However, the devil would be in the detail as during the course of the next 4 years when the business cases that underpinned the Plan were submitted there would be deeper discussions.

- Would the consultation change anything? The Plan was an aspiration and if people thought the aspiration was wrong then it needed to be known. It was an evolving document.

- Was the "80% of health problems could be prevented" a snapshot of South Yorkshire and Bassetlaw or a national figure? It was a national statistic.

- With regard to governance, Sir Andrew Cash had recently stated to all the Chairs of Yorkshire Health and Wellbeing Boards that there would be an Accountability and Commissioning Board where any resources, be it staff or otherwise, would go. The Board would be Chaired by him and it would make decisions as to where the funding would go. The model set up did not take into account the key accountability of Members of any Council who were accountable to the electorate for any resources they spent. Currently there was very little information being communicated with regard to the key accountability of Members and that was a real concern – The only governance the 3 Chief Officers were aware of was that contained within the presentation i.e. the Collaborative Partnership Board whose membership included the 4 Chief Executives who were very clear that they had no mandate to make any actions/decisions through the Board and that they had to go through each of their organisation's decision making processes. That feedback had been consistent. The 4 Chief Executives needed to be part of the Partnership Board to influence and ensure key local issues were taken into account and make sure that whatever came out of the STP delivered the Rotherham Place Plan as that was what would make a difference to Rotherham residents.

  The Cabinet Member would receive briefings. However, there was a need to get complete clarity with regard to the governance and where the decision making rested. The 3 Chief Officers were firmly of the view that the Partnership Board was an officer working group that would feed back into the respective decision making processes.

- Children's and Maternity Services had been included as 1 of the Plan's priorities and mentioned how a particular challenge was staffing it 24/7. Was this solely down to the lack of workforce and if so what had led to that shortage? Was it national or just a challenge for Rotherham and South Yorkshire? There were a number of factors for The Foundation Trust but workforce was always a significant challenge and there were national workforce challenges. You also had to be cognisant of the size of services, the level of demand and complexity of need. As an organisation, the Trust was very clear and committed to the delivery of high quality Children's and Maternity Services. They were provided 24/7 and consideration was being given as to how to better provide those services going forward.

  A key part of the Place Plan would start developing around Children and working with all the partners across Rotherham to work through how to meet their needs well. From that basis the Trust would then be contributing into the STP to ensure that where the Trust may need collaboration with other acute organisations to perhaps improve on clinical input which could be delivered to support services for Rotherham, this would be secured to deliver the Place Plan.

  Staff shortages were not particular to Rotherham. Like many organisations, the Trust struggled to recruit and was trying very hard currently to ensure that it created an environment where it could retain the staff it had and reduce turnover whilst at the same time creating an attractive place to work for other colleagues.

The Trust had recently recruited some quite exceptional individuals to help lead elements of those but continued to have vacancies in some areas.

- Rotherham should not dilute the great services it had to its detriment for the wellbeing of other places – If done correctly, the STP should be a huge opportunity for Rotherham. The Foundation Trust was very self-aware but there were several specialities that needed collaboration to be sustainable. Hopefully the process would allow hospitals to collaborate with Rotherham patients treated in Rotherham unless there were good reasons, clinical or financial. The default position was work behind the scenes to manage the workforce and the patient being offered treatment on the same site. The majority of services should be provided from the same site.

- The interim governance arrangements would remain in place until April 2017 during which time a review would take place. What was currently operating? Where was the review and what was it moving to? What we have now was the arrangement on the slide with the 17 organisations having met once as the Collaborative Partnership Board. The review was to take place by April, 2017. It would be the expectation that the Collaborative Partnership Board would receive the review. The questions posed would be raised at the Partnership Board.

- Had work taken place on the specialist areas possibly being brought together with regard to patients' families travelling to visit and the associated costs? Work was commencing on the 8 workstreams and would result in business cases and proposals for change. If there were major changes it would have to go to full consultation and mapping of the impact for patients and family but had not reached that stage as yet.

- In the recent Autumn budget the Chancellor had stated that there was no monies for prevention. How was it intended to be able to deliver the standards desired and to meet the challenges when there was no extra funding? Realistically there was no funding and making prevention part of everyone's day job was essential. Making Every Contact Count should not cost anything; if every health professional made a smoker aware of the Smoking Cessation Services on offer that intervention could make a big difference. The Healthy Lives Programme, focusing on the "big three" of smoking cessation, weight loss and alcohol, and trying to measure how all Rotherham professionals could communicate that and ensure that the Rotherham population had the best access and made informed choices. Rotherham partners were trying to ensure that prevention would be one of the early workstreams.

- Would the increase in GP budgets be for increased Health Checks? In the plan there were 2 areas that received investment – GP and Mental Health Services. In terms of GP Services it was 2-3% investment which would tackle the management of patients with Long Term Conditions and access to GP services. However, there were not as many GPs so Primary Care would be looked at to provide, for instance, a pharmacist in the practice or more trained nurses to allow the GPs to spend more time with those patients with complex needs. Prevention would be core to everything they did.

- Are you looking at providing more training for staff who worked in GP surgeries? It was expected that every professional who came into contact with a patient to train them in the priorities.

- If members of the public will be able to speak to other professionals at GP surgeries would anyone be refused to see a GP? Every practice worked differently but patients would always be directed to someone who could meet their need. The practice would judge that – it may be the pharmacist, physiotherapist etc. If patients, after seeing those professionals, were not getting what they needed, they would need to see the GP. It was about trying to get the maximum benefit from the GP appointment and saving people's time.

- How confident are you that GPs with the pressures that were on them and other clinicians for timescales and the time spent with patients that they could Make Every Contact Count? GPs were a tiny portion of MECC. It was hoped that people would get the message 2/3 times every time they came into contact with a health professional, Council Officer etc.

- There was a complexity with the partnership working within and outside the South Yorkshire and Bassetlaw footprint. The Transforming Care Plan for Learning Disability and Autism included 3 of the 4 South Yorkshire CCGs and North Lincolnshire. Was there some train of thought as to how it would be tackled and how the Select Commission would be able to scrutinise it or would it be done on a singular basis? The rationale for North Lincolnshire being in the cluster for learning disability clients was that RDaSH provided services there. The 2 areas that you would normally see partnership with were North Derbyshire and Wakefield because of patient flow. Although there was the STP boundary there would have to be partnership work with a number of STPs.

The Chairman thanked Chris, Louise and Sharon for the presentation.

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

(2) That Rotherham Clinical Commissioning Group discuss with Public Health the possibility of providing local statistics regarding health problems.

(3) That the Chief Executive of Rotherham Foundation Trust would raise the issues regarding the formal governance process with Sir Andrew Cash.

(4) That the Rotherham Foundation Trust submit their action plan to the quarterly briefing.

(5) That consideration be given as to how the Transforming Care Plan for Learning Disability and Autism would be monitored/scrutinised.

(6) That it be noted that reports would be submitted to the Select Commission on a regular basis with regard to STP priorities reaching decision phase.

(7) That if Members had any further questions on the presentation these should be forwarded to be raised at the next Health and Wellbeing Board.

(8) That the comments made at the Select Commission be communicated to the Health and Wellbeing Board for inclusion in the formal consultation feedback.

Rotherham Health and Wellbeing Board

dnesday 11th January 2017, Aim 4: Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing

Ratcliffe, Consultant Public Health RMBC

lie Kitlowski, Chair Rotherham CCG

Big hearts, big changes

Rotherham Metropolitan Borough Council

Aim 4: Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing

- Reduce the number of early deaths from cardiovascular disease and cancer
- Improve support for people with long term health and disability needs to live healthier lives
- Increase the opportunities for participation in physical activity
- Reduce levels of alcohol-related harm
- Reduce levels of tobacco use

JSNA Inequalities – Why an issue?

- Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are seen as being unfair.
- The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they've had as well as their lifestyle choices and constitution.
- People from more deprived backgrounds appear to bear the brunt of inequalities.
- Inequalities can exist when comparing Rotherham with the England average and also within the borough.

JSNA – Local Picture

- Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer.
- Within Rotherham, there is a slope of inequality between the most and least deprived parts of the borough.
- The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham.

Public Health Outcomes Framework (PHOF) November 2016 Data

- Gap in life expectancy at birth between each LA and England as a whole (M 36/150; F 17/150) and worsening
- Healthy life expectancy at birth (M 58.9, 28/150 and improving; F 58.7, 21/150 and worsening; Eng. Av. 63.4; Reg. Av. 61.4)
- Slope index inequality in life expectancy at birth within Eng. LAs, based on local deprivation deciles (M 9.5, 50/149; F 7.0, 57/149)

Workshop

- Held 16th March; 17 Attendees

1. Workplace Health & Wellbeing
2. Community Assets & Health Champions
3. Making Every Contact Count (MECC) or 'Healthy Conversations'
4. Targeting Communities of Disadvantage (e.g. Health Checks; Equity Audit)
5. Self-Care

Focus on MECC

- 16th December: Meeting of Chief Officers/Nominated Leads
- National PHE re-launch: dedicated website; regional network; resources in development (Apps, online training, videos, etc)
- Suggested Themes:
  - Alcohol
  - Healthy weight (Physical activity +/or Diet)
  - Smoking?
  - Mental Health (Loneliness/Isolation?)

MECC Continued…

- Recognition that not making the most of existing opportunities: Directory of Services; One You (not on front pages of all partner websites/points of access); PH TV
- Services (providers & commissioners) will need to plan for increased activity
- Needs to ensure a targeted approach in terms of localities & patient/service user groups
- Organisations need to determine what methods of roll-out will work for them
- Wider than just 'professionals', e.g. community members, hairdressers, taxi drivers, local people.

MECC

- Pilot area for saturation & evaluation purposes e.g. Maltby
- Requires similar messages to be delivered to next generation via schools – focus on big health issues
- Will require both online and train-the-trainer models of delivery
- Resourcing will be a challenge for all organisations, especially to deliver at scale and pace – training requirements considerable
- Budget – investment vs return

Last 12 Months

- PH Equity Audit underway – All PH commissioned services
- NHS Health checks
- Social Prescribing Service – MH Pilot
- Fully integrated Rotherham community model of care- continued progress
- Active for Health – 1st Year of Delivery
- Successful NHS Diabetes Prevention Programme Wave 2 bid
- Care Home Liaison Service
- £4.7m Work & Health SY Funding – Planning
- Integrated Re-ablement Village

Plans for the future

- MECC/Healthy Conversations: training; targeting localities; Secondary Care;
- Share PH Equity Audit findings – widen to other LA/CCG provided/commissioned services
- NHS Diabetes Prevention Programme – focussed on areas deprivation
- Integrated Wellbeing & Behaviour Change Service
- Work & Health Implementation
- Health In All Policies
- Right Care First Time - Respiratory
- STP
- Integrated IT

Recommendations for the board

- Board to consider the approach to themes and give a steer as to the preferred priorities
- Board to endorse the approach that each organisation to be responsible for internal implementation and training (using common resources and methods)
- Board to endorse the suggested approaches of pilot area, locality and service user targeting etc.

Contact details:

Giles.Ratliffe@rotherham.gov.uk

Rotherham Metropolitan Borough Council

Public Report

Summary Sheet

Council Report:
Health and Wellbeing Board Report 11th January 2017

Title:
Voice of the Child Lifestyle Survey 2016

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report:
Ian Thomas (Strategic Director CYPS)

Report Author(s):
Bev Pepperdine, Performance Assurance Manager

Ward(s) Affected:
All

Executive Summary:
The report covers key findings from the 2016 Borough Wide Lifestyle Survey Report. The Lifestyle Survey was open to schools throughout June and July 2016.

The report also details the plans to distribute the borough wide lifestyle survey results to schools, the schedule for presenting the findings of the report to boards and on-going actions supporting the lifestyle survey results by partners.

The key areas that are particularly relevant to Health and Wellbeing Board, from the overall 2016 Lifestyle Survey report are sections:

- Section 5 Food & Drink
- Section 6 Exercise, Health and Weight
- Section 7 Feelings
- Section 10 Young Carers
- Section 11 Bullying
- Section 12 Smoking, Drinking and Drugs
- Section 13 Sexual Health

Recommendations:

That Health and Wellbeing Board:

- **Note the report and consider its content;**
- **Identify actions to address key areas of concern, in particular measure that are relevant to Health and Wellbeing and discuss actions to address key issues.**

List of Appendices Included:
Appendix 1 – 2016 Final Borough Wide Report
Appendix 2 – Trend Data for Child-Centred Borough Group

Background Papers:
Rotherham Secondary School Lifestyle Survey 2015

What about Youth (WAY) 2015 National & Regional Results

Consideration by any other Council Committee, Scrutiny or Advisory Panel:
Health and Wellbeing Board
Children and Young People Partnership Board
Rotherham Children Safeguarding Board
Child-Centred Borough Member Led Group

Council Approval Required:
No

Exempt from the Press and Public:
No

Title:
Voice of the Child Lifestyle Survey 2016

1. Recommendations

1.1 That Health and Wellbeing Board:

- Note the report and consider its content;
- Identify actions to address key areas of concern, in particular measure that are relevant to Health and Wellbeing and discuss actions to address key issues.

2. Background

2.1 The lifestyle survey results provide an insight into the experiences of children and young people living in the borough, and provide a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes, which are:

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place.

2.2 This annual consultation is carried out with young people in Y7 and Y10 in Rotherham secondary schools and Pupil Referral Units (PRU). This method of consultation with the young people has been run annually for the past 9 years.

2.3 Each educational establishment receives a pack of information to support them run the survey. Once the survey closes each school or PRU that has participated receives a data pack containing their individual results which they can use to shape their own Personal Social and Health Education lessons and use their data to compare themselves against the borough wide data once released later in the year.

2.4 Parents and carers are given information about the survey and its contents ahead of it taking place, for Y10 pupils there are specific questions relating to sexual health and this is highlighted in the information to parents/carers.

2.5 Partners will receive data packs of information with the results specific to their service in order for them to implement any improvements during the following year.

2.6 The 2016 Lifestyle Survey saw 12 out of 16 secondary schools in Rotherham participating. The 4 schools that did not participate were Rawmarsh, Wickersley, Clifton and St. Bernard's. Overall 2,806 pupils participated which is a 60% participation rate of the schools that took part.

3. Key Issues

3.1 Positive findings from the 2016 results were as follows:

- Over 70% of young people drinking 1 or less high sugar drinks per day 35.5% (994) young people say they do not drink any high sugar drinks; 35.5% (993) young people say they only drink 1 each day.

- Consumption of high energy drinks reduced by a further 8% from 2015. 63% (1750) young people say they do not consume any high energy drinks, (55% in 2015).

- Increase in the % of young people who said they have never smoked. Overall 85.7% (2234) of young people who do not smoke said they have never smoked. (80% in 2015). This is made up of 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015). Rotherham has a higher % than national and regional figures of young people saying that they have never smoked.

- Increase in the % of pupils who said they have never had an alcoholic drink, both Y7 and Y10. Y7, 79.8% (1165) said they have never had an alcoholic drink (76% in 2015). Y10, 30.2% (406) said they have never had an alcoholic drink (29% in 2015).

- Increase in the number of pupils who have received CSE training as part of PSHE curriculum. 1232 (91.5%) of Y10 have received training and 894 (61.2%) of Y7 have received training, compared to 75% and 54% retrospectively in 2015.

- Decrease of 2% of Y10 pupils saying they did not use contraception when having sexual intercourse. 20% (51) of Y10 pupils said they did not use contraception, compared to 22% in 2015.

- Increase in the % of young people who said they have visited a youth centre or youth clinic. 23.7% (665) young people said they had visited in youth centre of youth clinic in 2016, compared to 13% in 2015.

3.2 Areas for attention resulting from the 2016 survey

- Increase in the % of young people saying they have a long term medical condition. In 2016 21.9% (616) pupils said they had a diagnosed condition, compared to 15% in 2015.

- More young people said they had a snack at break time and crisps are the most popular snack and fruit has dropped down to 5th choice for a snack from 1st choice in 2015.

- Decrease in the % of pupils who felt their weight was in health weight range and about the right size 59% (1661) in 2016 compared to 65% in 2015.

- Bullying % rates increased for the first time in 3 years. 26% (737) pupils said they have been bullied, compared to 22% in 2015.

- Cyber bullying has increased as a form of bullying to 8.2% (61) from 6% in 2015. Sexual inappropriate actions/comments as a form of bullying has increased to 3.7% (27) from 1% in 2015.

- Out of the 737 pupils who said they have been bullied, 547 reported the bullying, of these 58.7% (321) said they received some help; this has decreased from 65% receiving help in 2015.

- Increase in % of Y10 saying it is acceptable for young people of their age to get drunk.

- Slight increase in % of young people saying they have tried drugs, even if this was only once.

- Increase in the % of Y10 pupils saying they have had sexual intercourse after drinking alcohol or taking drugs.

- Decrease in the % of young people who said they have visited Rotherham town centre.

- Decrease in the % of pupils who would recommend Rotherham as a place to live

3.3 Emerging themes from the survey will be shared with key stakeholders for them to action.

4. Options considered and recommended proposal

4.1 The Health and Wellbeing Board are asked to :

- Note the report and consider its content;
- Identify actions to address key areas of concern, in particular measure that are relevant to Health and Wellbeing and discuss actions to address key issues.

5. Consultation

5.1 The results from the 2016 will be shared with appropriate boards and groups and partners will receive specific trend data in relation to their specific service, to all them to take actions and address any issues.

5.2 It is being requested that these actions will be owned by the Health and Well Being Board and Children and Young People Partnership will support to drive these improvements necessary on behalf of Health and Wellbeing Board.

5.3 Distribution of the report with an offer to attend subsequent meetings are be made to

- Public Health
- Healthy Schools Consultant
- Safer Neighbourhood Partnership
- South Yorkshire Police
- South Yorkshire Passenger Transport
- Health and Well Being Board

- Neighbourhood Crime Manager
- Young Carers Provider – Barnardos
- Locality Team(s)
- School Nursing
- Families for Change
- Youth Cabinet
- Communications Team

6. Timetable and Accountability for Implementing this Decision

Date	Meeting	Officer
12th September	DLT CYPS	Sue Wilson
1st November	SLT	Sue Wilson Ian Thomas
13th December	Child-Centred Borough Group	Bev Pepperdine
11th January 2017	Health and Well Being Board	Bev Pepperdine Sue Wilson
8th February 2017	Children & Young People Partnership Board	Bev Pepperdine
TBA	Local Safeguarding Board	Bev Pepperdine Sue Wilson

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications

8. Legal Implications

8.1 There are no immediate legal implications associated with the proposals.

9. Human Resources Implications

9.1 There are no Human Resources implications associated with the proposals.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The fundamental rationale behind the Lifestyle Survey is to enable as wide a consultation as possible for young people in Rotherham in relation to not only their lifestyles but also how they feel about their personal safety. Actions are to be addressed by schools and partners to ensure that improvements are made to their services provided to children and young people.

11. Equalities and Human Rights Implications

11.1 The survey aims to capture equalities information as part of the demographic section

12. Implications for Partners and Other Directorates

12.1 The results of the survey and associated actions are shared both council and Partnership-wide and it is important that these are communicated to ensure that any concerns actions are addressed.

13. Risks and Mitigation

13.1 Actions are taken to mitigate any negative media attention resulting from publication of the results of the survey which includes working with the Communications Team in relation to a media strategy.

14. Accountable Officer(s):

Beverley Pepperdine *(Performance Assurance Manager)*
Sue Wilson *(Head of Service, Performance & Planning)*

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services: Not applicable

Director of Legal Services: etc.

Head of Procurement (if appropriate):

This report is published on the Council's website or can be found at:
http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Rotherham Metropolitan Borough Council

Rotherham
Voice of the Child
Lifestyle Survey
2016

Borough Wide Report

Contents

Acknowledgements

We would like to express our thanks to all of the Headteachers and staff at schools who co-ordinated the completion of the Lifestyle Survey for 2016.

In 2016, 12 out of 16 secondary schools in Rotherham participated in the survey along with 3 pupil referral units. Schools participating in the survey gave their commitment to enabling pupils at their school to have their voice heard to share their views on health, well-being and safety.

Also thank you to the 2806 young people who participated and shared their views by taking part in this years' survey.

1. Background Information

This report presents the summary of findings from the 2016 Lifestyle Survey.

The survey is open to all pupils in Y7 and Y10 at secondary schools and pupil referral units in Rotherham. The survey ran from Tuesday 7th June 2016 and closed Wednesday 20th July 2016.

As part of implementing the vision for the child-centred borough, the lifestyle results provide an insight into the experiences of children and young people living in the borough, and provide a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes:

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place.

The survey is electronic and built using Survey Monkey that is accessed by pupils in educational settings through a web-link. All young people that participated in the survey were able to do so anonymously, and this is the 9th year that the survey has been run in Rotherham.

Each educational setting that participated have received a data pack giving them access to their own survey data; they can use this to compare their results to previous years' results and also to the borough wide information once published. Individual school reports assist them to gauge how well they are meeting their own health and wellbeing objectives and help shape their PSHE curriculum. This is highlighted as outstanding practice and gives evidence in relation to Ofsted grade descriptors

"*Grade descriptors: the quality of the curriculum in PSHE education Note: These descriptors should not be used as a checklist. They must be applied adopting a 'best fit' approach which relies on the professional judgement of the inspector. Supplementary subject-specific guidance Outstanding (1) ν The imaginative and stimulating PSHE education curriculum is skilfully designed, taking into account local December 2013 health and social data and the full range of pupils' needs, interests and aspirations. The programme ensures highly effective continuity and progression in pupils' learning across all key stages. "*

This report gives a summary of key findings from the Lifestyle Survey and includes comparisons with regional and national information taken from results of the 'What About Youth Survey' results published December 2015; this comparison is specific to year 10.

'What About Youth survey is a national survey, sent out to 15 year olds which took place for the first time in 2014.
Participation in the national survey was as follows:-

- Nationally 295,245 surveys were sent out, 120,115 were returned completed, which is a 40.7% participation rate.
- In Yorkshire & Humberside region 31,704 surveys were sent out. 13,034 were returned completed which is a 41.3% participation rate, this is slightly higher than the national return.

- In Rotherham 2,126 surveys were sent out 860 were returned completed which is a 40.5% participation rate, slightly lower than the national and regional returns, and 19.5% (1946) a lower participation rate than for Lifestyle Survey 2016.
- Comparison will also be included with statistical neighbours Barnsley, Doncaster, Wakefield and St. Helens.

Comparisons are included in this report with Y10 findings for the following topics

- Long term illnesses/disability
- Breakfast consumption
- General health
- Bullying
- Smoking
- Drinking alcohol
- Drugs

Parents were given information about the Lifestyle Survey and its contents ahead of the survey taking place, it was highlighted to parents and carers of young people in Y10 that there was specific questions relating to sexual health. These questions were not included in Y7 survey.

The borough wide results will be shared with the Health & Well Being Board and partners will receive specific trend data in relation to their specialism to allow them to take action and address any issues. Approval will be asked at DLT for the actions to be owned by the Health & Well Being Board.

2. Executive Summary

In total 2806 pupils participated in the 2016 lifestyle survey.

A higher % of girls completed the survey compared to boys and a higher % of Y7 completed the survey compared to Y10.

4 schools chose this year not to participate in the 2016 lifestyle survey.

Participation in the survey varied widely between individual schools, the variances ranged between 24% to 73% participation rates for secondary schools and pupil referral units achieved 100% participation.

2.1 Positive Results

- Over 70% of young people drinking 1 or less high sugar drinks per day
  35.5% (994) young people say they do not drink any high sugar drinks;
  35.5% (993) young people say they only drink 1 each day.
- Consumption of high energy drinks reduced by a further 8% from 2015. 63% (1750) young people say they do not consume any high energy drinks, (55% in 2015).
- Increase in the % of young people who said they have never smoked.
  Overall 85.7% (2234) of young people who do not smoke said they have never smoked. (80% in 2015). This is made up of 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015). Rotherham has a higher % than national and regional figures of young people saying that they have never smoked.
- Increase in the % of pupils who said they have never had an alcoholic drink, both Y7 and Y10. Y7, 79.8% (1165) said they have never had an alcoholic drink (76% in 2015). Y10, 30.2% (406) said they have never had an alcoholic drink (29% in 2015).

- Increase in the number of pupils who have received CSE training as part of PSHE curriculum. 1232 (91.5%) of Y10 have received training and 894 (61.2%) of Y7 have received training, compared to 75% and 54% retrospectively in 2015.
- Decrease of 2% of Y10 pupils saying they did not use contraception when having sexual intercourse. 20% (51) of Y10 pupils said they did not use contraception, compared to 22% in 2015.
- Increase in the % of young people who said they have visited a youth centre or youth clinic. 23.7% (665) young people said they had visited in youth centre of youth clinic in 2016, compared to 13% in 2015.

2.2 Areas of Concern

- Increase in the % of young people saying they have a long term medical condition. In 2016 21.9% (616) pupils said they had a diagnosed condition, compared to 15% in 2015.
- More young people said they had a snack at break time and crisps are the most popular snack and fruit has dropped down to 5th choice for a snack from 1st choice in 2015.
- Decrease in the % of pupils who felt their weight was in health weight range and about the right size 59% (1661) in 2016 compared to 65% in 2015.
- Bullying % rates increased for the first time in 3 years. 26% (737) pupils said they have been bullied, compared to 22% in 2015.
- Cyber bullying has increased as a form of bullying to 8.2% (61) from 6% in 2015. Sexual inappropriate actions/comments as a form of bullying has increased to 3.7% (27) from 1% in 2015.
- Out of the 737 pupils who said they have been bullied, 547 reported the bullying, of these 58.7% (321) said they received some help, this has decreased from 65% receiving help in 2015.
- Increase in % of Y10 saying it is acceptable for young people of their age to get drunk.
- Slight increase in % of young people saying they have tried drugs, even if this was only once.
- Increase in the % of Y10 pupils saying they have had sexual intercourse after drinking alcohol or taking drugs.
- Decrease in the % of young people who said they have visited Rotherham town centre.
- Decrease in the % of pupils who would recommend Rotherham as a place to live

3. Demographic Information

At the time of the survey there were 6,310 young people in Year 7 and Year 10 who attended 16 secondary schools and 3 Pupil Referral Units in Rotherham. The survey was offered to all 16 secondary schools and 3 Pupil Referral Units in Rotherham. 12 out of 16 secondary schools and 3 pupil referral units participated and offered the survey to 4728 pupils, out of which 2806 young people completed it.
Participation rates for those 12 schools and Pupil Referral Units who offered the survey was 60%. The percentages shown in this report reflect against the numbers of pupils who were offered the survey and not the cohort figures for Y7 & Y10 pupils at all Rotherham schools.

In 2015, 13 secondary schools participated and 3 pupil referral units in the survey - in total 3,110 young people participated.

3.1 Participation Table 2016

This table shows the 12 schools and 3 Pupil Referral Units that participated in the survey.

The numbers of young people who did not take part at 4 schools were 811 pupils in Y7 and 771 pupils in Y10.

School	Total No. of Pupils Y7	Total No. of Pupils Y10	Overall Total	Total Participation Number	Overall Response Rate %
Aston	322	251	573	425	74
Brinsworth	223	208	431	247	57
Dinnington	174	184	358	224	63
Maltby	181	139	320	236	74
Oakwood	203	197	400	128	32
Saint Pius	128	129	257	153	60
Swinton	159	135	294	235	80
Thrybergh	110	84	194	47	24
Wales	266	244	510	379	74
Wath	303	288	591	325	55
Wingfield	147	158	305	123	40
Winterhill	238	225	463	243	52
Pupil Referral Units					
Rowan Centre	3	6	9	9	100
Riverside Aspire	3	7	10	10	100
Swinton Lock	9	8	17	17	100
TOTAL				2806	

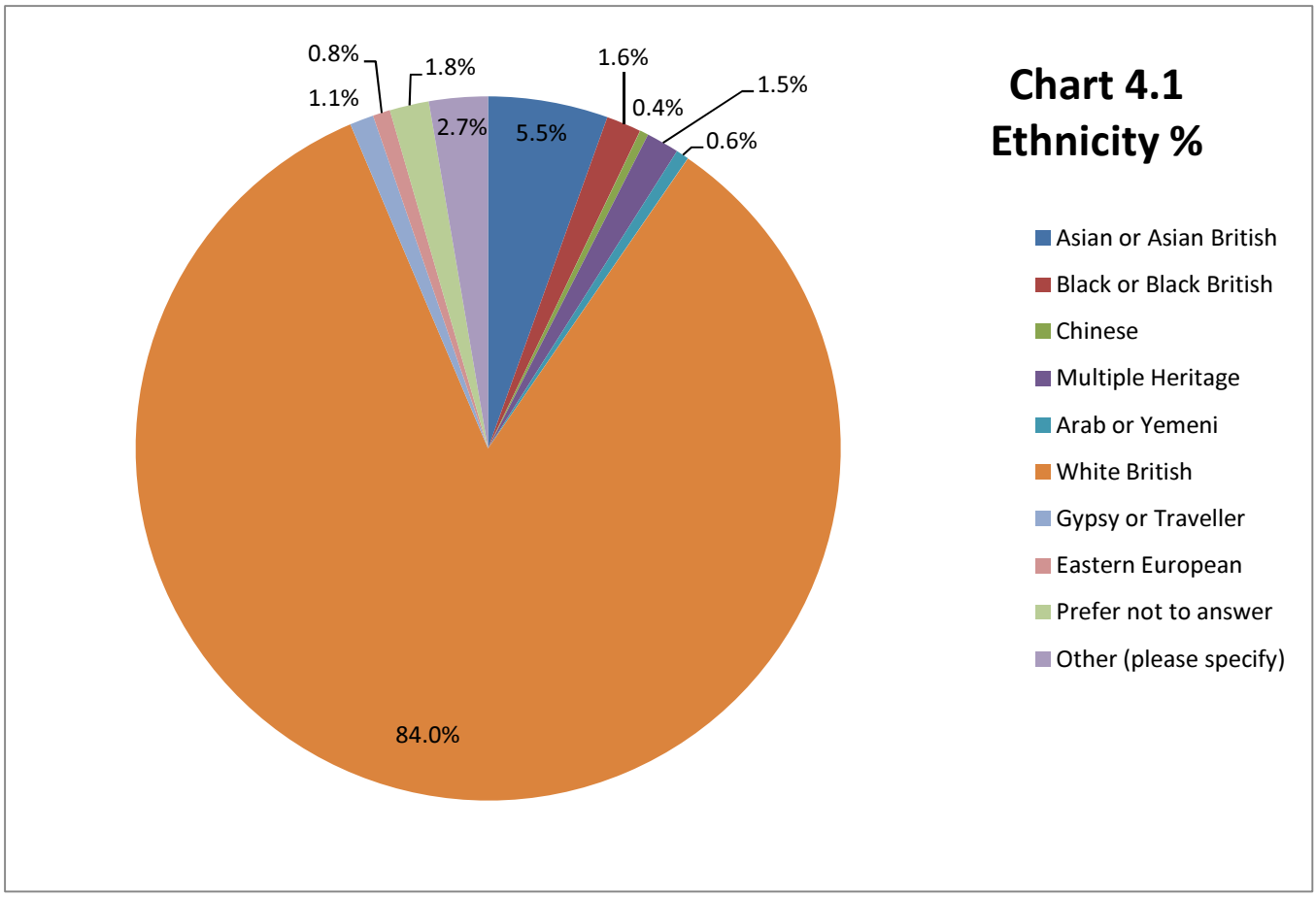
4. Characteristics

Of the pupils that completed the 2016 survey, 1442 (51.4%) were female and 1364 (48.6%) were male. 1460 (52%) were in year 7 and 1346 (48%) were in year 10.

4.1 Ethnic Origin

When asked about their ethnicity, 84% (2,360) of pupils described themselves as White British (This is an increase of 2% from 2015). 11.5% (323) described themselves as from Black or Minority Ethnic group (BME) (this is a decrease from 15% in 2015). 1.8% (48) preferred not to say and 2.7% (75) described themselves from 'other' ethnicity group.

Chart 4.1 below shows the breakdown of pupil ethnicity by %. Analysis of data input to 'other' option showed in the majority pupils responding they were from multiple ethnicities, which should be included in the multiple heritage choice, which would make this % higher.



4.2 Sexual Orientation (Year 10 Question Only)

When asked about their sexual orientation, 86.5% (1164) of year 10 pupils said that they were heterosexual, (down from 89% in 2015). 5.74% (77) said that they were bisexual, (increase from 4% in 2015) and 1.3% (18) said that they were lesbian or gay (down from 2% in 2015). 3.3% (44) responded 'I don't know yet' and 3.2% (43) preferred not to say, both these similar to 2015. More boys responded that they were heterosexual and more girls responded that they were bisexual or lesbian.

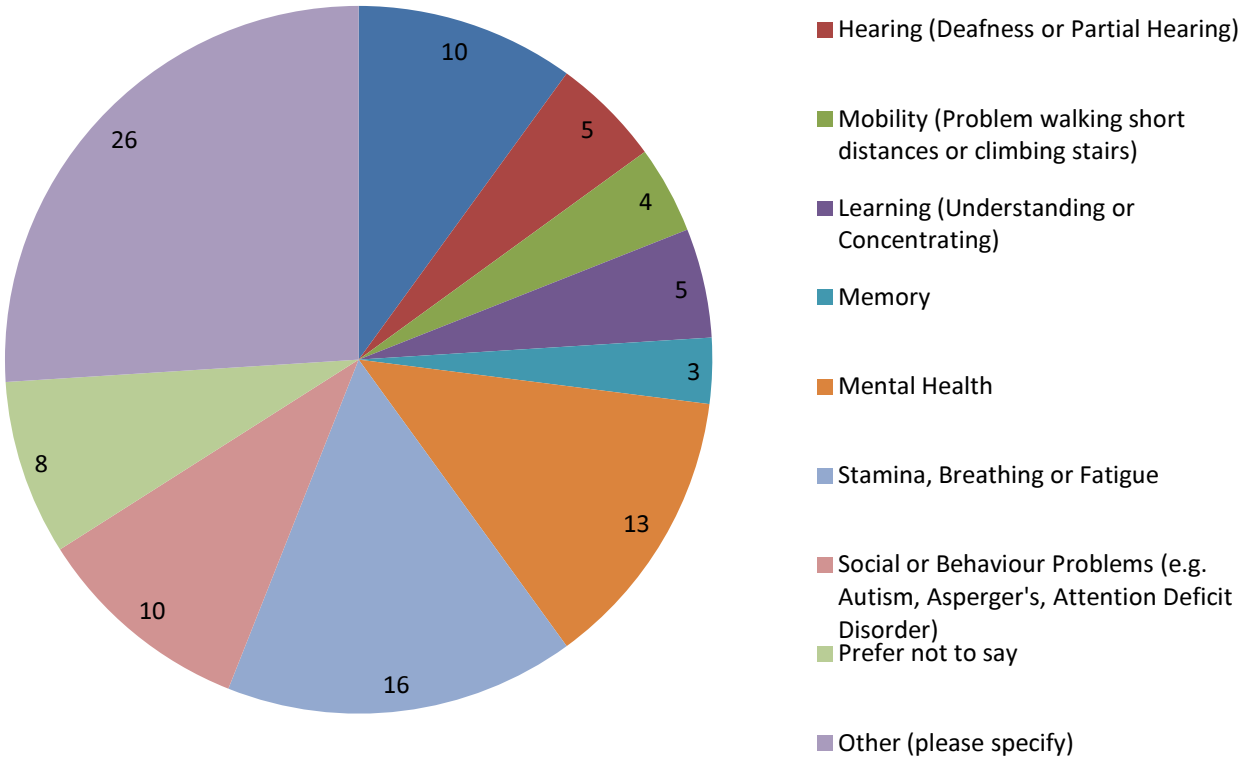
4.3 Health - Disabilities

Pupils were asked if they had a diagnosed long term illness, health problem, disability or medical condition. 21.9% (616) of pupils said they had a diagnosed condition (increase from 16% in 2015). This is almost equal between boys and girls, (306 girls and 310 boys). More Y7 pupils responded they had a diagnosed medical condition (323), compared to (293) Y10 pupils.

Out of the 616 (21.9%) who said they had a diagnosed condition, the % breakdown is detailed in Chart 4.3 below.

Analysis of data in the 'other' option showed that the majority, pupils reported conditions, such as Asthma, Diabetes, Skin Condition, IBS and ADHD. A further 15 pupils reported Asthma as their condition, this would increase the % for 'stamina, breathing, fatigue to 18.4%, 6 pupils responded ADHD, this would increase the % for 'social or behavioural problems to 11%. Other conditions responded include skin conditions (4), diabetes (3), hay fever (4) and IBS (7). 49 pupils preferred not to say what their condition was.

Chart 4.3
Diagnosed Disabilities %



4.3.1 Diagnosed Disability Benchmarking

The results from the What About Youth Survey (Y10) showed that nationally the highest diagnosed disability is Stamina, Breathing or Fatigue, same as Rotherham. 2nd choice nationally is Learning (understanding or concentrating and for Rotherham the 2nd highest choice is Mental Health. Mental Health nationally is 3rd highest.

5. Food and Drink

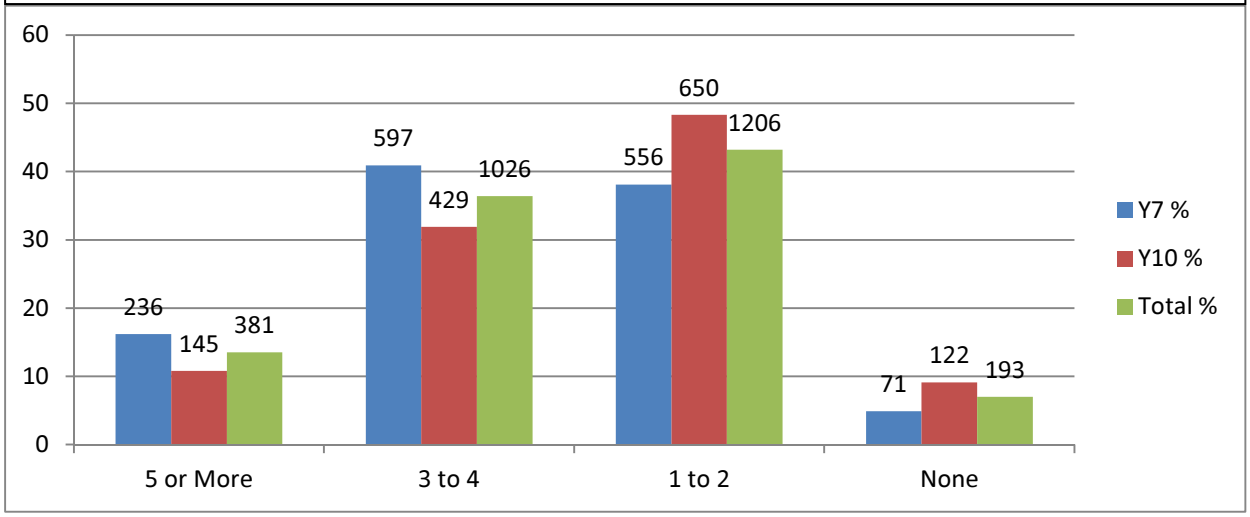
It is recommended that young people should aim to have 5 or more portions of fruit and vegetables each day, and consume 6 or more glasses of water per day.

5.1 Fruit & Vegetables

The results from 2016, show that there has been a slight increase in the number of pupils having the recommended 5 or more portions of fruit and vegetables each day, this has increased to 13.5% (378) in 2016 from 13% in 2015. There has also been a decrease in the number of pupils who said they do not eat any fruit or vegetables down from 8% in 2015 to 7% (196) in 2016.

Chart 5.1 below shows the breakdown of 2016 responses.

Chart 5.1 - Portions of Fruit & Vegetables Eaten Daily



Analysis of the data shows that Y7 are more likely to eat 5 or more portions of fruit and vegetables per day and are less likely to not consume any fruit or vegetables, this maybe likely that they have food prepared for them at meal times by their parents.

Girls in both Y7 and Y10 are the most likely to eat 5 portions of fruit and vegetables and are less likely not to eat any fruit or vegetables. 18.7% of girls in Y7 said they eat 5 portions per day and for boys this goes as low as 10.6% of Y10 boys who said they eat 5 portions per day.

5.2 Water

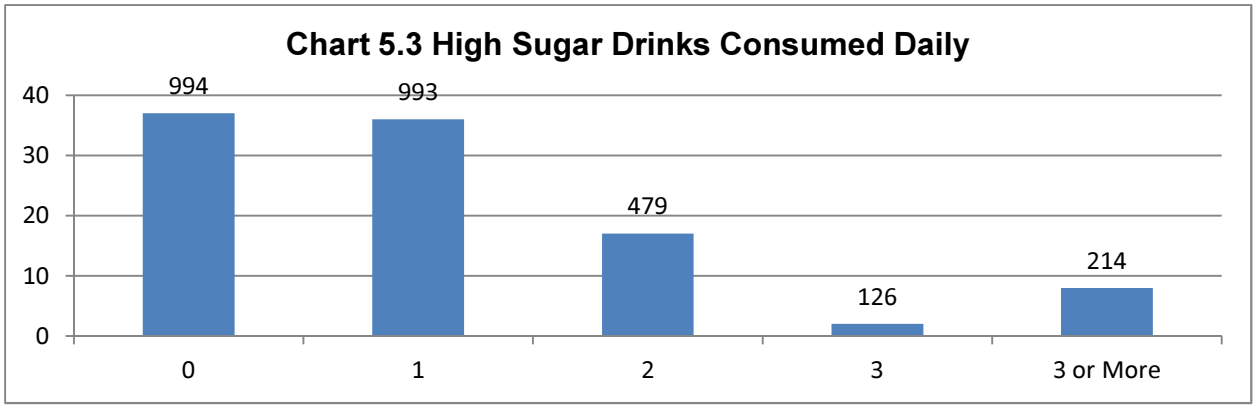
When asked about how many glasses of water they drank a day, 72.6% (2036) of pupils responded that they drank 1 to 5 glasses of water (68% in 2015), 19.75% (558) said they had 6-10 glasses, this has reduced by over 4% (24% in 2015), although the number of pupils who responded that they drank no water at all has reduced to 7% (212) from 8% in 2015.

More year 7 pupils said that they drank 6-10 glasses than year 10 (23% Y7, compared to 16.5% Y10) and more Y10 pupils said that they drank no water (9.4% Y10 compared to 5.9% Y7). Boys were more likely to drink the recommended 6-10 glasses per day (21.9%) compared to (17.7% girls). Although more said they drank no water at all, 8% compared to 7.2% of girls.

5.3 High Sugar Drinks

A new question was added to the 2016 survey to ascertain the volume of high sugar drinks that young people are consuming. Pupils were asked how many regular fizzy drinks (not diet, zero or low sugar drinks) they drink each day. The overall responses for Y7 & Y10 are detailed in Chart 5.3 below.

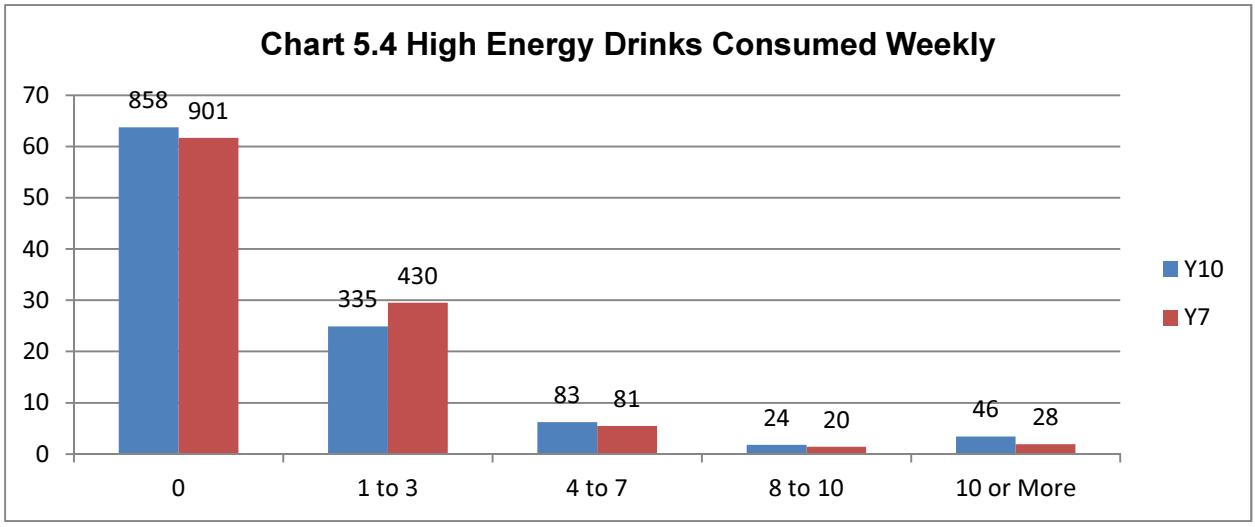
Chart 5.3 High Sugar Drinks Consumed Daily



The majority of pupils 71% (1987) overall said they consumed either none or 1 high sugar drink each day. Girls in Y10 pupils are less likely to consume high sugar drinks with 41% of these saying they do not consume any, compared to 32% of boys in Y10. Overall Y10 pupils are less likely to consume high sugar drinks and boys are more likely to drink 3 or more high sugar drinks per day.

5.4 High Energy Drinks

The improvement on the reduction in the consumption of high energy caffeinated drinks such as Red Bull or Monster has continued in 2016. Pupils saying they do not consume any of these drinks has increased to 63% (1750) (from 55% in 2015). Chart 5.4 below shows the overall results for the consumption of high energy drinks.



Boys are more likely to drink high energy drinks with 44% of all boys saying they consume at least 1 per week, compared to 31% of girls saying the consumed at least 1 per week. More Y10 pupils said they never drank a high energy drink 64% Y10 compared to 62% of Y7.

5.5 Breakfast

Pupils who said they had breakfast has remained the same as in 2015 at 79% (2238), therefore overall on average 21% of pupils did not have breakfast. Out of the 2238 pupils who said they had breakfast 89% said they had breakfast at home, this has increased from the 86% who said they had breakfast at home last year. Year 10 pupils are less likely not to have breakfast 13.2% of Y7 compared to 27.9% of Y10. Girls are more likely to skip breakfast rather than boys.

5.5.1 Breakfast Consumption Benchmarking

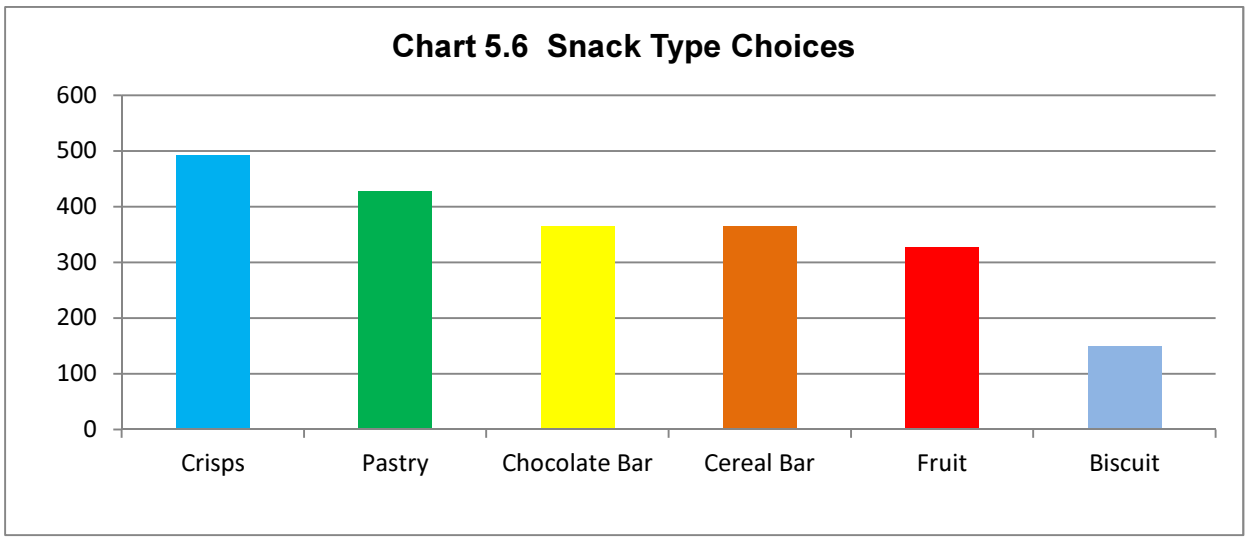
Figures reported in a national newspaper in 2015 stated that almost 30% of school children nationally go to school without having breakfast.

What About Youth Survey results (Y10) cannot be compared exactly, the question in this survey ask young people about their breakfast consumption in the past 7 days, the results from 120,115 young people that completed the survey nationally:-

- 67,264 (56%) ate breakfast every day
- 19,218 (16%) ate breakfast most days
- 20,419 (17%) ate breakfast some days
- 13,212 (11%) had not eaten breakfast in past 7 days.

5.6 Snacks

More young people are having a snack at break time, 76% (2125), compared to (67%% in 2015). In 2015, fruit was the most popular snack. The 2016 results show that crisps are the most popular snack and a pastry snack is 2nd most popular, fruit has dropped to the 5th most popular choice.
Out of the 2125 young people who said those chose to have a snack at break time, the different type of snacks are shown in chart 5.6 below



More girls are likely to choose fruit as their snack option and fruit was a more popular snack option for Y7 pupils than Y10.

5.7 Lunch

When asked where they mainly have lunch, 49.3% (1392) said that they have a school lunch. The 2015 results were almost the same at 49%. Year 7 pupils are more likely to have a school meal, 59.6% of Y7 have a school lunch compared to 38.9% of Y10, this is an increase for Y10 who have a school lunch up from (37% in 2015).

6% of pupils said they did not have a meal at lunchtime, which is the same as 2015. Y10 girls are the most likely not to have a meal at lunchtime (11.7%) compared to (2%) of Y7 boys who said they did not have a meal at lunchtime.

When the pupils didn't have a school meal 38.5% said they had brought a packed lunch from home, (increase from 37% in 2015); 4.8% bought lunch from the local shop, (decrease from 8% in 2015) and 1.4% said that they go home for lunch (decrease from 2% in 2015).

6. Exercise, Health & Weight.

The national recommendation is that all children and young people should engage in moderate to vigorous physical activity for at least 60 minutes per day. This definition was included in the survey for young people to read and understand before answering the question around sport and exercise

6.1 Regular Exercise

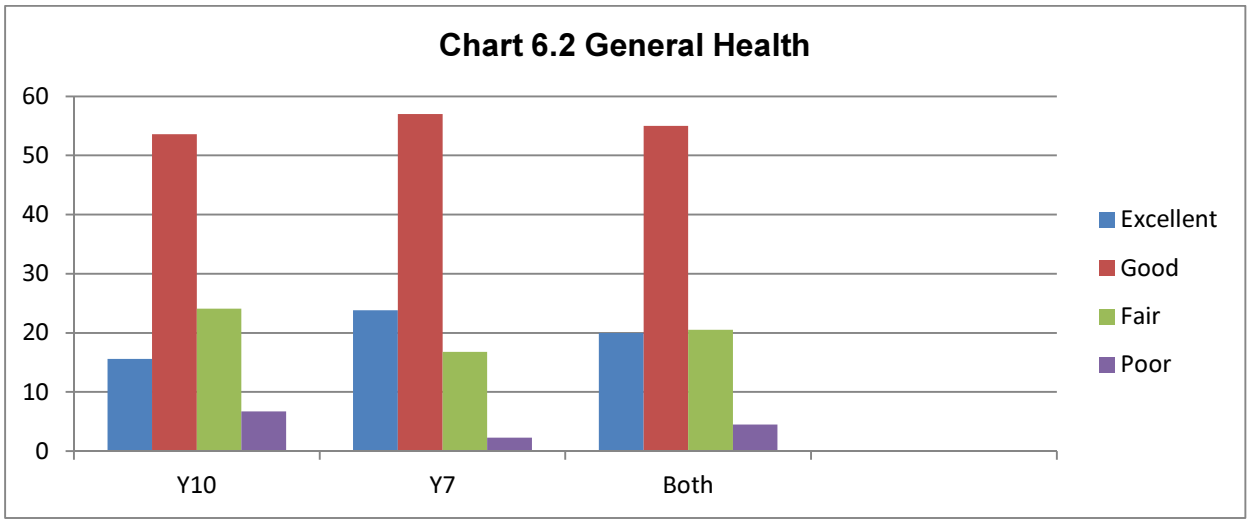
80% (2263) of pupils said that they regularly take part in sport or exercise (same result of 80% in 2015). Year 7 pupils are more likely to exercise regularly (86.2%) compared to year 10 pupils (75%). Overall boys are more likely to exercise regularly (84%) compared to girls (77%).

There has been an improvement with the increase in the frequency of times per week that pupils are exercising. Out of the 2263 number of pupils that said they participate in exercise –

- 18% exercised 6 to 7 times per week - the same as 18% in 2015
- 27% exercised 4 to 5 times per week - a decrease from 28% in 2015
- 41% exercised 1 to 3 times per week - an increase from 40% in 2015
- 8% exercised less than once per week – a decrease from 12% in 2015
- 6% said they never did any exercise

6.2 General Health

Pupils were asked to describe how they felt about their general health. These questions were equivalent to the questions asked in the What About Youth Survey. The responses are detailed below in Chart 6.2 and split showing Y7 and Y10 responses.



More boys in overall rated their health as excellent compared to girls.

More girls rated their health as poor compared to boys.

6.2.1 General Health Benchmarking

The results from the What About Youth Survey (Y10) showed Nationally and Yorkshire & Humberside region how young people rated their health:-

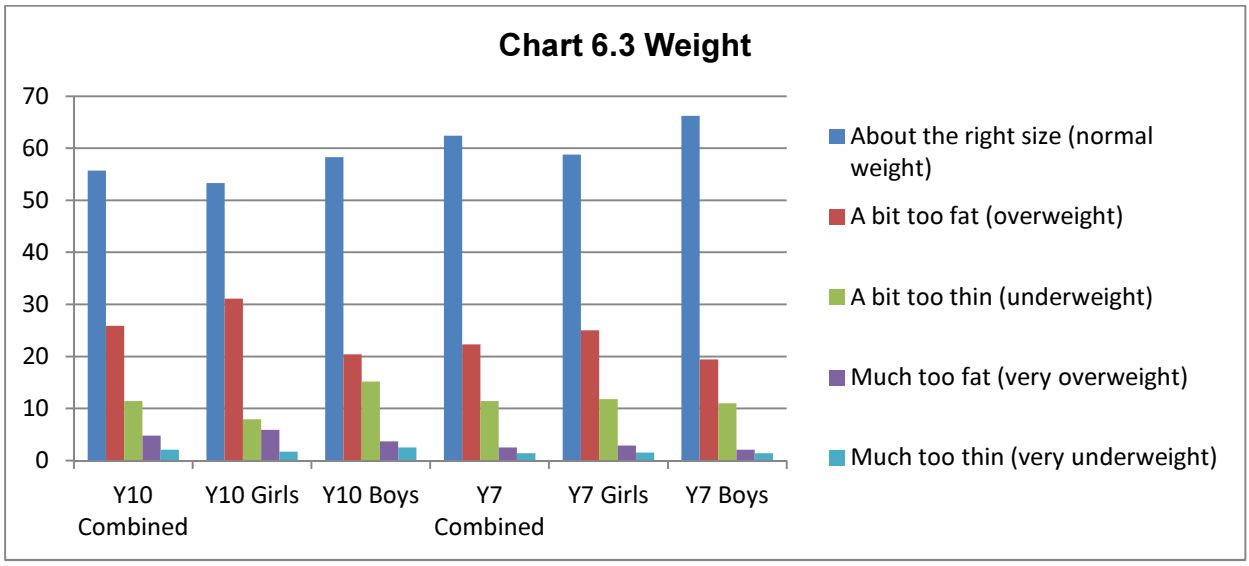
Rating	% Nationally	% Y&H Region	% Average Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Excellent	29	29	30.3	20
Good	56	57	55.9	55
Fair	13	13	12.5	20.5
Poor	2	1	1.2	4.5

6.3 Weight

Pupils were asked if they were worried about their weight, the results show that overall the % is the same as in 2015 who said yes they were worried about their weight at 28.5% (798).

Girls in both Y10 and Y7 are more likely to be worried about their weight in Y10 (41.8%) compared to (19.3%) of boys, and in Y7 (32.1%) of girls compared to (19.1%) of boys.

Pupils were asked to describe how what they felt about their weight, chart 6.2 shows the responses split by girl/boy, Y7/Y10 and the overall results.



Overall pupils who said they felt their weight was about the right size is 59% (1661), this is a decrease from 65% who said their weight was about right in 2015 results.

Key overall findings from Y7 & Y10 combined results:

- 3.65% felt they were very overweight (up from 3% in 2015)
- 24% felt they were overweight (up from 20% in 2015)
- 11.4% felt they were underweight (up from 11% in 2015)
- 1.75% felt they were very underweight

All percentages have increased from 2015 for pupils who did not feel their weight was about the right size.

6.4 Weight Benchmarking

The results from the What About Youth Survey (Y10) showed that young people nationally and from Yorkshire & Humberside region said their weight was:-
(Locality information was not available from What About Youth Results for this question, therefore unable to provide statistical neighbour comparison).

Range	% Nationally	% Y&H Region	% Rotherham Lifestyle Survey (Y10) - 2016
About Right Size	**59**	**53**	**59**
Overweight	**21**	**29**	**24**
Underweight	**16**	**11**	**11.4**
Very Overweight	**3**	**6**	**3.65**
Very Underweight	**2**	**2**	**1.75**

Rotherham Lifestyle survey results show we match the national picture for young people feeling they were about the right size, but higher than Yorkshire and Humberside region.

7. How Pupils Think and Feel

Pupils were asked to describe the things they felt good about and the things that they did not feel so good about. Overall Y10 pupils said they most felt good about:-

1. Friendships
2. Home Life
3. Future
4. Myself

5. Schoolwork
6. Relationships
7. How they look

These are placed in order of the overall results for both boys and girls in Y10.

Both girls and boys felt the best about friendships, and girls rated how they look as what they least felt good about, whereas boys felt least good about relationships.

Overall Y7 pupils said they most felt good about:-

1. Home Life
2. Friendships
3. Future
4. Myself
5. Schoolwork
6. Relationships
7. How they look

Girls in Y7 felt best about friendships, whereas boys felt best about home life.

Girls and boys in Y7 said the same about what they feel least good about as Y10, girls about how they look and boys was relationships.

7.1 Problems

Pupils were asked a follow-up question about how they felt about themselves, asking who they would discuss their problems with.

In 2015, no young person in either year said they would speak with their school nurse, and only Y7 girls said they would speak with a youth worker. This has improved in 2016 results, overall 10 young people said they would choose to speak with their school nurse and 29 young people would choose to speak with their youth worker.

YEAR 10		
Ranking	**Girls**	**Boys**
1	Friend	Friend
2	Family member	Family member
3	Adult at home	Adult at home
4	*Other	*Other
5	I do not have anyone to talk to	I do not have anyone to talk to
6	Member of staff at school	Member of staff at school
7	Youth worker	Youth worker
8	Social Worker	Health Professional i.e. GP
9	Health Professional i.e. GP	School Nurse
10	School Nurse	Social Worker

YEAR 7		
Ranking	**Girls**	**Boys**
1	Friend	Friend
2	Family member	Family member
3	Adult at home	Adult at home
4	*Other	*Other
5	I do not have anyone to talk to	Member of staff at school
6	Member of staff at school	Youth Worker
7	Youth Worker	I do not have anyone to talk to
8	Social Worker	Social Worker

9	School Nurse	Health Professional i.e. GP
10	Health Professional i.e. GP	School Nurse

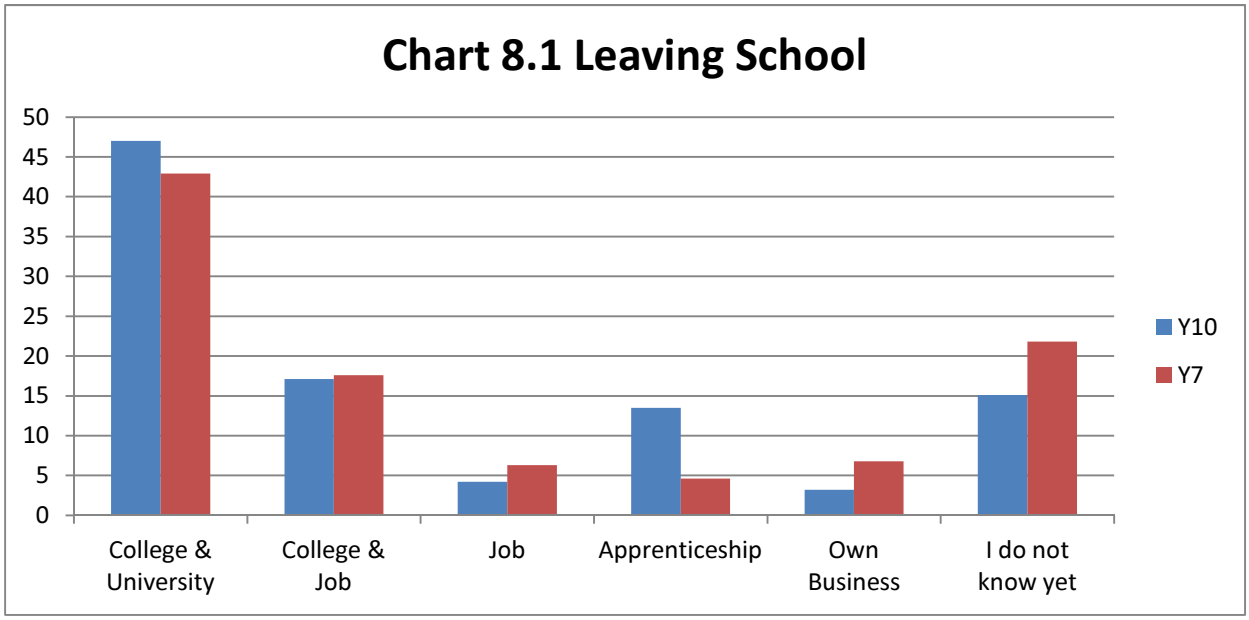
Analysis of the comments input into the 'other' option showed in the majority, pupils said multiple choices of the options given or either boyfriend/girlfriend.

8. In School

Pupils were asked a range of questions about being in school and their plans for when they leave school.

8.1 Leaving School

Chart 8.1 below shows the responses from pupils when they were asked what they hope to do when they leave school.



There has been a slight decrease since 2015 of the number of young people overall who said they would like to go to university down to 45% (1259) from 46% in 2015, although more Y10 pupils made this choice.

- 47% of Y10 chose this option up from 46% in 2015
- 43% of Y7 chose this option down from 48% in 2015

More girls than boys have chosen that they would like to go to university, in both Y7 and Y10.

Overall 5.25% of pupils said they hope to leave school and get a job straight away, this has increased from 4.5% in 2015

- 4.2% of Y10 chose this option up from 4% in 2015
- 6.3% of Y7 chose this option up from 5% in 2015

Overall 9% of pupils said they would like to get an apprenticeship when they leave school, this has increased from 8% in 2015.

- 13.5% of Y10 chose this option up from 12% in 2015
- 4.6% of Y7 chose this option up from 4% in 2015

More boys than girls chose that they would like an apprenticeship when they leave school, in both Y7 and Y10.

Overall 17.3% of pupils said they would like to study at college and then move into employment, this has slightly decreased from 18% in 2015.

- 17.1% of Y10 chose this option down from 19% in 2015
- 17.6% of Y7 chose this option up from 19% in 2015

Overall there are more young people who aspire to start their own business when they leave school. 5% said they would like to start their own business up from 3.5% in 2015.

- 3.2% of Y10 chose this option up from 2% in 2015
- 6.8% of Y7 chose this option up from 5% in 2015

There are 18.5% of young people who have not yet made their choice of what they would like to do when they leave school, more Y7 fall into this category. Y7 (21.8%), Y10 (15.1%)

8.2 School Council

When asked if they felt their school council made a difference, 12% (331) of pupils said yes they felt their school council made a difference, this has continued the downward trend over past 3 years (17% in 2015). 35% said that they didn't know whether their school council made a difference (30% in 2015), 36.8% said their school council did not make a difference (38% in 2015) and 16.4% said that they didn't realise they had a school council (from 15% in 2015).
Y7 pupils are more likely to feel their school council makes a difference compared to Y10.

8.3 School Nurse

Pupils were asked if they knew who their school nurse was, overall 43% said yes, this has decreased from (45%) in 2015. More Y7 knew you their school nurse was (43.8%) compared to (42.1%) of Y10.

9. Using Internet

Pupils were asked questions about using the internet, keeping safe and were asked for their views about risks using the internet.

9.1 Internet Use & Safety

The questions in this section support the child-centred borough theme 'keeping children safe and healthy' and helps with measures to monitor progress for this theme.

Out of the 2806 young people that completed the survey 1.2% (36) young people said they do not use the internet at all. The remaining 98.8% (2770) were asked where they had been taught about internet safety and keeping themselves safe on the internet

- 79.5% had learned about internet safety at school, improvement from 65% in 2015.
- 15% learned about internet safety at home, 29% in 2015.
- 2% learned about internet safety on-line 2% in 2015
- 0.75% learned about internet safety through friends, 3% in 2015
- 1.4% have not learned about internet safety, which is an improvement from 2015, when 2% had not learned about internet safety.

9.2 Internet and Risks

Out of the 2770 number of pupils that said they use the internet, they were asked what are the main risks when using the internet.

Overall people lying about who they say they are, was rated as the highest risk. This is a change from 2015, when cyber bullying was identified as the highest risk, pupils in 2016 rated cyber bullying as the 2nd highest risk. This was the same for both Y7 and Y10 and girls and boys.

The ranking overall by Y7 and Y10 pupils is from highest risk to lowest risk

1. People lying about who they say they are
2. Cyber Bullying
3. Message from people they do not know
4. Someone hacking their information
5. Seeing images that make them uncomfortable
6. Security issues (viruses)

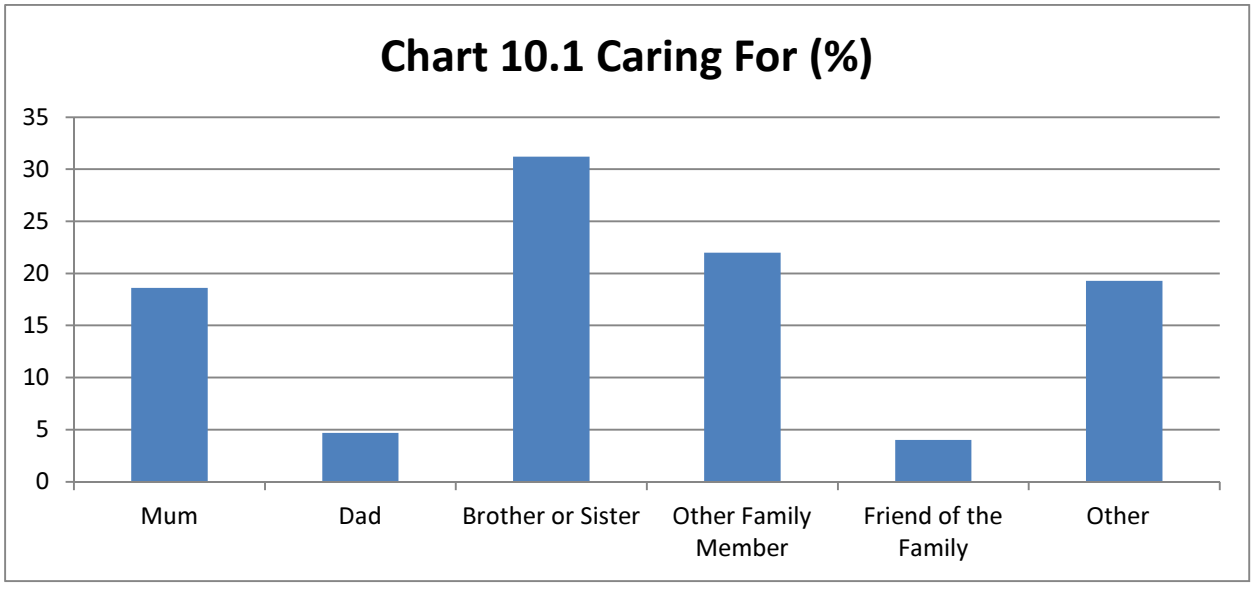
10. Young Carers

The downward trend of pupils who consider themselves to be a young carer has continued in 2016. 17% (478) young people said they are a young carer, compared to (21%) from 2015. More pupils from Y7, 18.7% (274) consider themselves to be young carers compared to 15.1% (204) Y10.

The census trend from 2011 census figures shows that 12% of young people in Rotherham are young carers.

10.1 Young Carers – Caring For

Out of the 17% (478) young people who identified themselves as young carers we asked them who they care for. Chart 10.1 below shows the % breakdown.



The majority of pupils said they are caring for their brother or sister, this is more likely to be in a babysitting role, taking them to school, rather than having to care for them.

Analysis of data input to 'other' option showed in the majority pupils said they were caring for more than one person, in the majority Mum and Dad.

10.2 Young Carers – Caring Tasks

Pupils were asked about what is the main task that they have to help with to support with caring. The pattern is the same as in 2015, the highest three tasks being:-

- Helping around the house for example cleaning (41.5%)
- Help look after brother or sister (16.2%)
- Keeping them company (not wanting to leave the person alone (11.2%)

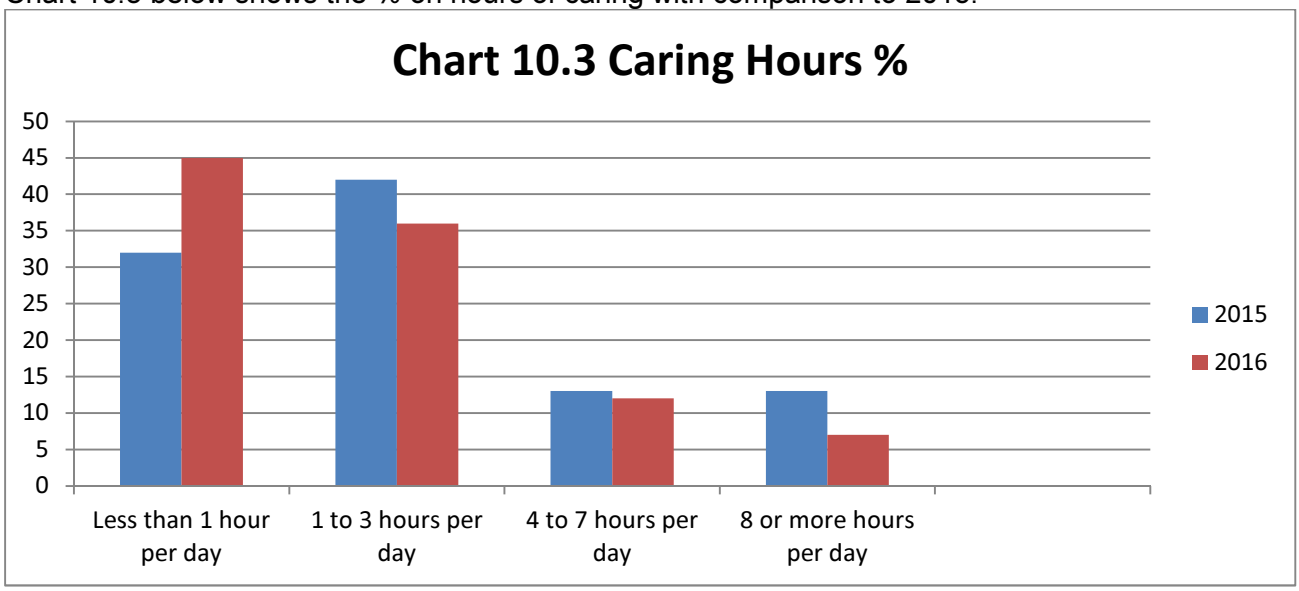
Other tasks that pupils who identified themselves as young carers said they carry out

- Shopping (5%)
- Personal Care (3.3%)
- Help give medicine (4.3%)
- Help with appointments (0.3%)
- Taking brother or sister to school (3.4%)
- Other (14.8%)

The number of pupils saying they carry out personal care tasks has reduced from 6% in 2015. Analysis of data input to 'other' option showed in the majority pupils were doing multi-tasks of the above, in the majority, cleaning and shopping.

10.3 Young Carers – Number of Hours Caring

Chart 10.3 below shows the % on hours of caring with comparison to 2015.



There has been a significant reduction in the number of pupils saying they care for 8 hours or more per day down from 13% to 7%. 2016 results showed that 33 young people said they care 8 hours or more, compared to 89 in 2015.

10.4 Supporting Young Carers

The majority of pupils who identified themselves as a young carer, would prefer to speak with a parent, carer or a family member about any issues arising from being young carers.

7 Y10 pupils said they would speak with someone from the young carer's service, but no pupils in Y7 said they would speak with young carer's service.

10.4.1 Young Carers Service

There has been a further increase in the number of pupils who said they had heard about the young carers service, out of the young people who had identified themselves as young carers 44% said they had heard of this service, this is an increase from 33% in 2015.

10.4.2 Young Carers Card

A Young Carers card was introduced as a pilot to 5 secondary schools in 2014.

This card is now being promoted wider in schools and offered to all secondary schools.

The results from 2015 showed that only 2 schools who participated responded to the question of whether pupils had heard of the young carer's card. The results in 2016 showed pupils from

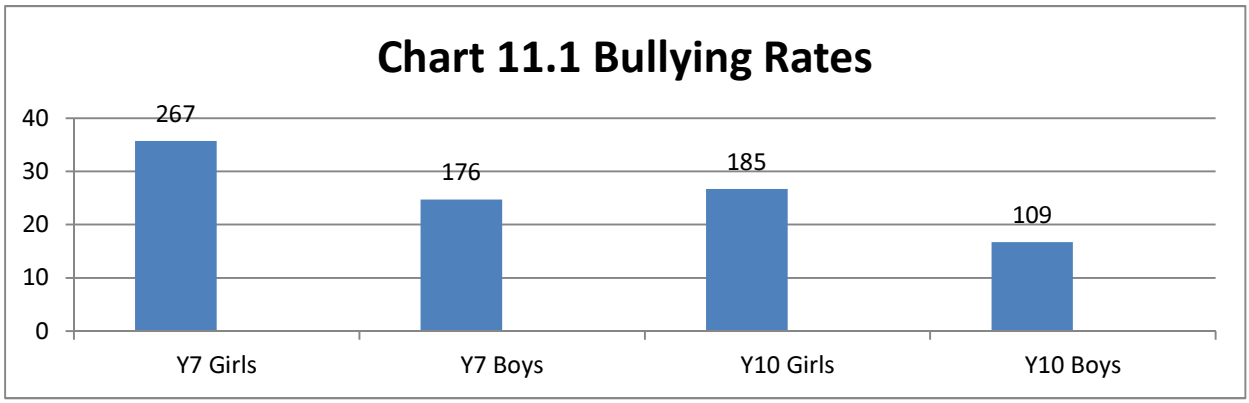
all 12 schools responded to this question, and out of those who identified themselves as a young carer, 17.5% had heard of the card.

11. Bullying

Bullying trends had decreased in the previous 3 years, but this year the trend has reversed and has increased.

11.1 Bullying Rates

Overall pupils reporting they have been bullied has increased to 26% (737) compared to 22% in 2015. As in previous years more Y7 pupils were more likely to say they have been bullied 30.3% (443) compared to Y10, 21.8% (294). Also as with previous years, there is a higher % of girls in both Y7 & Y10 said they were bullied compared to boys in both years. Chart 11.1 below shows the bullying rates for boys, girls in Y7 and Y10.



11.2 Bullying Frequency

Out of the 737 pupils who said they had been bullied

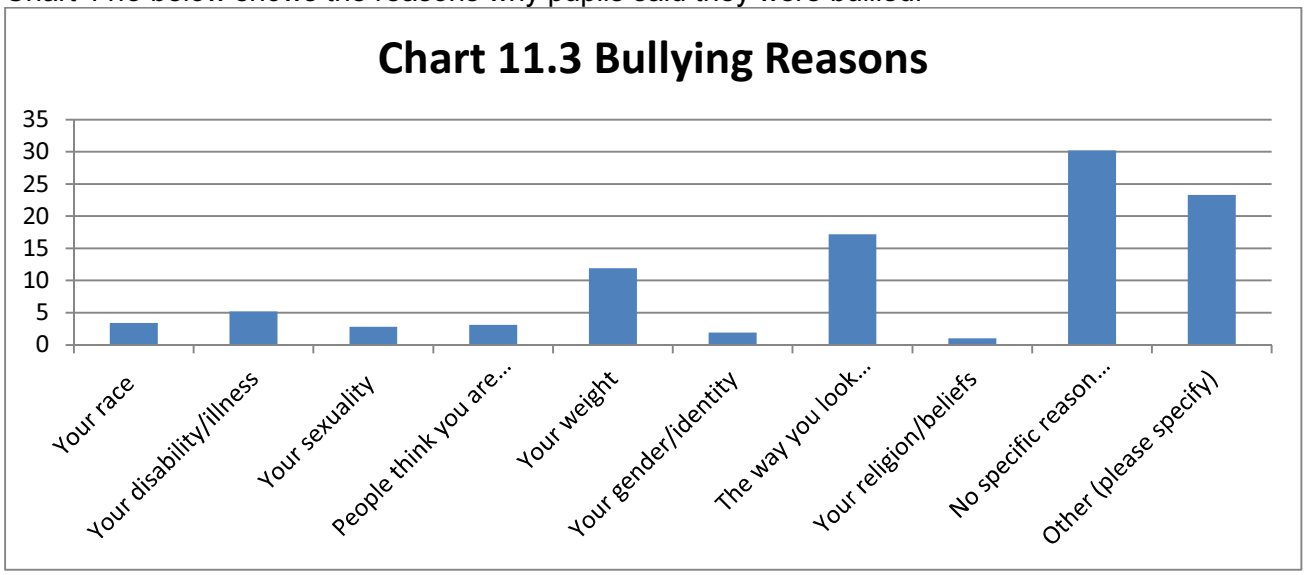
- 52.4% of pupils said bullying occurred during school time (from 53% in 2015).
- 9.3% of pupils said bullying occurred out of school time (from 10% in 2015)
- 38.3% of pupils said bullying occurred during both of these (from 37% in 2015)

Pupils were asked for to say how frequent the bullying occurred, those who said they have been a victim of bullying:-

- 20.2% said they were bullied very frequently, almost everyday
- 27.4% said they were bulled frequently, more than 3 times per week
- 29.4% said they were bullied often, between 1-2 times per week
- 23% said they were bullied infrequently between 2-3 times per month

11.3 Bullying Reasons

Chart 11.3 below shows the reasons why pupils said they were bullied.



Analysis of data input to 'other' option showed in the majority pupils said they were bullied because people don't like or hate me or multi choices of the options.

11.4 Forms of Bullying & Reporting

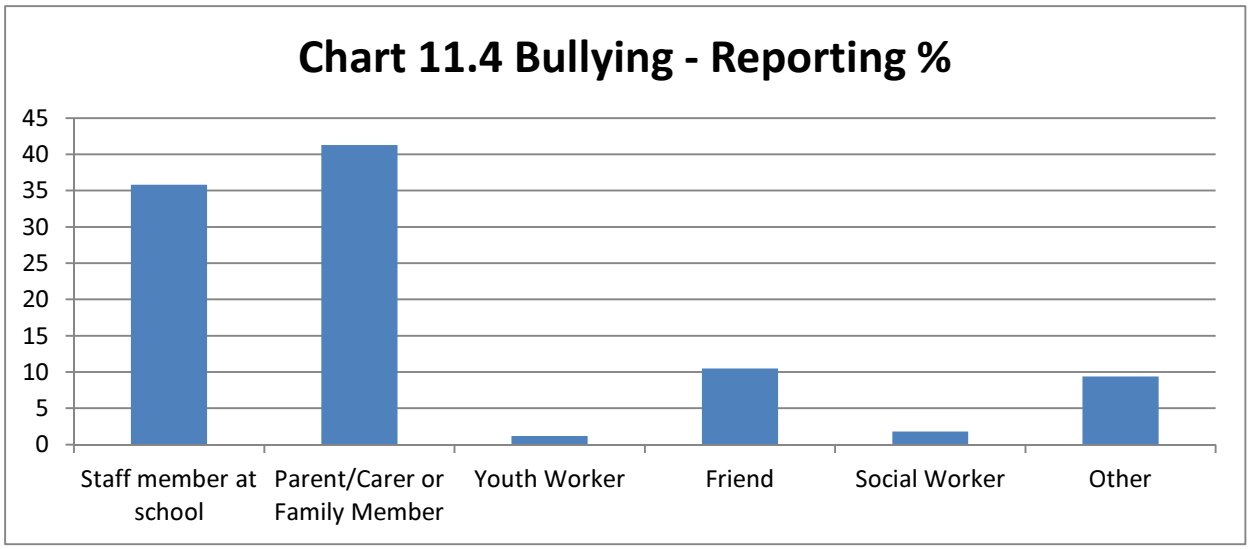
Of those 737 pupils who said they had been bullied the most frequent form of bullying is verbal (72.4%), followed by physical 10.5%. Cyber-Bullying has increased from 6% in 2015 to 8.2% in 2016. Other forms of bullying are: - Being ignored 5.2% and sexual, inappropriate comments/ touching/actions at 3.7%, this form has also increased from 2015 when it was 1%.

Cyber bullying data from What About Youth Survey results detail that 15% of young people nationally and from Yorkshire & Humberside region have been bullied through this form of bullying.

Pupils were asked about reporting bullying

25.7% (190) out of 737 either did not report the bullying or did not know who to report the bullying to. (24% in 2015). Y7 are more likely to report bullying than Y10, this has followed same trend as previous years.

Chart 11.4 details below the % rates of the 547 pupils who did report being bullied; whom they reported the bullying to.



Reporting the bullying to a family member or a member of staff has similar % results to 2015. Reporting bullying to a friend has reduced and 10 pupils said they reported bullying to a social worker which has increased from zero in 2015. Analysis of data input to 'other' option showed in the majority pupils said they reported bullying to either more than one of these options or boyfriend.

Out of the 547 who said they had reported being bullied only 58.7% said they received some help or support, this has reduced from 65% in 2015. Girls were more likely to say they received help and Y7 more likely to say they received help compared to Y10.

11.5 Bullying Benchmarking

The results from the What About Youth Survey (Y10) show National, Yorkshire & Humberside region and Rotherham statistical neighbours, bullying rates are far higher than the results from lifestyle survey for Rotherham 2016.

	% Nationally	% Y&H Region	% Average Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Experienced Bullying	**55**	**55**	**55.8**	**26.7**

The question young people age 15 in Y10 were asked in this survey - Have they been bullied at least once in past couple of months.

Ditch the Label anti-bullying charity have information on their website saying that nationally 2.5 million teenagers experience bullying every week and there are 42% of teenagers have experienced some form of bullying. Rotherham lifestyle survey results from 2016 are less than this national figure.

12. Smoking, Drinking and Drugs

12.1 Smoking

When asked about smoking, 1796 (64%) of pupils said that their home was smoke-free, this is a reduction from 2015 when 66% said their home was smoke free. This result may be due to the increase in the use of electronic cigarettes and pupils identified family members who use these cigarettes as smokers.

To support with the campaign against peer pressure to smoke, young people were again asked whether they thought it was OK for young people of their age to smoke.

In 2016 87% (2444) of young people said it was not OK to smoke, this has decreased slightly from 2015 when 88% said it was not OK to smoke. This small increase in the number of pupils saying it was OK to smoke, has been the increase in the number of Y10 pupils saying it was OK to smoke. In 2016 22.4% of Y10 said it was OK to smoke (19% in 2015) although there has been a reduction in the number of Y7 who said they felt it was OK to smoke this has reduced to 4.2% in 2016 compared to 5% in 2015. Overall more girls said it was OK to smoke.

Pupils are asked if they currently smoke cigarettes, overall 2607 (92.75%) of pupils said they do not smoke, this is a decrease from 94% in 2015. There has been a slight increase in both Y7 and Y10 of pupils who said they do smoke now. 3% (44) of year 7 pupils said they smoked compared to 2% in 2015. 11.5% (155) of Y10 said they smoked compared to 10% in 2015.

The 2607 (92.75%) pupils who said they do not smoke were asked to best describe their smoking history.

- Overall 2234 (85.7%) (80% in 2015) young people said they have never smoked 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015).
- Overall 9.5% said they have tried it once (10.5% in 2015). 4.1% of Y7 (5% in 2015) and 14.9%% Y10 (16% in 2015)
- Overall 4.8% said they used to smoke by don't now (4% in 2015) 1.6% Y7 (1% in 2015) and 8% Y10 (7% in 2015)

12.1.1 Smoking Benchmarking

The results from the What About Youth Survey (Y10) are detailed in the table below, showing comparisons nationally, regionally and Rotherham statistics.

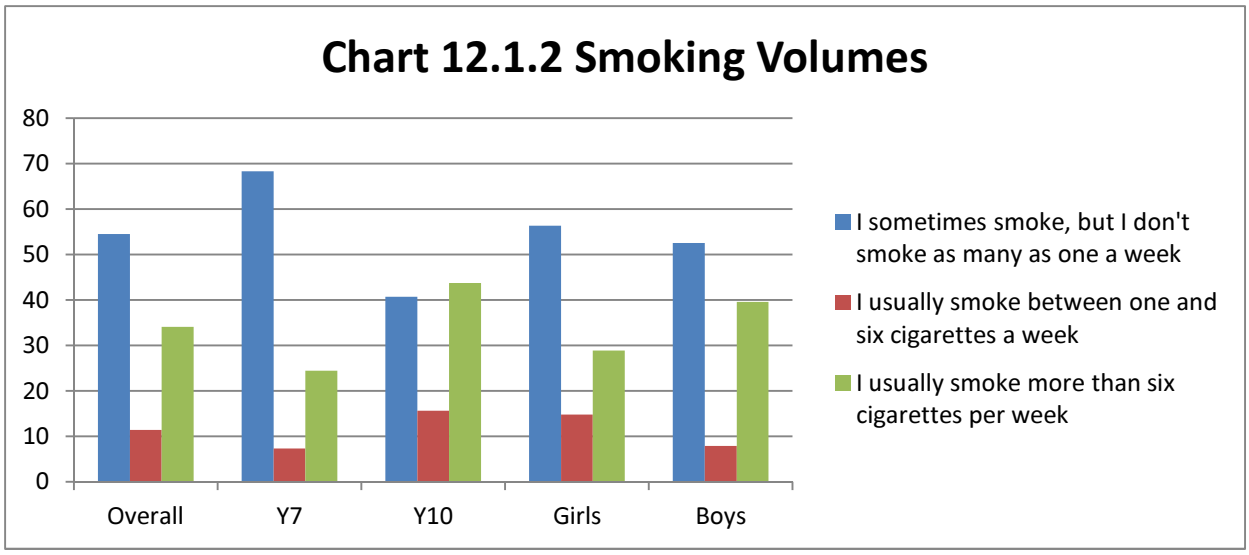
	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Young People currently smoking	**8**	**9**	**9.1**	**11.5**
Young People who have never smoked	**76**	**75**	**75.7**	**77.1**

These statistics show that there is a higher percentage from Rotherham young people in age range of Y10 saying they are current smokers, compared to both national and regional picture, although there is a higher percentage of young people from Rotherham saying they have never smoked.

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 18% said they had smoked at least once, therefore 82% have never smoked. Nationally this is the lowest level since this type of survey being in 1982. Rotherham's figure from this cohort of pupils says that 77.1% have never smoked.

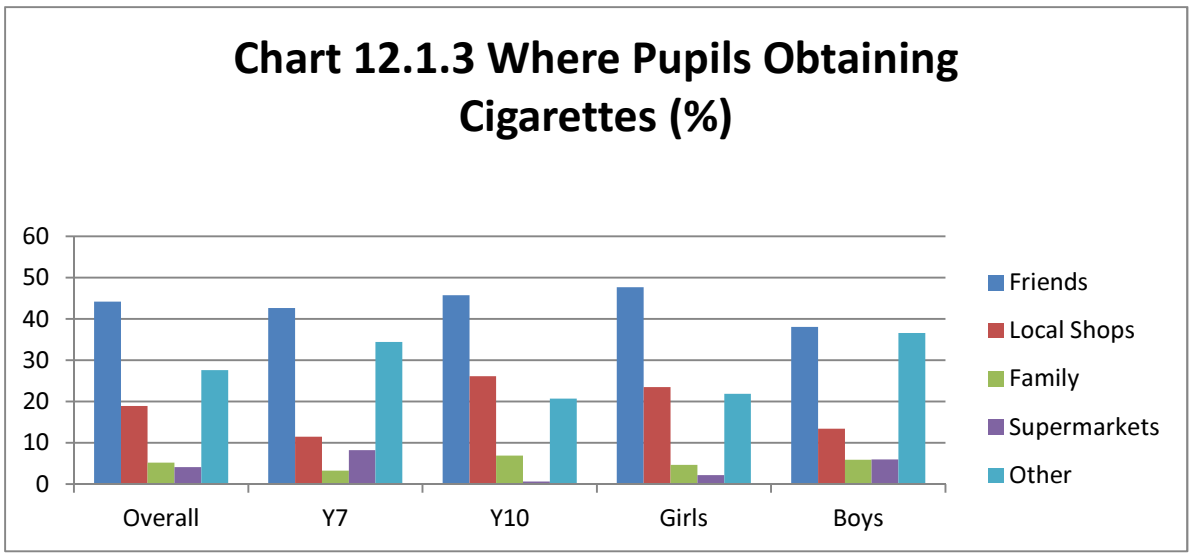
12.1.2 Smoking Volumes

The 199 (7.25%) pupils who said they currently smoke were asked to say how many cigarettes they smoked each week. Chart 12.1 below show the % of number of cigarettes smoked per week.



12.1.3 Obtaining Cigarettes

The 199 pupils who said they were smokers, were asked to say where they mainly obtained their cigarettes from. Chart 12.1.3 shows the results below



The trend in relation to pupils obtaining their cigarettes from friends as the most popular choice, has continued in 2016, same as in 2015.

There has been a campaign against the sale of cigarettes to children under age by RMBC Trading Standards. This does appear to have had some impact. The intelligence from trading standards show that the sale of cigarettes to under-age young people is reducing. The data from lifestyle survey results support this intelligence. In 2015 overall 24.5% of pupils who smoked, obtained them from local shops (23% of Y10 and 26% of Y7) The results from 2016 show overall 18.8% of pupils who smoked obtained them from local shops (26.1% of Y10 and 11.5% of Y7). Girls are more likely to obtain cigarettes from local shops than boys.

Analysis of data input to 'other' option showed that pupils were also obtaining cigarettes from:-

- Local dealers or fag house 4% (9)
- Take them without permission from friends/family 3.5% (7)
- Named a local shop 2% (4)
- I get someone to go into a shop who can get served 1.5% (3)

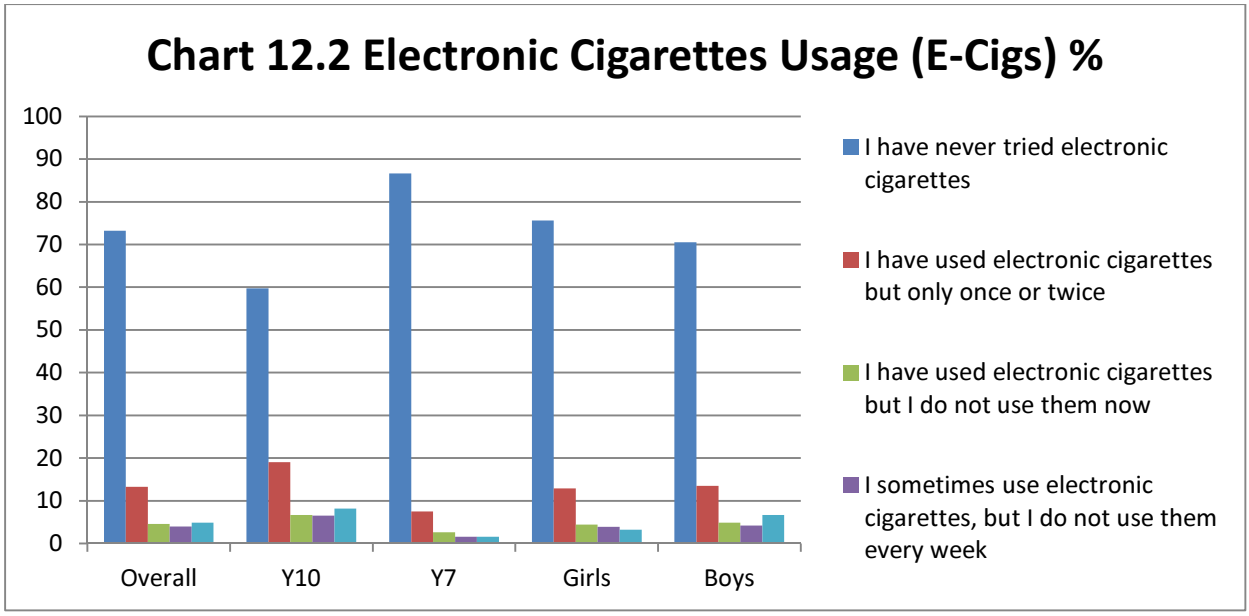
12.1.4 Stop Smoking

There has been an increase in the % of pupils who said they would like to stop smoking. In 2016, overall of those who said they did smoked 34.6% would like to stop this has increased from 21% in 2015.

12.2 Electronic Cigarettes

Overall, there has been a very slight decrease in the percentage of the number of pupils who said they have never used an electronic cigarette. 2016 (73.2%) compared to 2015 (73.5%)

Information about the use of electronic cigarettes is detailed in Chart 12.2 below



86.6% (1445) of Y7 pupils said they have never used an electronic cigarette (89% in 2015)
59.7% (862) of Y10 pupils said they have never used an electronic cigarette (58% in 2015)

Of the 26.8% (739) of pupils that said they use or have tried an electronic cigarette, there are 533 young people who said they are still smoking electronic cigarettes. 206 young people tried them but no longer smoke them.

- 14.8% (79) are in Y10 and use them and smoke normal cigarettes too.
- 1.7% (9) are in Y7 and use them and smoke normal cigarettes too.
- 40% (214) are in Y10 and use electronic cigarettes but have never smoked a normal cigarette.
- 17.6% (94) are in Y7 and use electronic cigarettes but have never smoked a normal cigarette.
- 7.5% (40) are in Y10 and use them to help stop smoking normal cigarettes.
- 3.3% (18) are in Y7 and use them to help stop smoking normal cigarettes.
- 11.6% (62) are in Y10 and use them but no longer smoke normal cigarettes.
- 3.2% (17) are in Y7 and use them but no longer smoke normal cigarettes

The data is showing that there has been an increase in the number of young people in Y7 that are using electronic cigarettes but a decrease in Y10. Boys are more likely to say they are smoking e-cigarettes than girls.

12.2.1 E-Cigarettes Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, show that 22% had used an e-cigarette at least once; Rotherham is higher than this at 26.85%

The results from the What About Youth Survey (Y10) are detailed in table below, showing comparison about smoking, the national, regional and Rotherham statistics.

	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Have tried an Electronic Cigarette (Yes)	**18**	**23**	**23.4**	**26.8**

These results show that Rotherham has a higher % of young people in age range of Y10 that have tried an electronic cigarette, although this does reduce to 14% of the number of Y10 pupils who say they currently smoke electronic cigarettes.

12.3 Alcohol

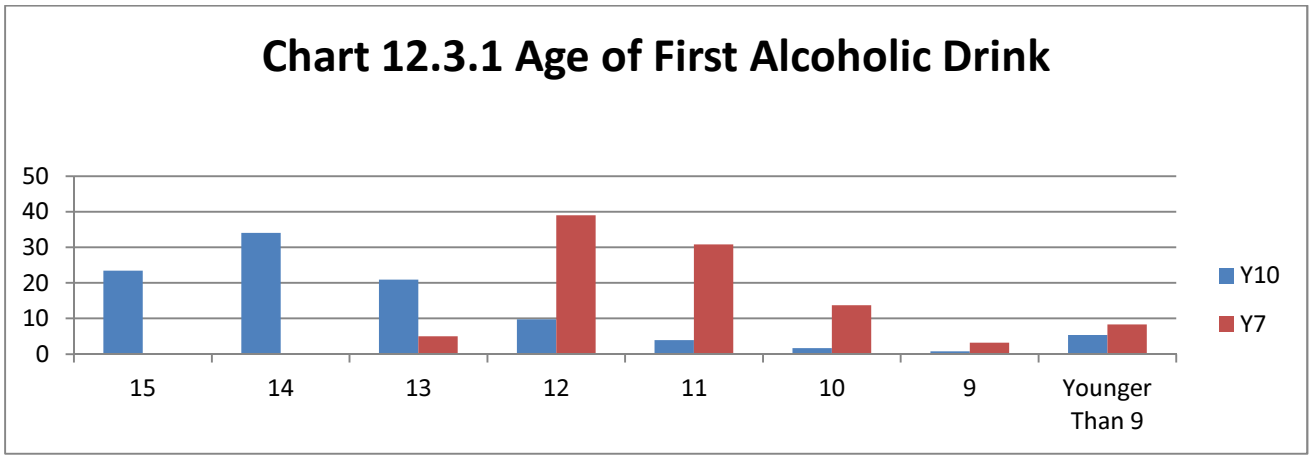
To support the campaign against peer pressure to drink alcohol and get drunk, young people were again asked whether they thought it was OK for young people of their age to get drunk**.** The 2016 results show overall that 70.65% (2008) of pupils said it was not OK of young people of their age to go and get drunk, this has reduced from 75% in 2015. The 2016 results show that 48.1% (648) of Y10 pupils thought it was OK for young people of their age to get drunk this has increased from 44% in 2015. There has been a slight decrease in the number of Y7 pupils, the 2016 results show that 6.8% (100) compared to 7% in 2015.

Overall 55% (1571) of all pupils said they have not had a proper alcoholic drink, this has improved from 54% in 2015.

- 79.8% (1165) of Y7 responded that they had not had a proper alcoholic drink (76% in 2015)
- 30.2% (406) of Y10 responded that they had not had a proper alcoholic drink (29% in 2015)

12.3.1 Alcohol – Age Drinking Alcohol

Chart 12.3.1 below show the % responses to the question for those who said they have had an alcohol drink 1235 (45%) what age did you try your first alcoholic drink?

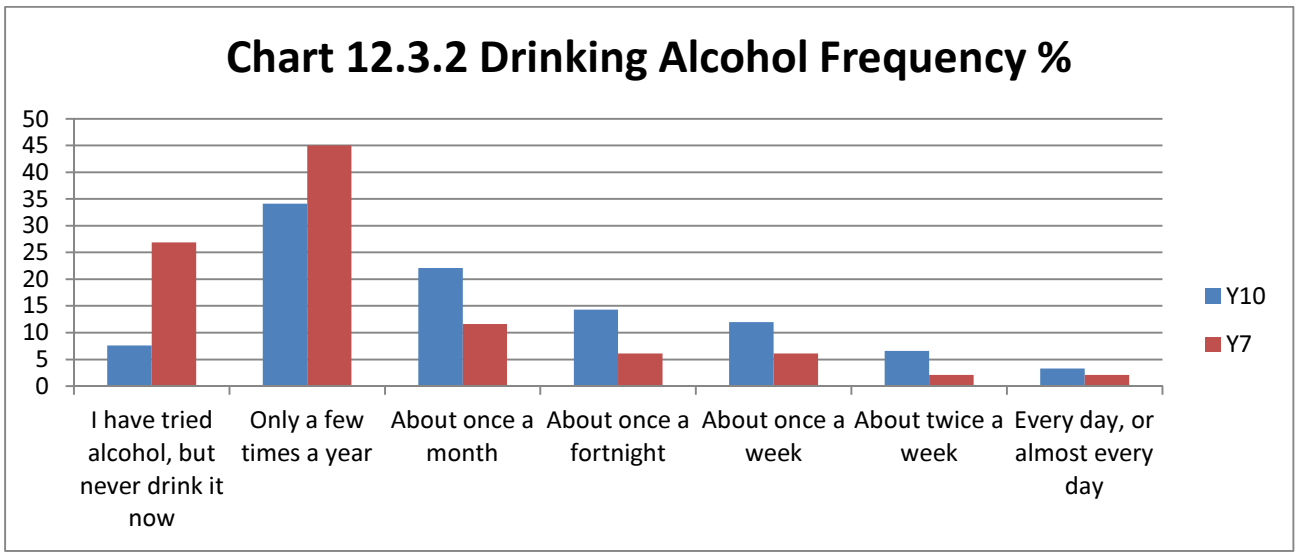


This data shows a slight change from 2015 results, age 13 was most popular in 2015 as the age a young person had their first alcoholic drink with Y10 pupils, this has changed to age 14. Y7 age 12 is most popular same as 2015. The national picture from the What About Youth results show the most popular age nationally for a young person having their first alcoholic drink is 14 also, matching the Rotherham statistic.

There were 11, Y7 pupils who put 13 as the age they had their first alcoholic drink, this is not possible as they would leave Y7 before they reach the age of 13.

12.3.2 Frequency of Drinking Alcohol

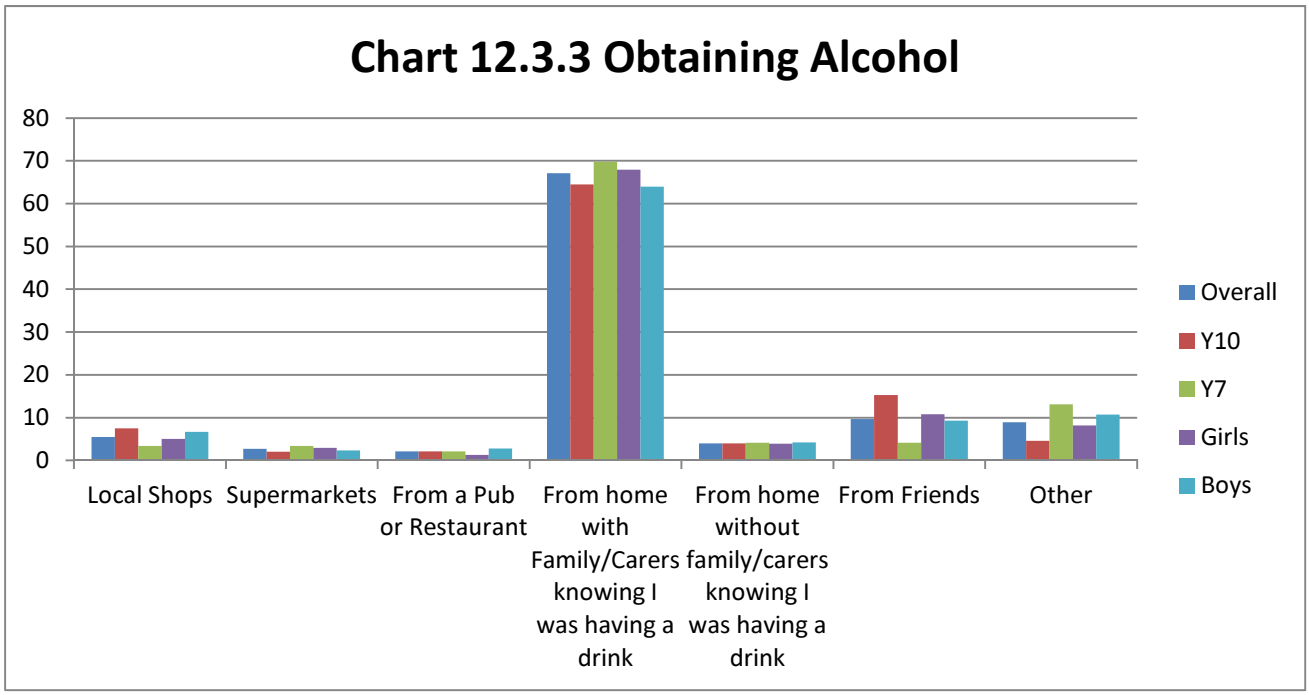
Chart 12.3.2 below shows the frequency of those 1235 (45%) who said they have tried alcohol, spilt by Y10 and Y7.



- 13% (161) of pupils have tried alcohol but no longer drink it now.
- 4.2% of Y7 said they have a drink daily/weekly, this has increased from 2% in 2015.
- 9.9% of Y10 said they have a drink daily/weekly, almost identical % to 2015 of 10%.
- The same % of male/female said they drank daily/weekly.

12.3.3 Obtaining Alcohol

Chart 12.3.3 below shows where the 1074 pupils who said they still drink alcohol, where they obtained their alcohol from.



As in previous years, the majority of both Y7 and Y10 pupils get their alcohol from family members (with their knowledge). The results from pupils being able to obtain alcohol from local

shops is similar % as 2015, and more boys seem to be able to obtain alcohol from local shops compared to girls. As with 2015 results supermarkets are lower than local shops as a location where young people can obtain alcohol. The lowest location from 2016 results where young people can obtain alcohol is restaurants and pubs, which suggest that their strict enforcement for ID and enforcing the law on underage drinking is relevantly successful.

Analysis of data input to 'other' option showed in the majority pupils said they were obtaining alcohol in the majority either on holiday or at time of celebrations e.g. weddings or birthdays.

12.3.4 Alcohol Stop Drinking

Of the pupils that said they drink alcohol 7.2% of Y7 and 3.9% of Y10 said they would like help to stop drinking.

12.3.5 Alcohol Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 38% of young people had tried alcohol at least once, the lowest proportion since 1982; this is a lower % than Rotherham when 45% said they have tried alcohol at least once.

The results from the What About Youth Survey (Y10) are detailed in table below, showing comparison about drinking alcohol with the national, regional, Rotherham statistical neighbours and Rotherham lifestyle survey 2016 results.

	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Have You Ever Had An Alcoholic Drink - Yes	**62**	**66**	**74.4**	**69.8**

12.4 Drugs

To support the campaign against peer pressure to try drugs, pupils were again asked if they thought it was OK for young people of their age to use drugs.

The 2016 results show that

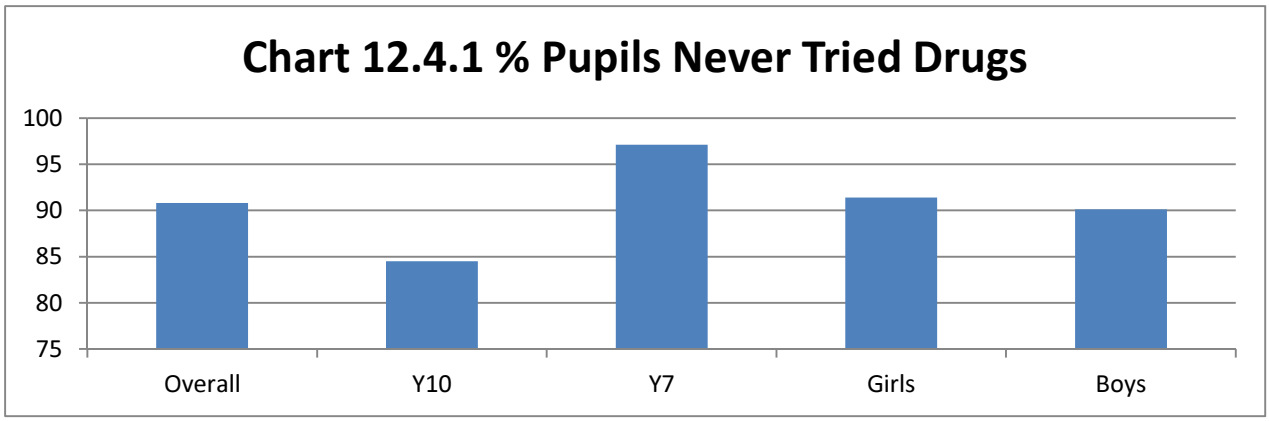
- 97.2% (1419) of Y7 said it was not OK to use drugs, this has reduced from 98% in 2015
- 89.9% (1210) of Y10 said it was not OK to use drugs; this has slightly reduced from 90% in 2015.
- More boys than girls said it was OK to use drugs, same as 2015.

12.4.1 Using Drugs

84.5% (1137) of young people in Y10 said they have never tried any type of drug; this has reduced from 87% in 2015.

97.1% (1418) of young people in Y7 said they have never tried any type of drug; this has reduced from 98% in 2015.

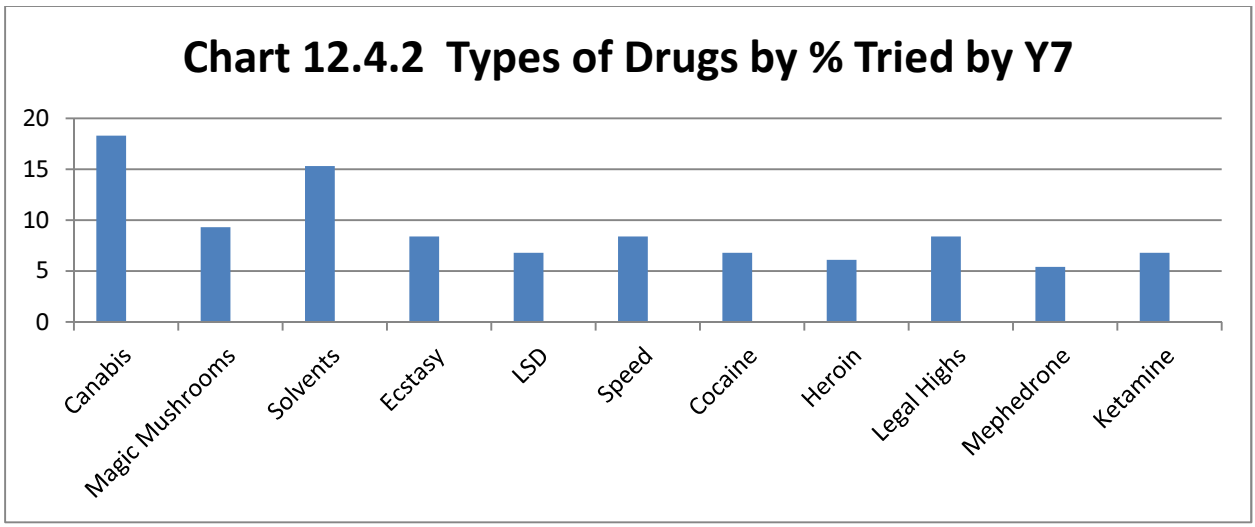
Chart 12.4.1 below shows the details of the % of pupils who have never tried drugs.



12.4.2 Types of Drugs

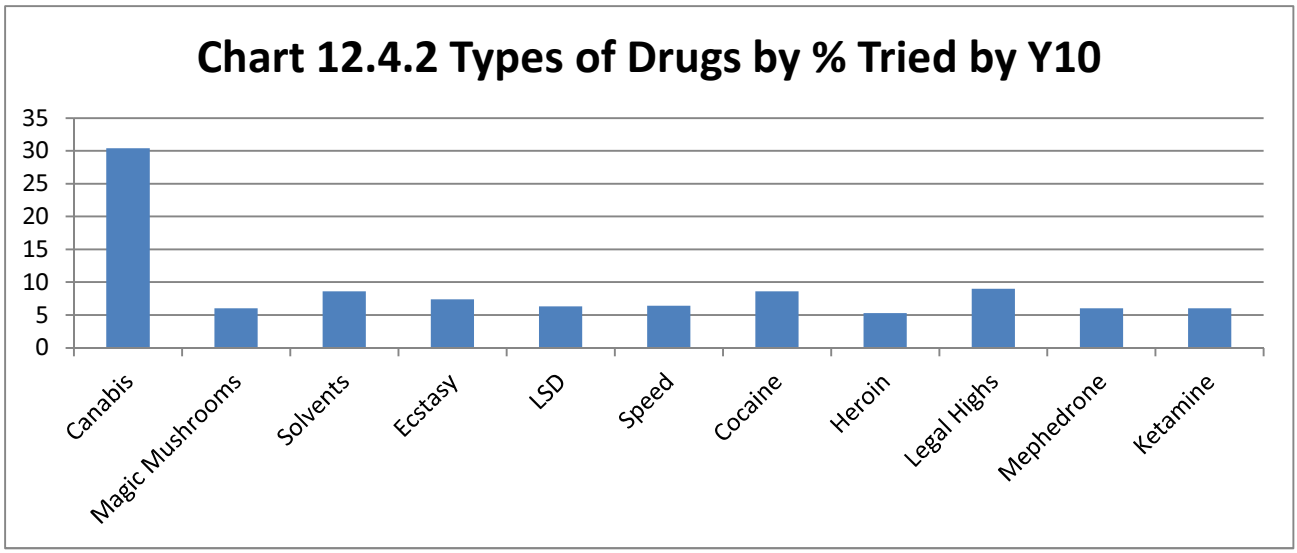
Pupils were asked if and how often they had taken various types of drugs. The results are shown below and are split into separate information for year 7 and year 10 responses:

The results from 2015 showed that cannabis and legal highs were the most popular form of drug that had been tried by pupils in Y7. Chart 12.4.2 (Y7) below shows the types of drugs that have been tried by the 2.9% (42) pupils in Y7. In 2016 the most popular forms tried by Y7 are cannabis and solvents. There is a slight difference between boys and girls; cannabis was the most popular choice with boys with solvents being 2nd most popular choice. Girls' results show that solvents are the most popular choice with cannabis being 2nd.



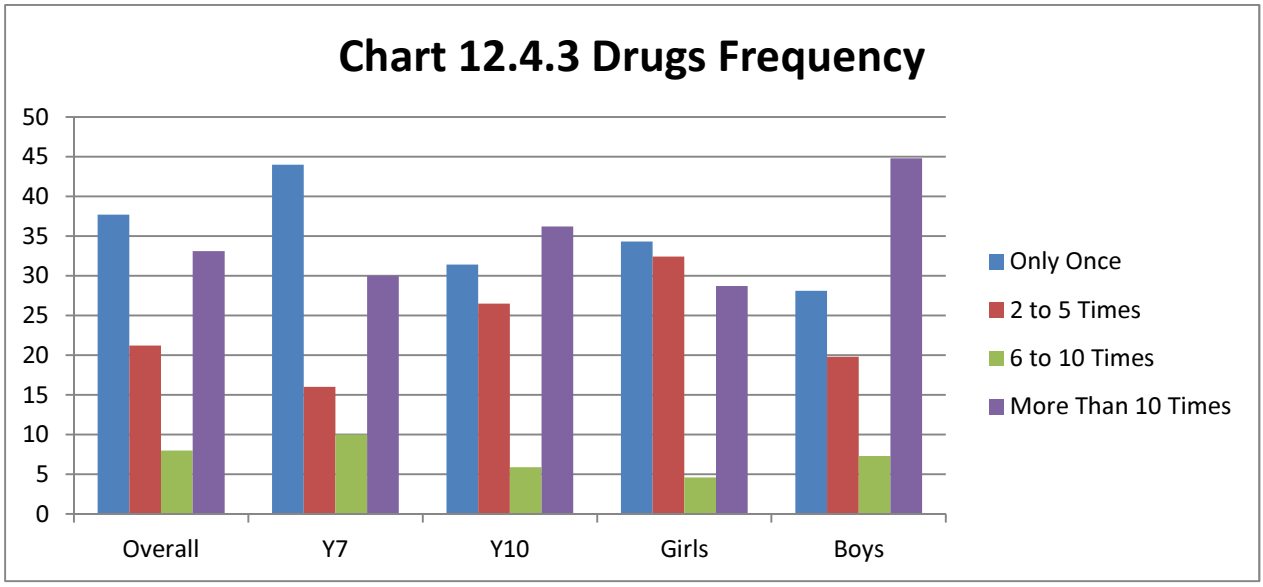
The results from 2015 showed that cannabis was the most popular form of drug tried by Y10, with ecstasy, legal highs and solvents being in equal 2nd for the form of drug tried by Y10 pupils. Chart 12.4.2 (Y10) below shows the types of drugs that have been tried by the 15.5% (209) pupils in Y10. In 2016 the most popular form tried by Y10 overall are cannabis and legal highs.

There is a slight difference between boys and girls; cannabis was the most popular choice with both, although girls 2nd most popular form of drug tried was equal between cocaine and legal highs. Boys 2nd most popular choice was equal between solvents and legal highs.



12.4.3 Frequency of Drugs

Out of the overall 9.2% (251) pupils that said they have tried some type of drug, they were asked how frequent they have tried drugs. Chart 12.4.3 below details their responses.



- Out of the Y7 pupils who said they had tried drugs 44% have only tried drugs once
- Out of the Y10 pupils who said they had tried drugs 31.3% have only tried drugs once

Pupils were asked when they had last tried drugs, out of the overall 251 pupils who said they have tried drugs:-

- 32.7% said they had tried drugs in the last week
- 20.6% said they had tried drugs during in the last month
- 16.6% said they had tried drugs in the last year
- 30.1% said it was more than a year ago since they had tried drugs

Overall out of 251 pupils that said they have tried some type of drug 19% would like help to stop taking drugs, this has increased from 11% in 2015. More girls than boys said they would like help to stop using drugs.

12.4.2 Drugs Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 15% of pupils said they had tried some drug. This is a higher average than Rotherham lifestyle survey results for 2016 when overall 9.2% said they have tried drugs at least once.

The results from the What About Youth Survey (Y10) are detailed in the table below, showing comparisons around trying drugs, with the national, regional, Rotherham statistical neighbours and Rotherham lifestyle survey 2016 results.

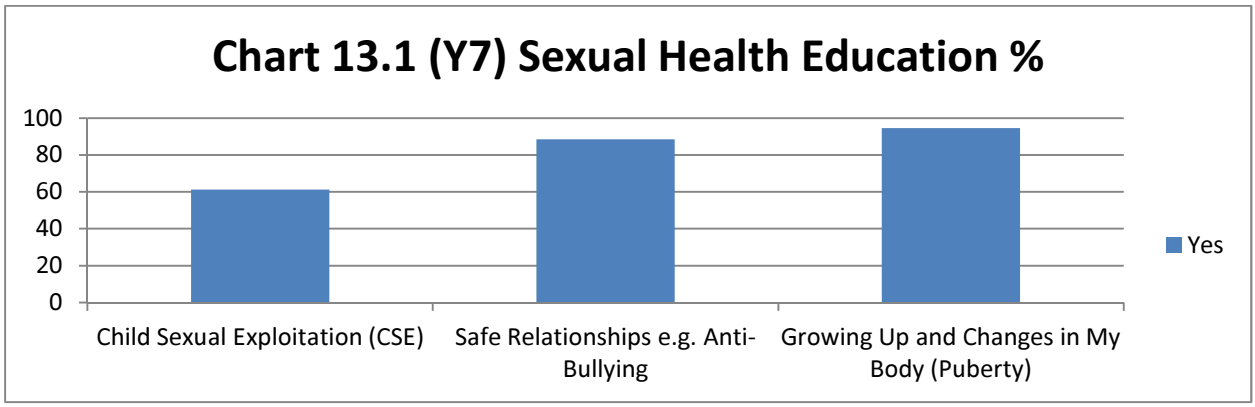
	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Have you ever tried cannabis?	**11**	**10**	**8.9**	**7.6**
Have you ever tried any other drug?	**2**	**2**	**1.8**	**2.8**

13. Sexual Health

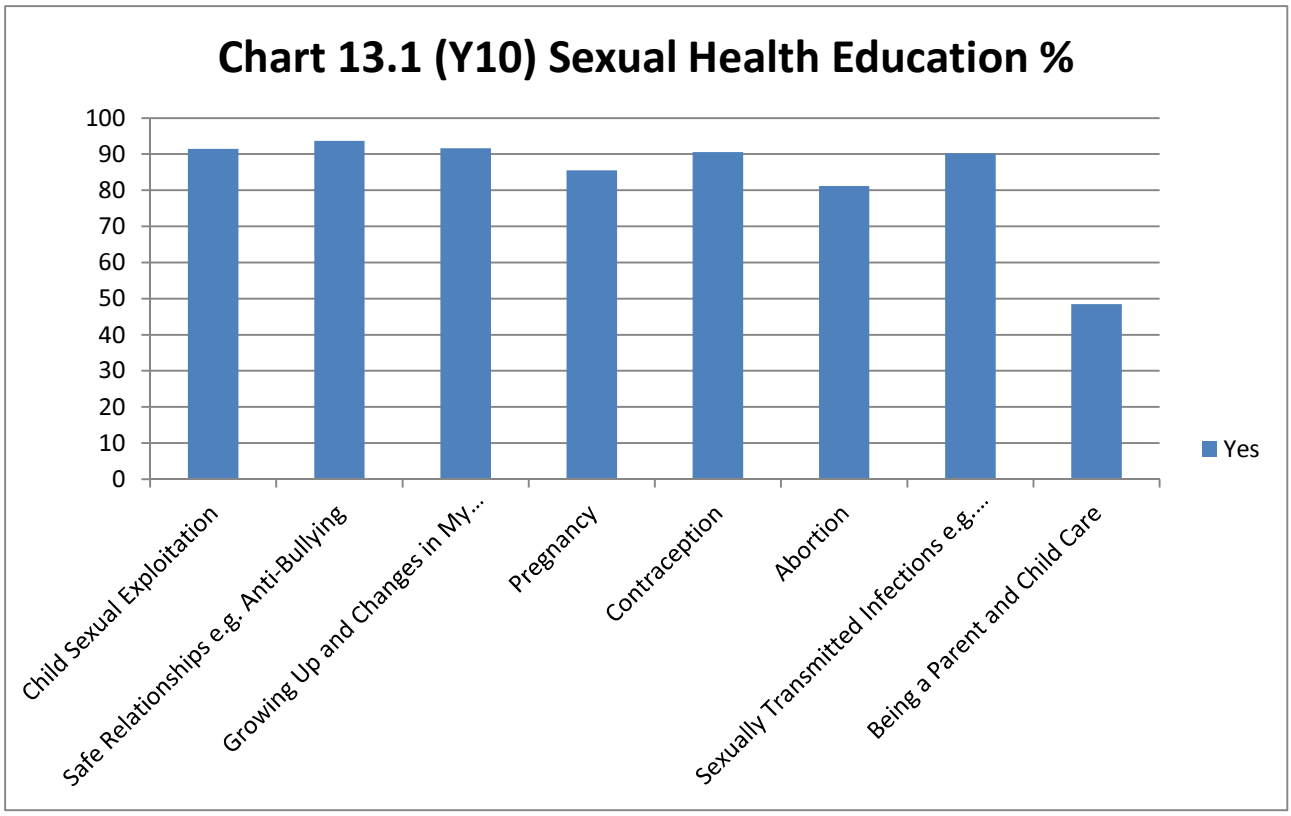
Pupils were asked about what they have been taught at school as part of their personal, social and health education, in relation to sexual health. There were different questions asked for Y7 and Y10 pupils to make them age appropriate. Y10 pupils were asked questions about sexual relationships.

13.1 Sexual Health Education

Pupils were asked if they had been taught about specific subjects at school.
The charts 13.1 (Y7) and 13.1 (Y10) below show the pupils who said yes they have received education in these subjects.



61.2% of Y7 pupils said they have been taught about CSE, this is an improvement from 54% in 2015.



91.5 % of Y10 pupils said they have been taught about CSE, this is an improvement from 71% in 2015.

13.2 Sexual Health Y10 Only

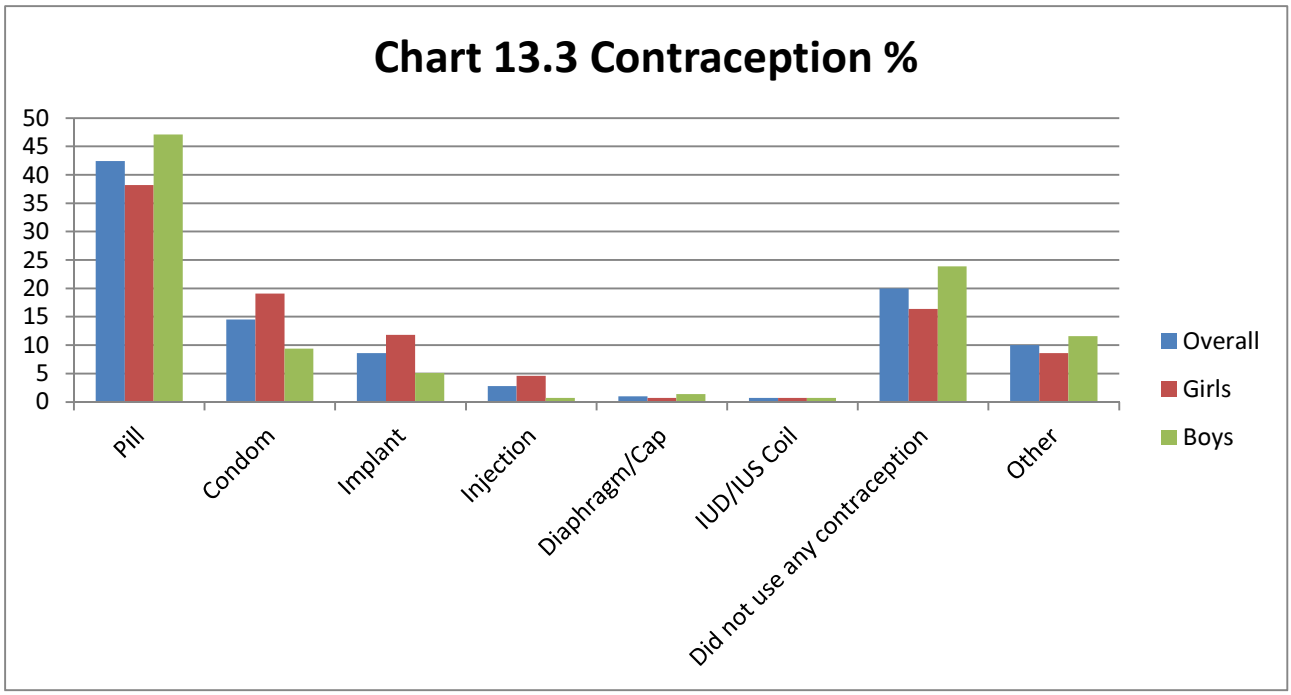
Pupils in Y10 were asked if they have had sexual intercourse

The results in 2015 showed that 23% of pupils in Y10 said they have had sex; this has reduced to 19.2% (258) in 2016, although a further option was added to the choice of 'prefer not to answer this question' and 9.7% (131) chose this option. In a reverse of the trend from 2015 results more girls said they have had sex, than boys.

Out of the pupils who said they have had sexual intercourse 24% said they had sex after drinking alcohol and taking drugs, this is an increase from 7% in 2015 when pupils were given the option to say if they have had sex after drinking alcohol.

13.3 Contraception

Pupils, who responded that they had sexual intercourse, were asked about what type of contraception they had used. Chart 13.3 below details the responses overall and male/female split.

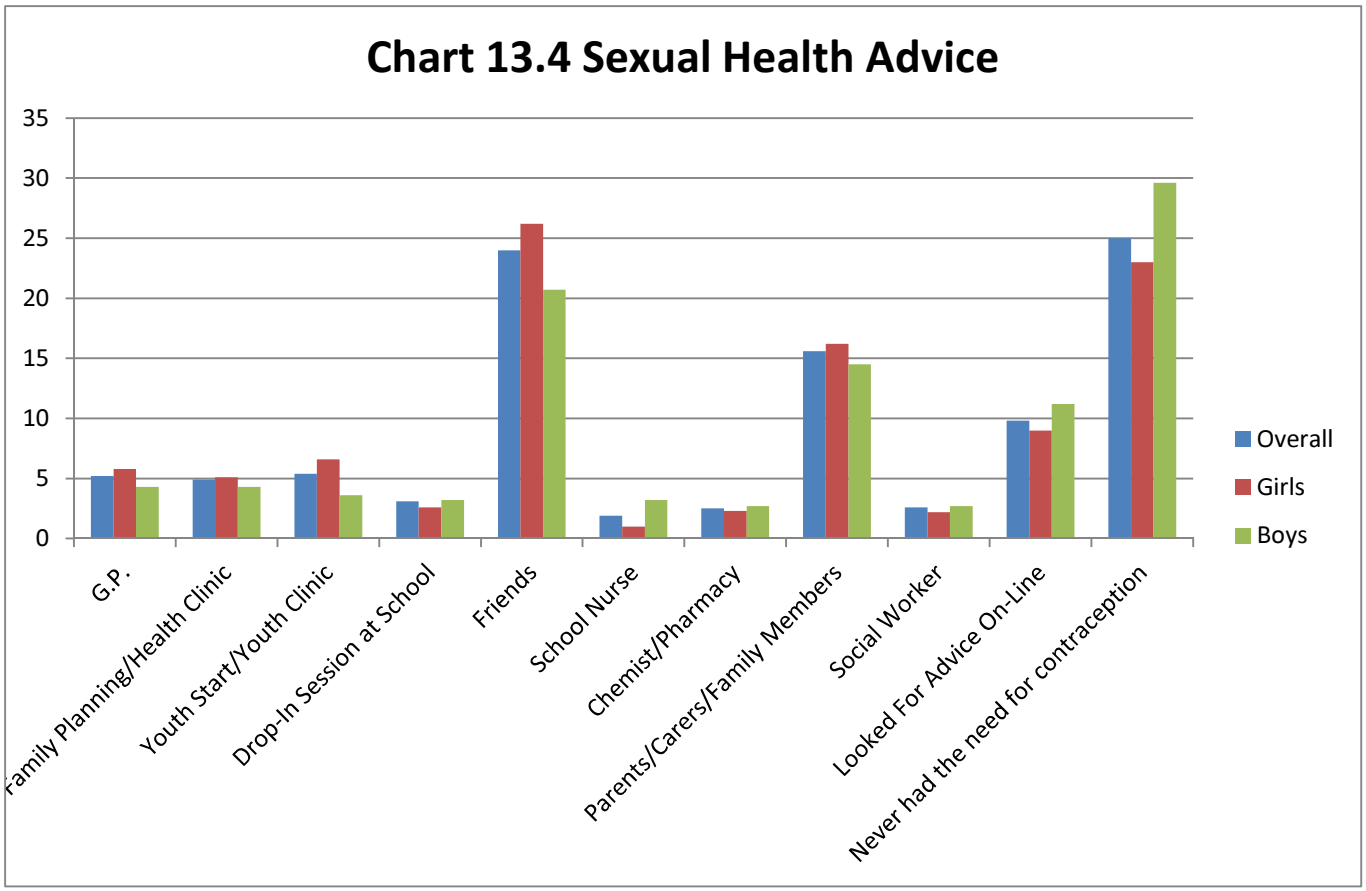


Pupils saying they did not use any form of contraception has improved in 2016 results, with 20% saying they did not use contraception compared to 22% in 2015.

Analysis of pupils who chose the option 'other shows that in the majority the responses were, using more than one method of contraception i.e. pill and condom.

13.4 Sexual Health Advice

Pupils in Y10 were all asked where they would go for sexual health advice. Responses are detailed in chart 13.4 below and split into male/female responses.



The results show that young people discuss sexual health with their friends above any other person available. Girls are more likely to go for sexual health advice from their G.P., Youth Clinic or Family Planning clinic than boys. Boys are more likely to speak with a school nurse or look for advice on line.

14. Your Town and Local Community

Pupils were asked questions about youth centres, town centre and their local community.

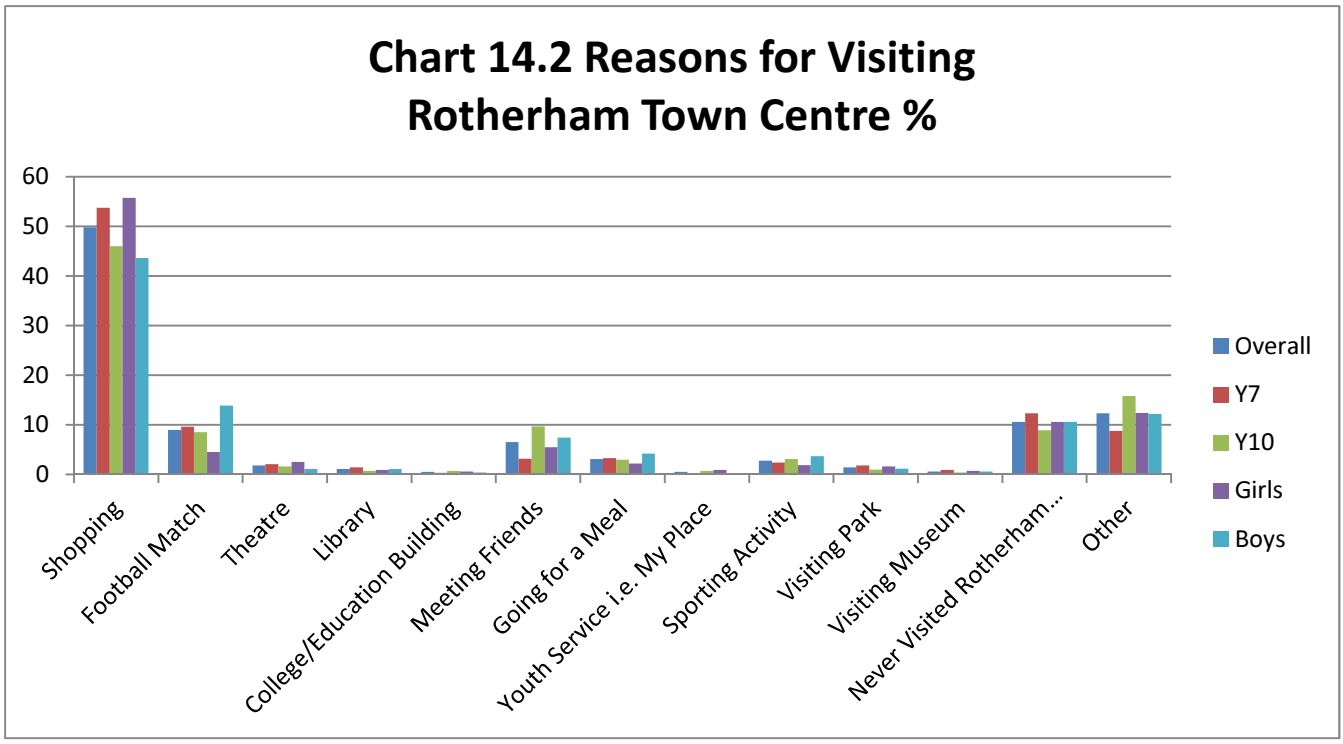
14.1 Youth Centres

There has been an increase in the number of pupils who said they have visited either a Youth Centre or a Youth Clinic, the results overall in 2015 showed that 13% of pupils said they have visited a youth centre, this has improved to 23.7% from 2016 results.
There is a higher proportion of girls who said they have visited a youth centre compared to boys.

14.2 Town Centre

Pupils were asked about their visits to Rotherham Town Centre. They were asked do you regularly go into Rotherham town centre (at least once a week), 26% (732) of pupils said yes, this is slightly down from 2015 when 27% said yes. More girls in both year groups were more likely to visit Rotherham town centre regularly. Although from the following subsequent questions only 10.6% (299) young people said they had never visited Rotherham town centre.

For those 732 who said they visit the town centre regularly a further question was asked about the main reasons why they visit. Chart 14.2 below details their responses.



Overwhelmingly shopping is the main reason why pupils visit town centre.
Analysis of the responses to the option 'other' show that pupils either said multiple responses to the choices offered, also dentist, opticians and concerts were said as reasons for visiting.

14.3 Feeling Safe

Pupils are asked to say where they feel safe and since the survey in 2014 subsequent questions have been asked specifically around town centre locations. (The questions for 2016 survey were changed slightly to ascertain how safe young people are feeling; with the options of always feeling safe, sometimes feeling safe or never feeling safe replacing yes I feel safe or no I don't feel safe).

Overall the results show
At home

- 92.6% of pupils said they always feel safe at home
- 6.2% of pupils said they sometimes feel safe at home
- 1.2% of pupils said they never feel safe at home

Compared to 2015 results 94% said they feel safe at home and 6% said they did not feel safe at home.

At school

- 66.4% of pupils said they always feel safe at school
- 29.5% of pupils said they sometimes feel safe at school
- 4.1% of pupils said they never feel safe at school

Compared to 2015 results 56% said they felt safe at school and 44% said they did not feel safe at school

On Way to and from school

- 62.8% of pupils said they always feel safe on way to and from school
- 32.5% of pupils said they sometimes feel safe on way to and from school
- 4.7% of pupils said they never feel safe on way to and from school

Compared to 2015 results 43% said they felt safe on way to and from school and 57% said they did not feel safe.

On local buses and trains

- 34.6% of pupils said they always feel safe on local buses and trains
- 55.7% of pupils said they sometimes feel safe on local buses and trains
- 9.7% of pupils said they never feel safe on local buses and trains

Compared to 2015 results 20% said they felt safe on local buses or trains and 80% said they did not feel safe.

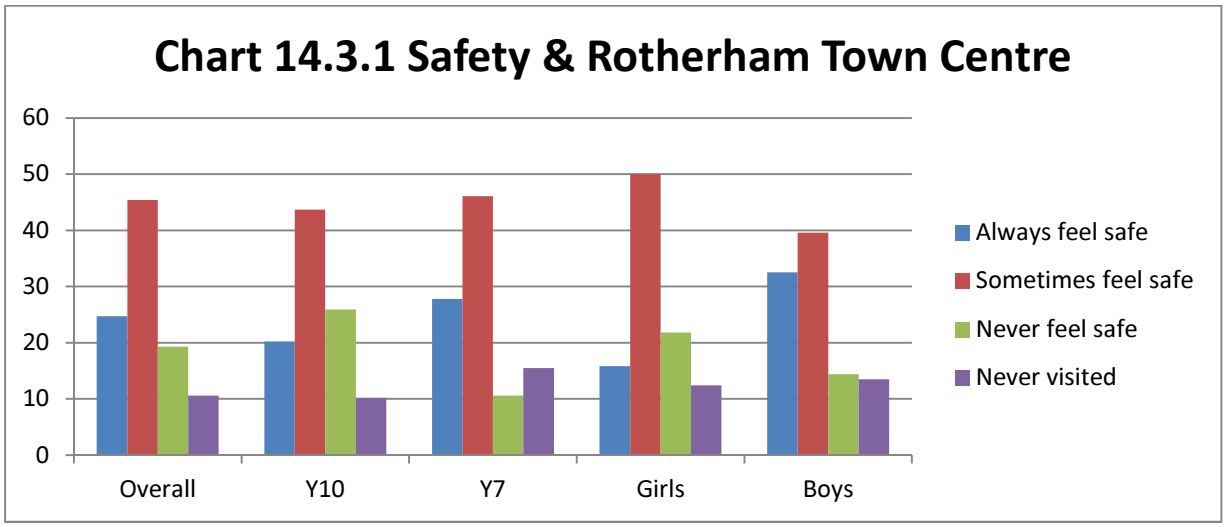
In your local community, where you live

- 54.5% of pupils said they always feel safe in the community where they live
- 39.5% of pupils said they sometimes feel safe in the community where they live
- 6% of pupils said they never feel safe in the community where they live

Compared to 2015 results 37% said they felt safe in their local community and 63% said they did not feel safe.

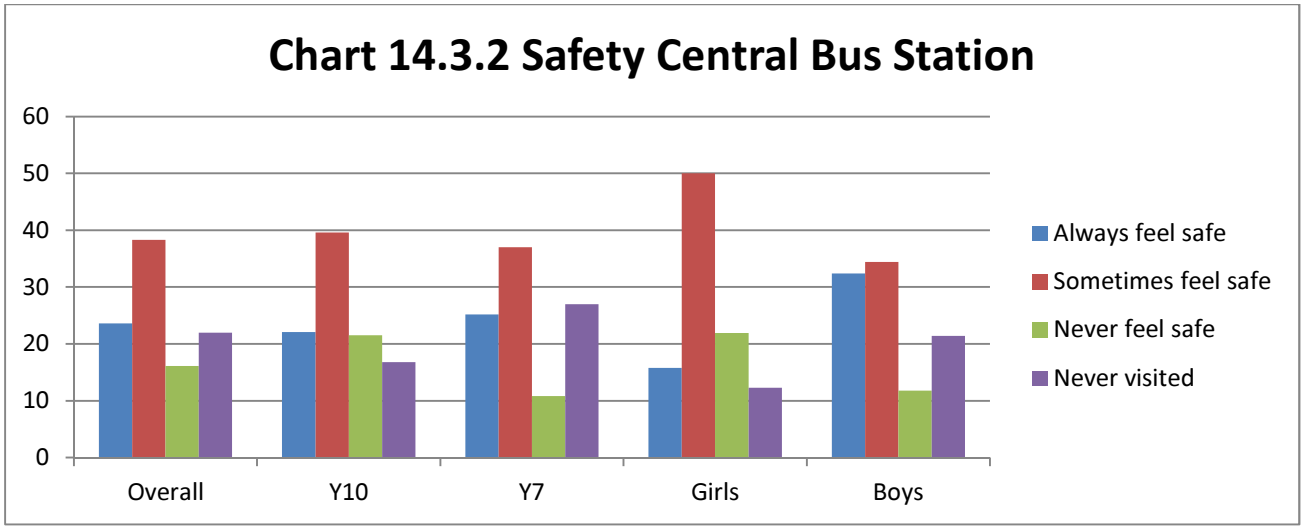
14.3.1 Feeling Safe Rotherham Town Centre

Chart 14.3.1 below details how safe pupils said they feel in Rotherham town centre, central bus interchange and Rotherham train station, they also had the option to respond they have never visited these location, so cannot comment about safety.



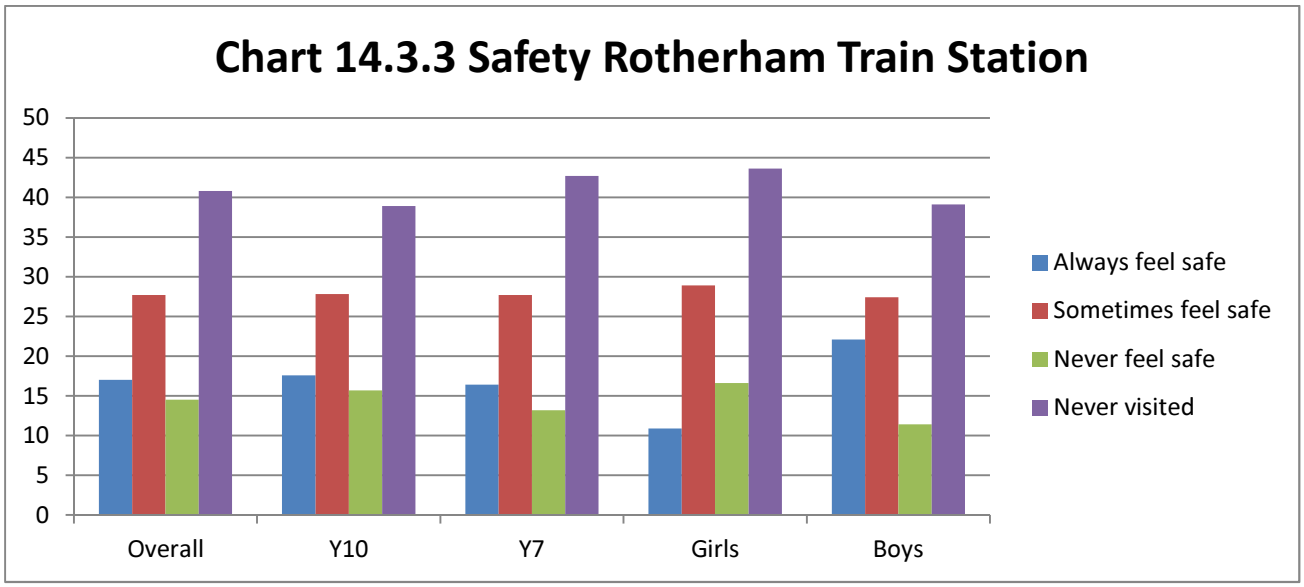
There has been an improvement in the percentage of pupils feeling safe in Rotherham town centre. 2015 results showed that 18% of pupils said they felt safe in town centre and 82% said they did not feel safe, overall the 2016 results show that 24.6% of pupils said they always feel safe, 45.4% said they sometimes feel safe and 19.3% said they never feel safe.

14.3.2 Feeling Safe Rotherham Town Centre Interchange
Chart 14.3.2 below describes how pupils feel about central bus station in Rotherham



There has been an improvement in the percentage of pupils feeling safe at Rotherham's central bus station. 2015 results showed that 15% of pupils said they felt in this location and 85% said they did not feel safe, overall the 2016 results show that 23.6% of pupils said they always feel safe, 38.3% said they sometimes feel safe and 16.1% said they never feel safe, 22% of pupils overall said they have not used Rotherham central bus station.

14.3.3 Feeling Safe Rotherham Train Station
Chart 14.3.3 below describes how pupils feel about Rotherham train station.



There has been an improvement in the percentage of pupils feeling safe at Rotherham's train station. 2015 results showed that 8% of pupils said they felt in this location and 92% said they did not feel safe, overall the 2016 results show that 17% of pupils said they always feel safe, 27.7% said they sometimes feel safe and 14.5% said they never feel safe, 40.8% of pupils overall said they have not used Rotherham train station.

Each of the town centre locations have shown improvement of pupils saying they feel safe.
More pupils said they never felt safe at Rotherham train station, compared to the other two town centre locations. Boys are more likely to feel safe, compared to girls.

14.4 Town Centre Risks
Pupils were asked to think about safety and town centre locations and rank the statement to what they felt the biggest risk was to their safety. Overall these were rated from the highest risk (1) to the lowest risk (10):-

1. Fear of large groups/gangs
2. Being approached by people who are drunk
3. Protests or Marches
4. Dark Nights
5. Being approached by strangers
6. Being alone
7. Poor Lighting
8. Football match days
9. Lack of visible security for example police, wardens
10. People standing outside pubs

The results from 2015 showed that the top 3 risk reasons were, (1) being approached by strangers, (2) fear of large groups/gangs and (3) lack of visible security. Visible security has improved as this is now rated as the 9th in the risk list, replaced in 3rd place by protests and marches.

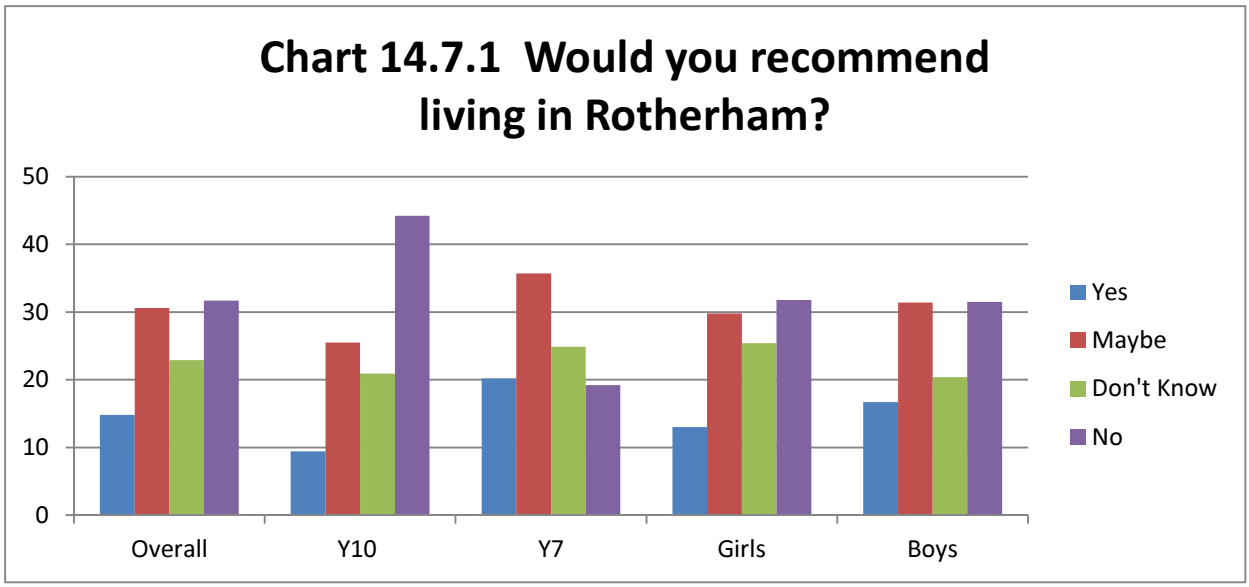
14.5 Town Centre Improving Feeling Safe
Pupils were asked to rate in order, what they felt could be put in place to improve the town centre to mitigate the risk of children and young people feeling unsafe. Overall these were rated from highest importance (1) to lowest (6):-

1. Better CCTV
2. Fewer Large Groups/Gangs
3. Cleaner town centre environment
4. The presence of more security for example police or wardens
5. Fewer protests and marches
6. Better lighting

14.6 Your Local Community
Pupils were asked which statement best describes the way in which people from different backgrounds get on with each other. The majority of pupils felt that people from different backgrounds mixed well, but there has been some problems 31.2%, compared to 41% in 2015. This is closely followed by, everyone mixes well together with very few problems 29.5%. Pupils said the people from different groups do not get on well together and there has been lots of problems has increased to 12.9% from 9% in 2015.

14.7 Living in Rotherham
Views from young people were again asked in 2016 about their thoughts on living in Rotherham.

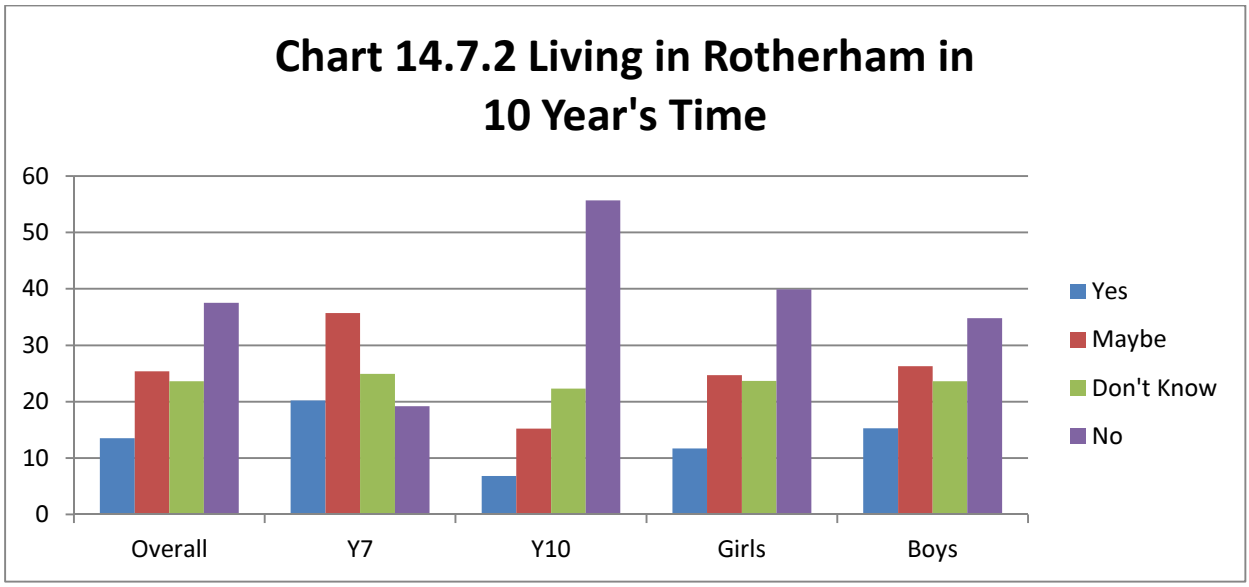
14.7.1 Recommending Rotherham
Chart 14.7.1 details pupils' views on the whether they would recommend Rotherham as a place to live. These show the overall picture, a split by Y7 and Y10 and a split boys and girls.



Overall 31.7% of pupils said 'no' they would not recommend Rotherham as a place to live. This has reduced from 34% in 2015. Although there has also been a reduction in the % of pupils who said they would definitely recommend Rotherham as a place to live, overall 2016 this is at 14.8% from 18% in 2015. Y7 pupils overall are more likely to recommend Rotherham as somewhere to live, compared to Y10 and more boys would recommend Rotherham as a place to live compared to girls.

14.7.2 Future Living in Rotherham

Chart 14.7.2 details pupils' views on the whether they would like to be living in Rotherham in 10 years' time. These show the overall picture, a split by Y7 and Y10 and a split boys and girls.



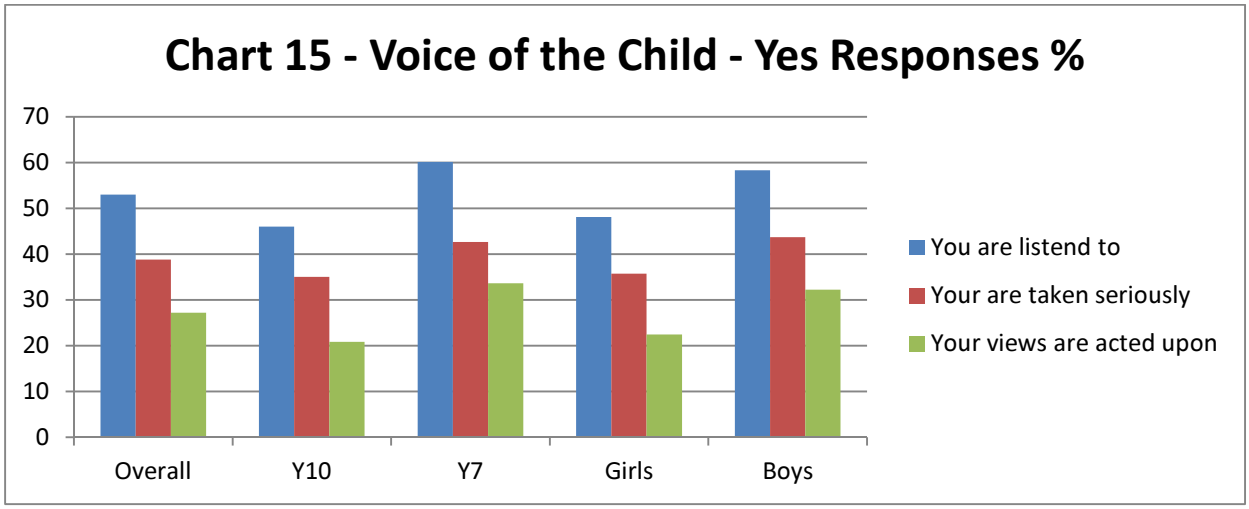
Overall 37.5% gave the response 'no' they would not like to be living in Rotherham in 10 years' time. This is a reduction from 48% who gave this response in 2015. There has been a small reduction in the % of pupils who said they would definitely like to be living in Rotherham in 10 years' time, this has reduced from 14% in 2015 to 13.5% in 2016.

The same trend as in 2015 as followed with a significantly higher % of Y10 giving a negative response to this questions and saying they do not want to be living in Rotherham in 10 years' time compared to Y7, although in 2015 61% of Y10 said no to this question compared to 55.7%

in 2016. Also the same trend followed with more girls than boys saying they would not like to be living in Rotherham in 10 years' time.

15. Your Views & Experiences

Capturing the voice of the child is a high priority for Rotherham council and its partners, therefore questions were added in 2015 to the survey to ask them if they felt listened to, taken seriously and then their views acted upon.
The number of pupils who responded 'yes' to these questions, is detailed in the chart 15 below



Overall there has been a reduction in the % of pupils who felt their voice was listened to, taken seriously and their voice acted upon

- Voice listened to, reduced from 66% in 2015 to 53% in 2016
- Pupils views being taken seriously, reduced from 59% in 2015 to 39% in 2016
- Pupils' views being acted upon reduced from 45% to 27.2% in 2016.

Rotherham Metropolitan Borough Council

Rotherham
Voice of the Child
Education Lifestyle Survey
2016

Trends Analysis
Child Centred Borough Measures
Year 7 and Year 10
2014 - 2016

Contents

1. Summary

There is a priority in the Improvement Plan for Rotherham Council to become a Child-Centred Borough. The aim of the Child-Centred Borough is for communities of children, young people and adults, including elected members to combine their resources to support every child to be the best they can.

A paper has been approved by cabinet which sets outs the aspirations for Rotherham to become a borough that is recognisably child centred. A member led working group will develop and oversee a strategy that will focus on the following principles

- A focus on the rights and voice of the child
- Keeping children safe and health
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place

The success of the child-centred borough strategy can be measured by a range of indicators in the annual Lifestyle Survey for Y7 (age 11/12 years) and Y10 (age 14/15 years) pupils.

The Lifestyle is an annual survey that is offered to schools and pupil referral units for two age groups of children. This is a survey that has been ongoing since 2008.

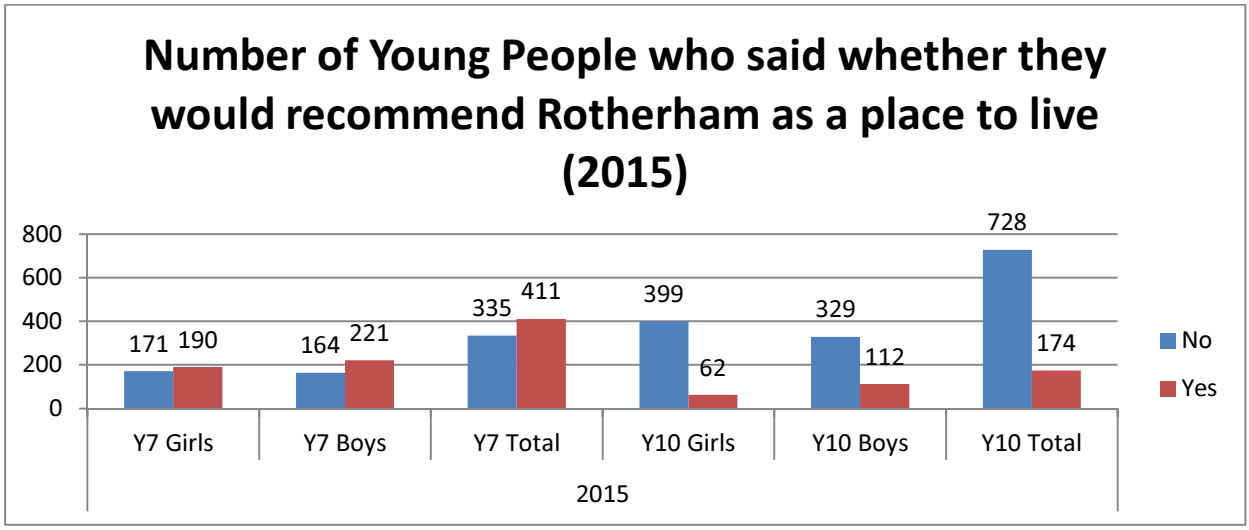
This report covers potential indicators and trend analysis since 2014 which could be used to support measuring the progress of the child-centred strategy.

2. Focus on the rights and voice of the child

2.1 Being proud about Rotherham

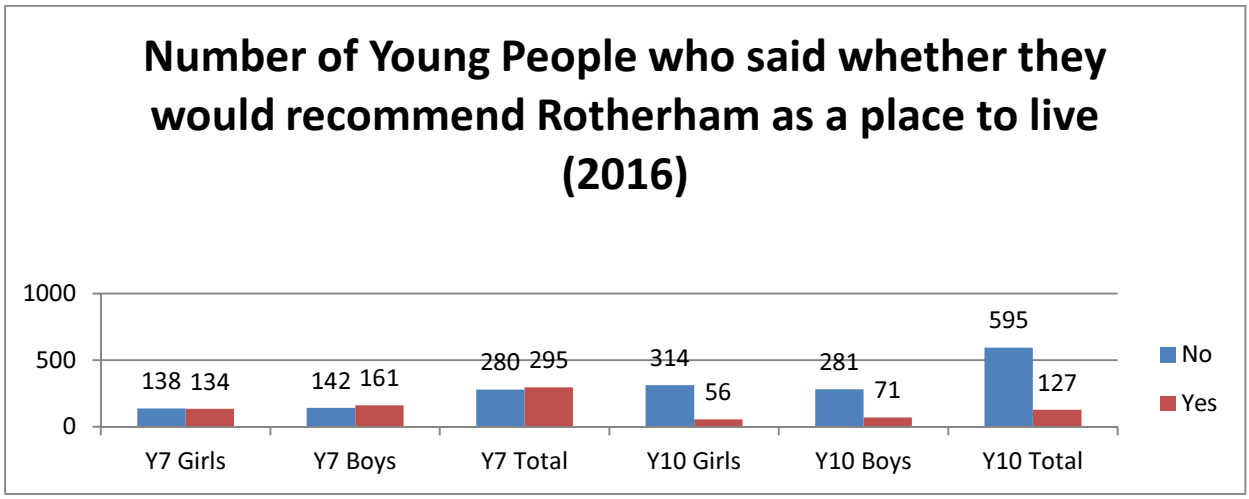
Young people in the lifestyle survey are asked if they would recommend living in Rotherham and would they like to be living in Rotherham in 10 years' time.
This questions allows young people to have their voice heard about their town and community and if they are proud of their town.

The results shown show the trend between 2015 and 2016.



Overall for 2015

- 16% of girls said they would recommend Rotherham as a place to live
- 35% of girls said they would not recommend Rotherham as a place to live
- 49% of girls were undecided
- 22% of boys said they would recommend Rotherham as a place to live
- 33% of boys said they would not recommend Rotherham as a place to live
- 55% of boys were undecided

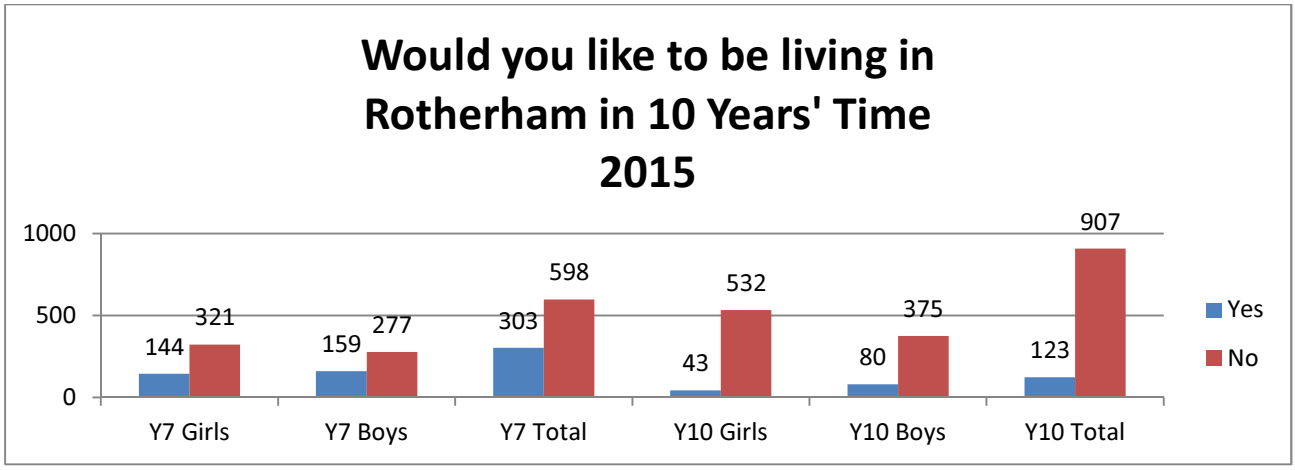


Overall for 2016

- 13% of girls said they would recommend Rotherham as a place to live
- 31% of girls said they would not recommend Rotherham as a place to live
- 56% of girls were undecided

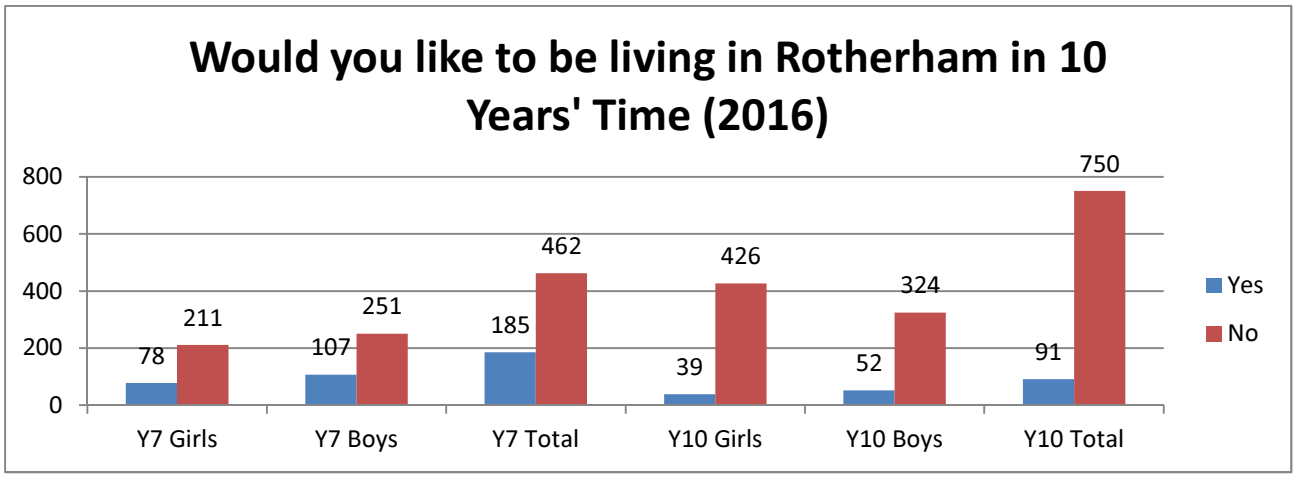
- 17% of boys said they would recommend Rotherham as a place to live
- 31% of boys said they would not recommend Rotherham as a place to live
- 52% of boys were undecided

It is evident that the decline in pupils not wanting to recommend Rotherham as a place to live happens by the time pupils reach Y10.



Overall for 2015

- 11% of girls said they would like to be living in Rotherham in 10 years' time
- 53% of girls said they would not like to be living in Rotherham in 10 years' time
- 36% of girls were undecided
- 16% of boys said they would like to be living in Rotherham in 10 years' time
- 34% of boys said they would not like to be living in Rotherham in 10 years' time
- 50% of boys were undecided



Overall for 2016

- 9% of girls said they would like to be living in Rotherham in 10 years' time
- 44% of girls said they would not like to be living in Rotherham in 10 years' time
- 47% of girls were undecided
- 12% of boys said they would like to be living in Rotherham in 10 years' time
- 42% of boys said they would not like to be living in Rotherham in 10 years' time
- 46% of boys were undecided

The trend for not wanting to live in Rotherham in 10 years' time continues from Y7 through to Y10 for both boys and girls.

Possible Actions:

- Develop survey for children in Y10 and above to ask them what would encourage them to want to recommend Rotherham as a place to live and want to live in Rotherham in the future?

- Promotion in schools to the benefits of living in Rotherham, what does Rotherham have to offer young people, what is planned for the future for Rotherham.

3. Keeping Children Safe & Healthy

3.1 Feelings and Mental Health

The lifestyle survey asks pupils questions about their feelings, what do they usually feel good about, this aims to ascertain how healthy children are feeling about their mental health.

The trend between 2014 and 2016 has shown that rated the highest for feeling good with an average of 85% (2385) children feel good about their home life.
Rated the lowest for feeling good with an average of 57% (1599) children feel good about the way they look, this is higher for girls than boys.

3.2 Talking about mental health issues/problems

Young people are asked who they would discuss their problems and issues with.
The results in 2014, 2015, and 2016 followed the same trend for both Y7 and Y10.
Most young people would prefer to talk to a friend or a family member if they have any problems that are worrying them.

In 2016 more young people are choosing to speak with their youth worker or school nurse.

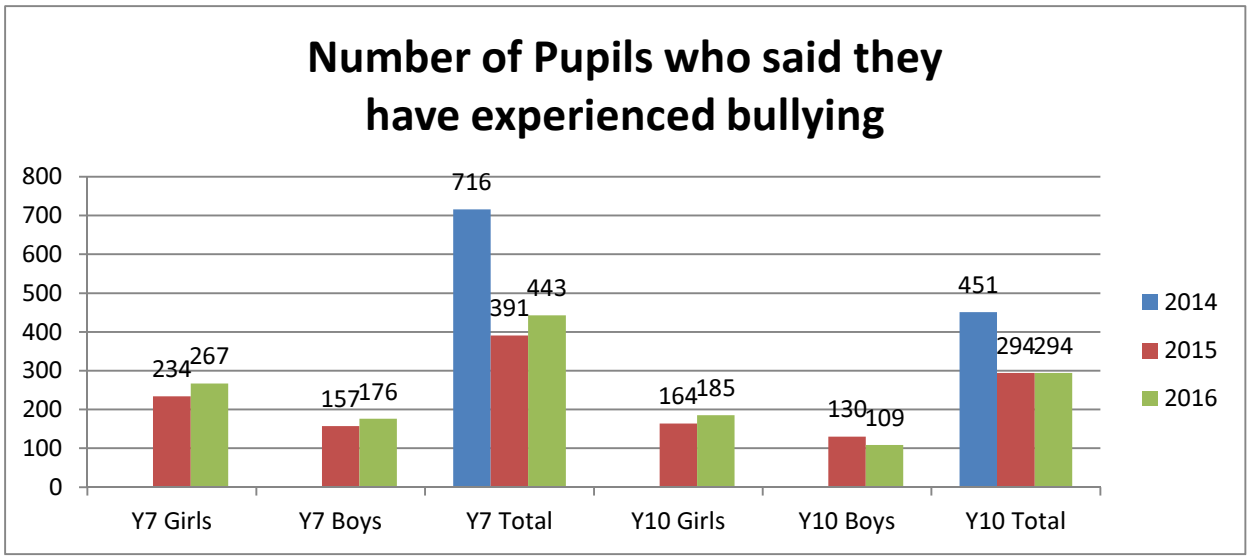
Possible Actions

- PSHE Leads at school to ensure that positive body image in included in the curriculum.
- All schools display information where young people can go for help if they have concerns about their mental health.
- Include links to mental health support services in 2017 Lifestyle Survey on Survey Monkey

3.3 Bullying

Childhood bullying can have lasting effects on Mental Health. Studies have found a link between bullying and a higher risk of mental health problems.

Pupils are asked in the lifestyle survey if they have experienced bullying.



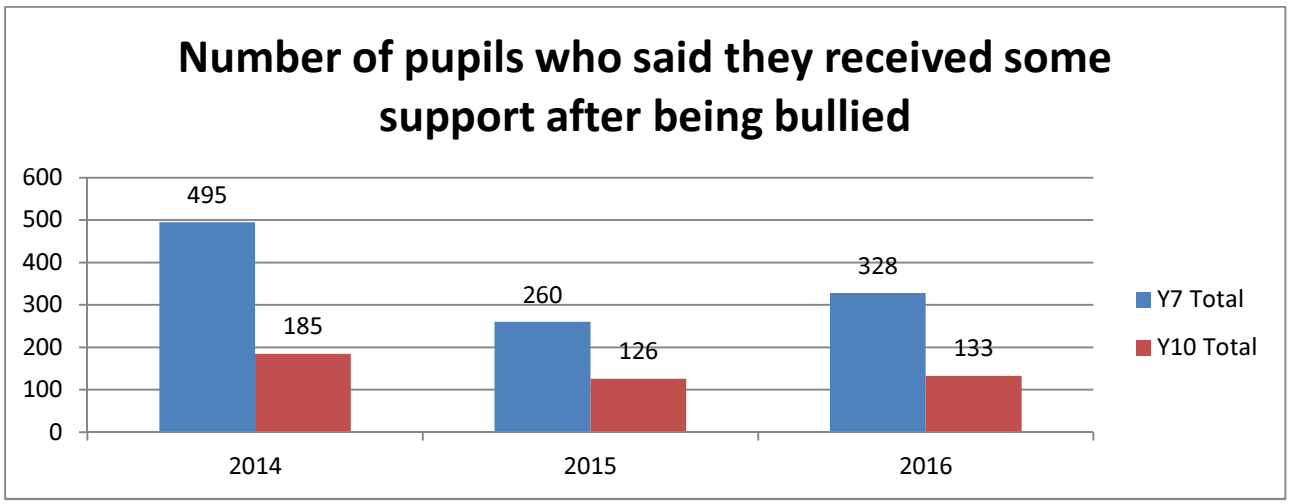
The % of children who said they have been bullied has increased in 2016.
On average, bullying rates for overall Y7 and Y10 are

- 2014 - 28%
- 2015 – 22%
- 2016 – 26%

The split of data by boy/girl was not done for the bullying questions in 2016.
The data shows that more Y7 children said they have been bullied and more girls said they had been bullied.

3.3.1 Receiving support after being bullied.

From the pupils who said they had been bullied, these are the figures for the young people who said they received some support.



The % of children who said they have been supported after being bullied has increased in 2016.
On average, the % rates for pupils who have been supported after being bullied, overall Y7 and Y10 are

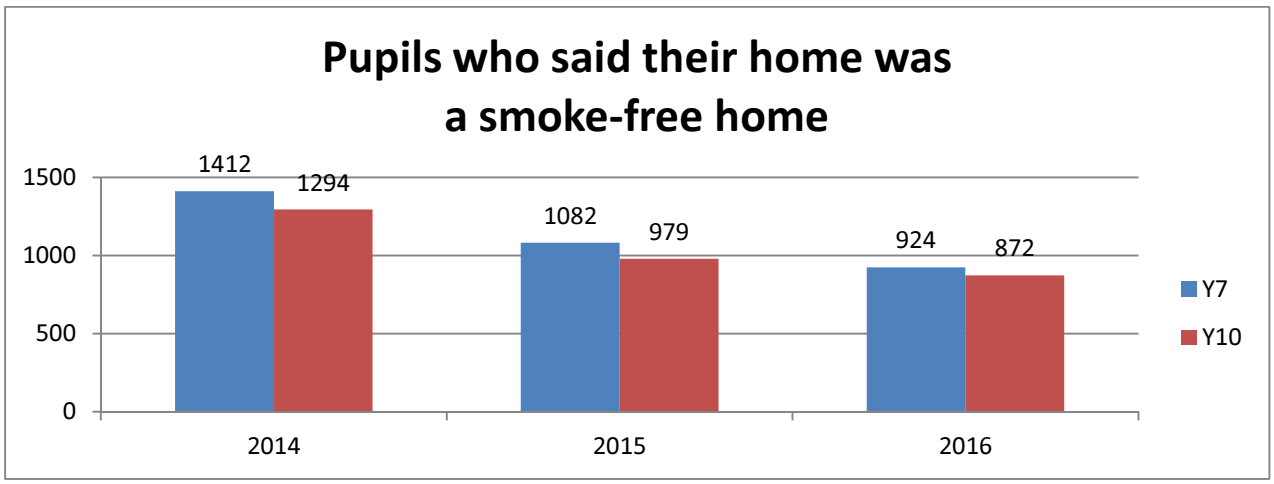
- 2014 - 55%
- 2015 – 55%
- 2016 – 58%

Possible Actions

- Raise awareness of bullying with Y7 pupils or Y6 pupils at transitions from primary school. Clear information on how to report bullying and preventative activities.

3.4 Smoking

Young people are asked if they live in a smoke-free home, this is explained to them that no members of their family are smokers.



The data shows that more year 7 pupils say their home is smoke free.
On average over the 3 years it is 65% who say they live in a smoke free home.

- 2014 – 66%
- 2015 – 66%
- 2016 – 64%

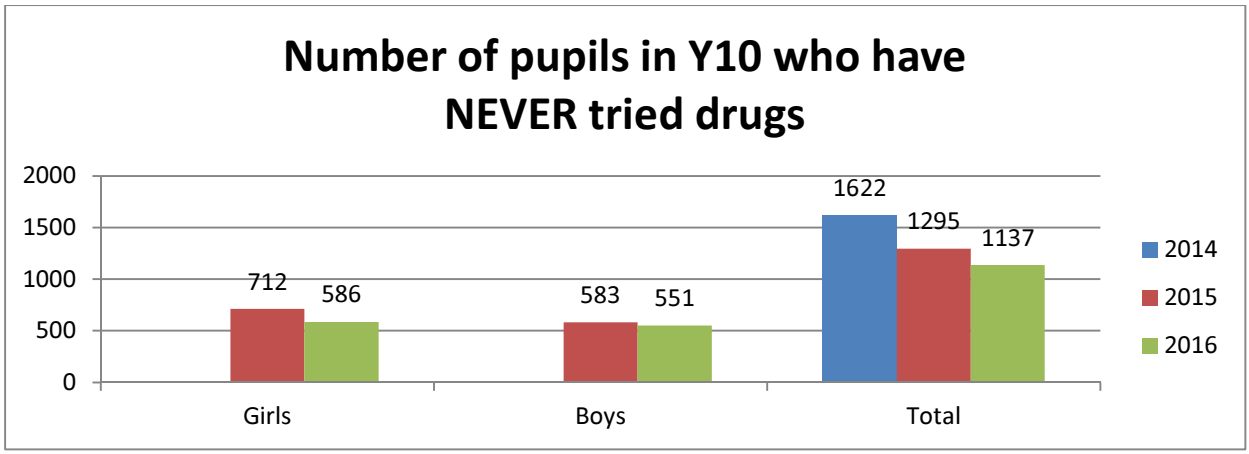
The decline in the % of pupils saying they come from a smoke free home could be attributed to the increase of use in electronic cigarettes. More pupils in 2016 said they have tried an electronic cigarette.

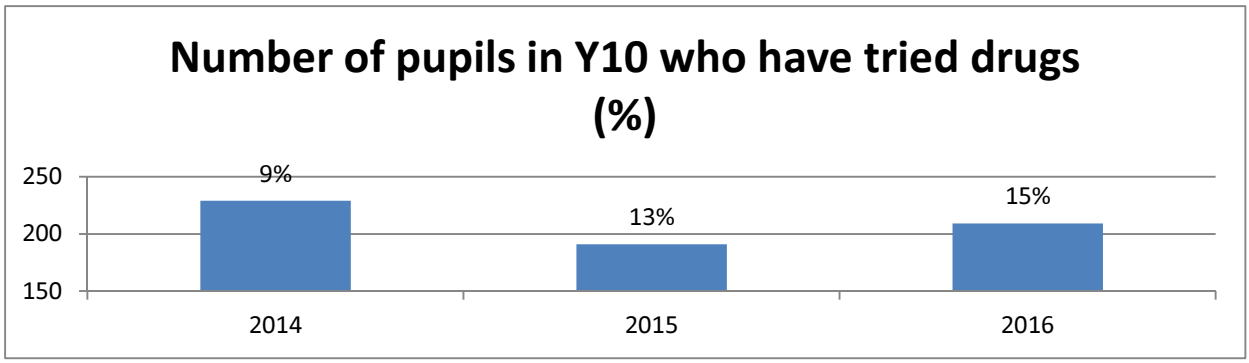
Possible Actions

- PSHE Leads at school highlight the issues with smoking both tobacco and electronic cigarettes.
- All schools to participate in activities to support No Smoking Day/Week
- Links to support for stopping smoking to be included in 2017 survey on Survey Monkey.

3.5 Drugs

Young people are asked if they have ever tried drugs. It has been identified a possible measure for Child-Centred Borough around health, is look at Y10 pupils who have said they have tried drugs, even if this was just once.





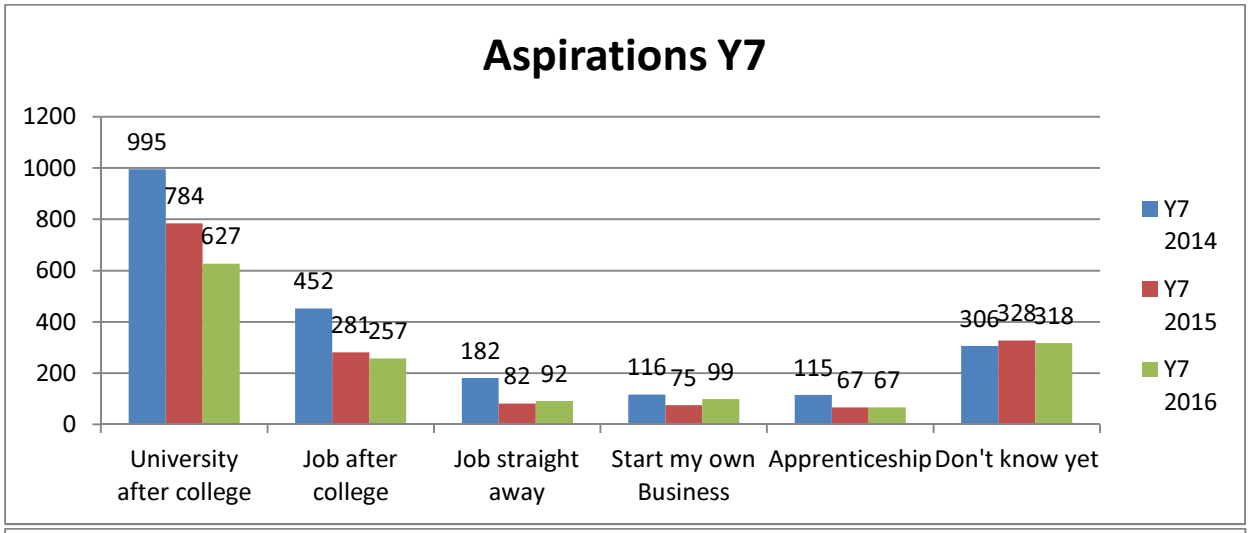
The data shows that there is an increase in the % of Y10 who have said they have tried drugs.

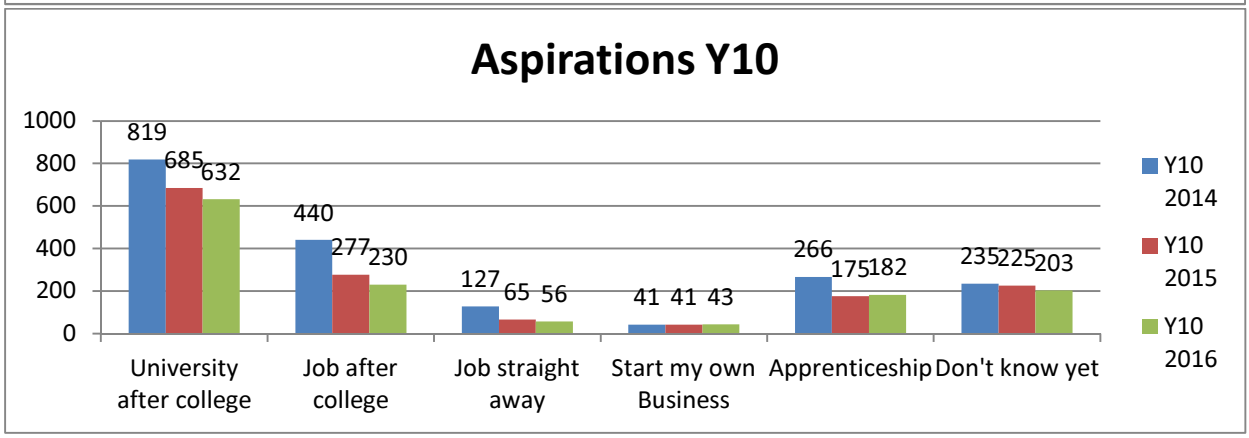
Possible Actions

- PSHE Leads at school highlight the issues around drugs in particular in Y10.
- Links to support for stopping using drugs to be included in 2017 survey on Survey Monkey.

4 Ensuring Children Reach Their Potential

The lifestyle survey asks pupils what are their aspirations for when they leave school. Pupils in Y10 at the time of the survey have just one further year at a secondary school, before making choices what they would like to do next. Pupils in Y7 are just completing their first year of secondary school.





For both Y7 and Y10 the trend has continued with the most popular choice for what pupils would like to do when they leave school being go to university.

Over the past 2 years through there has been an increase in the % for pupils choosing they would like to get an apprenticeship or start their own business

On average overall the % choices are

- University – 46%
- College then a job – 19%
- Don't know yet – 17%
- Apprenticeship – 11%
- Job straight from school – 5%
- Start own business – 2%

Possible Action:

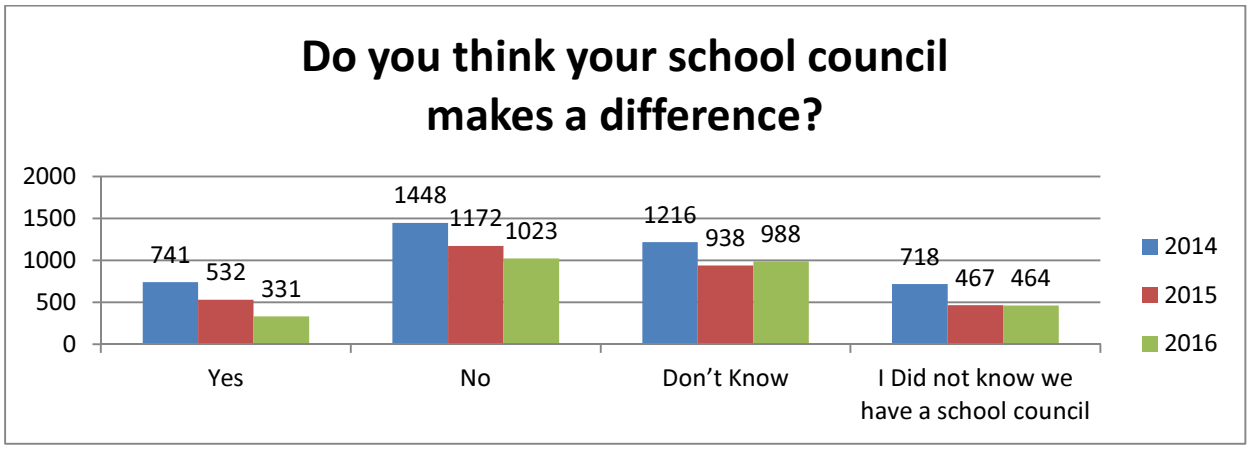
- Ensuring there is support to pupils at school with information about starting own business – work with RIDO

5. Harnessing the resources of communities

There are no specific measures identified that could be extracted from the lifestyle survey. There is potential to add further questions to the survey.

Pupils being involved with their school council are a volunteer opportunity for pupils to engage with school projects and be part of democratic processes.

Pupils are asked in the survey, do you think your school council makes a difference.



Overwhelmingly the lowest % is pupils saying that their school council makes a difference.

Possible Action:

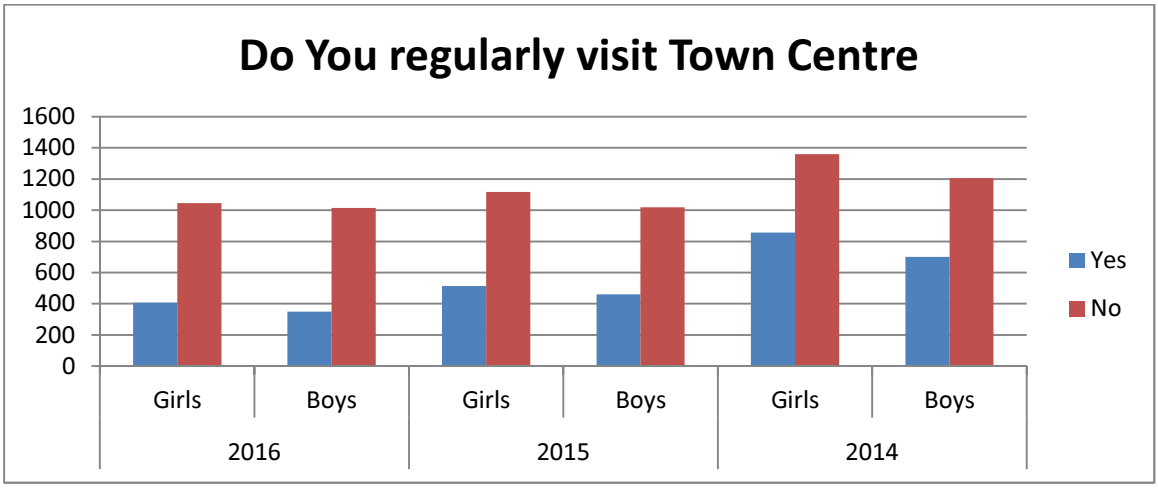
- Joint working with voluntary sector to identify potential questions that could be added to the survey to support this theme. A question could be asked if pupils are involved in volunteering.
- Ask school to promote their school council and communicate the benefits to pupils of being involved in school democratic processes.

6. A Sense of Place

6.1 Visiting Rotherham Town Centre

We want children to be proud of their home town and community and want to share positive messages about Rotherham. We want children and young people to feel safe when they in their local community and when they visit Rotherham town centre.

Young people were asked if they regularly visit Rotherham town centre, this is at least once per week.



There has been a downward trend of young people visiting Rotherham Town Centre. More girls did respond that they do visit the town centre.

6.2 Feeling Safe Town Centre & Local Community

The 2016 questions around safety were altered slightly to ascertain the level of feeling safe/unsafe. In 2014 and 2015 surveys young people were asked to state yes/no whether they felt safe or not. There have been significant improvements from young people saying they feel safe in the 2016 results.

	Year 7				
	2014 Yes I feel safe	**2015 Yes I feel safe**	**2016 I always feel safe**	**2016 - I sometimes feel safe**	**2016 I never feel safe**
In my local community	613 (28%)	503 (31%)	833 (58%)	555 (38%)	57 (4%)
In Rotherham town centre	181 (8%)	162 (10%)	403 (28%)	672 (46%)	155 (11%)
At Rotherham Town Centre Bus Interchange	136 (6%)	211 (13%)	365 (25%)	535 (37%)	157 (11%)
At Rotherham Train Station	100 (5%)	40 (2%)	236 (16%)	399 (28%)	191 (13%)

	Year 10				
	2014 Yes I feel safe	**2015 Yes I feel safe**	**2016 I always feel safe**	**2016 - I sometimes feel safe**	**2016 I never feel safe**
In my local community	739 (38%)	595 (40%)	52%	41%	7%
In Rotherham town centre	241 (12%)	267 (18%)	270 (20%)	587 (44%)	348 (26%)
At Rotherham Town Centre Bus Interchange	246 (13%)	297 (20%)	296 (22%)	530 (40%)	286 (21%)
At Rotherham Train Station	194 (10%)	267 (18%)	234 (18%)	370 (28%)	209 (16%)

6.3 Main reason for feeling unsafe

Pupils who said they did not always feel safe in the Rotherham Town Centre locations including town centre bus interchange and train station, were asked for the main reasons why they did not feel safe.

These are the top 3 reasons that young people have said over the past 3 years.
Fear of gangs or large groups, bring approached by strangers and protests and marches are prominent reasons for feeling unsafe for both Y7 and Y10.

Year 7			
Risk Rating	**2014**	**2015**	**2016**
1	Being approached by strangers	Being approached by strangers	Fear of large gangs or groups
2	Being Alone	Fear of large gangs or groups	Being approached by drunks
3	People Standing Outside Pubs	Lack of visible security i.e. police or warden	Dark nights

Year 10			
Risk Rating	**2014**	**2015**	**2016**
1	Being approached by strangers	Being approached by strangers	Fear of large gangs or groups
2	Fear of large gangs or groups	Fear of large gangs or groups	Protests or Marches
3	Lack of visible security i.e. police or warden	Being Alone	Being approached by drunks

Possible Action

- Promote the ongoing work that has happened in Rotherham Town Centre and Bus station to improve the safety and well-being of children and young people.
- Share information in schools about safety, town centre and how to report a problem.

Rotherham Metropolitan Borough Council

Public Report
HEALTH AND WELLBEING BOARD
FOR APPROVAL

Summary Sheet

Meeting:
Health and Wellbeing Board – 11th January 2017

Title: Caring Together, The Rotherham Carers Strategy

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Director Approving Submission of the Report
Anne Marie Lubanski – Strategic Director of Adult Care and Housing

Report author(s):
Sarah Farragher, Head of Service – Independence and Support Planning

Ward(s) Affected
All

Executive Summary

Caring Together, the Rotherham's Carers' Strategy is a partnership strategy which sets out the intentions and actions necessary to support Carers and Young Carers in Rotherham.

Informal Carers are the backbone of the health and social care economy. The ambition is to build a stronger collaboration between Carers and other partners in Rotherham, and formally start to recognise the importance of whole family relationships. The strategy lays down the foundations for achieving these partnerships and sets the intention for future working arrangements. It aims to makes a difference in the short term and start the journey towards stronger partnerships across formal services, people who use services and their Carers.

Caring Together has been co-produced between Adult Services, Children's Services, Customer Services, Rotherham Carers, including Young Carers, the Voluntary Sector, RDaSH and the Rotherham Clinical Commissioning Group. Input from the Rotherham Foundation Trust will be incorporated prior to sign off by the Health and Well-being Board.

Recommendations

That the Health and Wellbeing Board:

- Approves *Caring Together, the Rotherham Carers' Strategy 2016-2021.*

List of Appendices Included

Appendix One: Caring Together the Rotherham Carers' Strategy 2016-2021
Appendix Two: Equality Analysis

Background Papers

The Care Act 2014

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Drafts and updates on the development of this strategy have been considered by the Health Select Committee in December 2015, March 2016 and July 2016.

The strategy was considered at the Health and Wellbeing Board in November 2016.

Council Approval Required

No

Exempt from the Press and Public

No

Title: Caring Together - The Rotherham Carers' Strategy

1. Recommendations

Health and Wellbeing Board note that:

1.1 Our recommendations are that the Commissioners endorse *Caring Together, the Rotherham Carers' Strategy 2016-2021* for partnership approval at the Health and Wellbeing Board.

2. Background

2.1. *Caring Together, the Rotherham's Carers' Strategy* is a partnership Strategy which sets out the intentions and actions necessary to support Carers and Young Carers in Rotherham.

2.2. Informal Carers are the backbone of the health and social care economy. The ambition is to build stronger collaboration between Carers and other partners in Rotherham, and formally start to recognise the importance of whole family relationships. The strategy lays down the foundations for achieving these partnerships and sets the intention for future working arrangements. It aims to makes a difference in the short term and start the journey towards stronger partnerships across formal services for people who use services and their Carers

2.3. *Caring Together* has been co-produced between Adult Services, Children's Services, Customer Services, Rotherham Carers, including Young Carers, the Voluntary Sector, RDaSH and the Rotherham Clinical Commissioning Group. Input from the Rotherham Foundation Trust will be incorporated over the next few weeks prior to sign off by the Health and Well-Being Board. There is a need for the Council to formally endorse this strategy and commitment to this work.

3. Key Issues

3.1. The Strategy defines a Carer as 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.

3.2. Support to informal Carers has been a statutory requirement since the introduction of the Carers (Recognition and Services) Act 1995. The Care Act 2014 defines a Carer as a person providing "necessary care" for another adult, even if that adult does not meet the eligibility criteria. The caring role must be having an impact on the Carers wellbeing. Carers Assessments include eligibility criteria in relation to the Carers right to support.

3.3. Caring Together the Rotherham Carers' Strategy is not a stand-alone Council strategy. It is a partnership document recognising that Carers form an essential part of the overall health and social care offer within Rotherham and should have a voice in how they are supported. The strategy identifies five desired outcomes which have been developed with Carers:

- **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.

3.4. These outcomes feed into a delivery plan which will be a live document supported by the Caring Together Delivery Group.

4. Options considered and recommended proposal

4.1. There is an option not to endorse the strategy however, this will undermine the partnership work that has taken place and progress that has been made towards working more collaboratively with Carers. This is therefore not recommended.

4.2. It is recommended that *Caring Together, the Rotherham Carers' Strategy* is endorsed.

5. Consultation

5.1. Consultation on the strategy has taken place throughout its development through the Carers' Forum, Young Carers' Networks as well as voluntary sector feedback through the two main Carers' support networks in Rotherham, Crossroads and Barnardos. Colleagues from Children's Services and Customer Services have been active members of the development group, as have colleagues from the CCG and RDaSH. Feedback from the Rotherham Foundation Trust will be fed into the final version prior to sign off at the Health and Wellbeing Board.

6. Timetable and Accountability for Implementing this Decision

6.1. Once endorsed this strategy will go back to the Health and Wellbeing Board for formal agreement.

7. Financial and Procurement Implications

7.1. Research undertaken by Carers UK in 2015 estimated that the financial value of informal care was £132 billion per annum to the national economy. It is therefore vital that carers are supported to maintain caring roles.

7.2. In Rotherham the estimated Council spend on carers services is £2million per annum. However it is difficult to place an exact figure on this as in reality most of these services which are currently part of the cared for persons personal budget. Examples of services include day care, home care, respite and direct payments. All of which are currently under review as part of the need to achieve budget savings and financial sustainability for the Council.

7.3. This overall investment does include a small proportion of services that are directly provided to the carer, made up of Council employed assessing staff, carers emergency scheme, Memory Cafes and the Carers Centre "Carers Corner". Some of this investment incorporated in the Better Care Fund and part of the action plan is to look at how this resource can be best utilised to promote carers wellbeing.

7.4. The significant amount of Carer specific services within the Borough are not directly funded through the Council and receive other sources of funding such as grants from the clinical commissioning group CCG, lottery funding and other voluntary sector investment. There are also some specialist elements of services such as the Hospice at home that has carers services.

7.5. As part of the implementation there is a greater focus on planning and working differently, to enable Carers to have a life outside of caring. This will mean that commissioning of Carers' services will need to be co-produced. An introduction of a more focused Carers' assessment and support planning offer will be developed. Any associated costs in relation to the implementation of this strategy are part of the statutory duty of the Council and will be managed through existing business processes and resources. However there is a need to be transparent around the financial envelope for this work and the needs to achieve best value in this area.

7.6. The Care Act introduced a power for local authorities to make a charge for carers services, however this was accompanied by strong guidance advising against implementing this. Currently services which are provided to the Cared for person, e.g. replacement care are subject to a financial assessment based on the circumstances of the person in receipt of this service. Services provided directly to carers to promote the carers well-being, e.g. direct payments are not chargeable. This is a policy area that may need to be reviewed in the future.

8. Legal Implications

8.1. The Council has a legal duty under the Care Act 2014 to ensure Carers are assessed and supported. This strategy will contribute to the Council's compliance with the statutory duties towards carers.

9. Human Resources Implications

9.1. There are no Human Resource implications for the Council as a result of this strategy

10. Implications for Children and Young People and Vulnerable Adults

10.1. This strategy has been co-produced by both Adults and Children's services alongside other statutory and voluntary sector partners.

11. Equalities and Human Rights Implications

11.1. An Equality Analysis has been completed by the strategy development group and is included as appendix two.

12. Implications for Partners and Other Directorates

12.1. The Carers' Strategy has an implication for all directorates as Rotherham moves towards being a Carer friendly community.

13. Risks and Mitigation

13.1. The Strategy sets the intention for partnership working and there are significant financial risks associated with not supporting Carers adequately in relation to the requirement for the Council to provide replacement care.

13.2. Given the current financial climate there is a risk that the strategy sets expectations for a level of service that is not sustainable financially for the Council and that in

reality is not achievable. This can be mitigated through transparency and open discussions through the strategy group and with Carers Forum.

13.3. The strategy aims to raise the awareness, profile and understanding of carers. There is a risk that this will increase requests for assessments and services at a time when the Council is significantly financially challenged. Part of the challenge for the partnership work moving forwards will be to look at creative ways of supporting carers within their communities and building on natural strengths rather than funnelling people into services.

13.4. There is a risk that the raising of carers rights and profiles will actually increase dissatisfaction and complaints, both while changes are embedded but also in relation to expectations against deliverability. To mitigate this a link to the Council's complaint policy will be included within the Carers strategy.

13.5. There has been a reduction in the number of Carers assessments being completed by the Council, which is the reverse position to other Yorkshire and Humber Authorities. The reasons for this are currently being analysed. This is accompanied by anecdotal reports of an increase in the numbers of Carers in crisis contacting Crossroad for support. There is a risk that without appropriate support the Council faces increasing pressures in relation to requests new and increased packages of care and it is therefore important that the relationships are in place to ensure Carers are supported appropriately.

14. Accountable Officer(s)

Approvals Obtained from:

Strategic Director of Finance and Corporate Services:

Director of Legal Services:

Head of Procurement (if appropriate):

This report is published on the Council's website or can be found at:-

http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

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

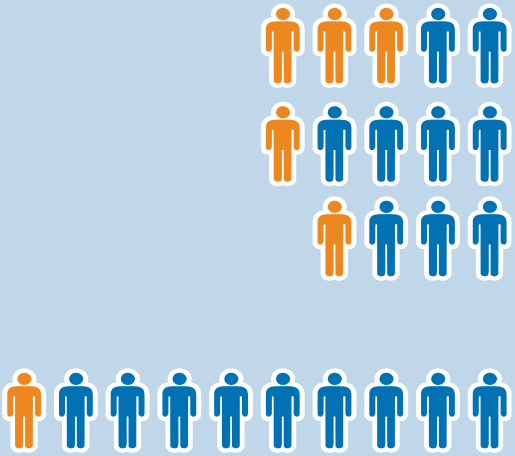
• There are 166,363 young carers in England, according to latest census data released on 16th May 2013 (Source: Children's Society 2013)

• 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:

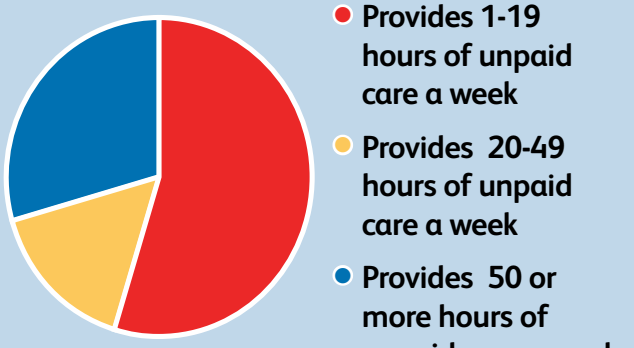
✔ Identification & recognition ✔ Realising & releasing potential
✔ A life alongside caring ✔ Supporting carers to stay healthy

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)

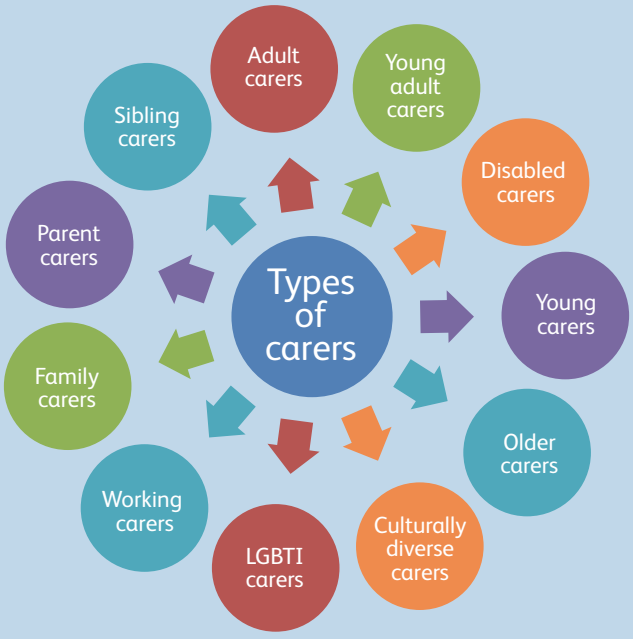
Figure 1 below shows a breakdown of the amount care provided by Rotherham carers:



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.



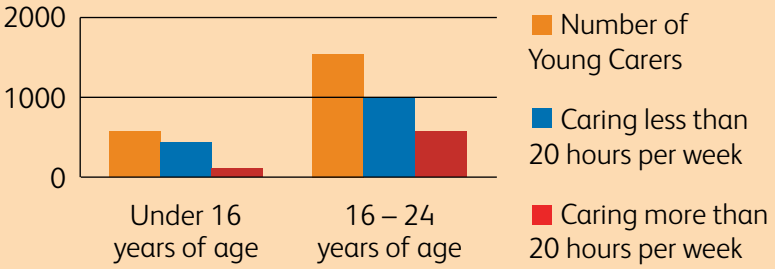
- Lead to financial difficulties – giving up work to care, managing on benefits, cost of aids and equipment to help care, not having enough money to do "normal" things such as buying new/warm clothes, heating the house, house repairs, holidays, etc.

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)

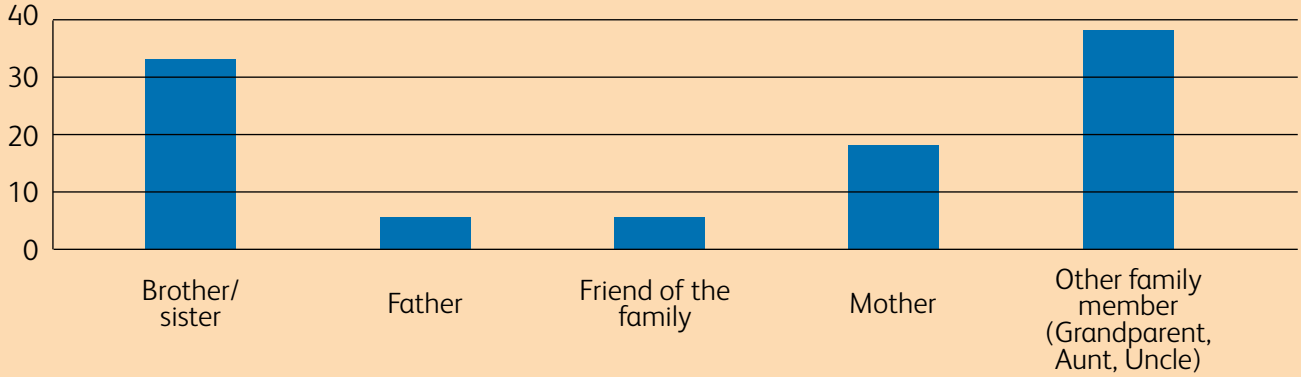


Many young people within Rotherham are helping to care and the person being cared for will usually be a family member such as a parent, grandparent, sibling, or someone very close to the family. The person or people they care for will have a serious or long term illness, disability, mental health difficulties 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

Being able to go to University

Getting out of the house

Being able to achieve my goals

My opinion counts

We're as important as adult carers

Being part of the Young Carers' Council

Having the support from other young carers

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

Ref: 74531/2016 • Design and production by RMBC Design Studio • Tel: 01709 823550 • designprint@rotherham.gov.uk

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.

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

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

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.

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

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

customers. (date and group(s) consulted and key findings)	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

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)

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD- PUBLIC

1.	**Date of meeting:**	**11th January 2017**
2.	**Title:**	**Rotherham Public Mental Health and Wellbeing Strategy 2017-2020**
3.	**Directorate:**	**Public Health, RMBC**

1. Background

At any one time at least one person in six is experiencing a mental health problem. This not only costs the individual but is a cost to society and the economy. This strategy for Rotherham will look at the mental health promotion and prevention across a three tiered approach;

- Universal interventions- promoting good mental health and emotional resilience for all ages (primary prevention)
- Targeted prevention and early intervention- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)
- Wider support for those with mental health problems- Softening the impact of mental health problems (tertiary prevention)

It will draw upon the evidence of what works for the whole population, for individuals who are more at risk of developing mental health problems and for people living with a mental health problem.

Promoting the mental health of Rotherham people and preventing mental ill health is not the responsibility of one organisation. Working with partners across Rotherham this strategy will look to improve the mental health of Rotherham people. The aims of the strategy are:

- Having a common understanding of what it means to improve public mental health.
- Maximising the opportunities to promote mental health and prevent mental ill health within Rotherham through:
    - Taking a life course approach to promoting mental health
    - Promoting a more holistic approach to physical and mental health
    - Integrating mental health into all aspects of our work
    - Creating environments which support mental health and tackle the stigmas associated with mental ill health

2. Key Issues

Promoting the mental health of Rotherham people and preventing mental ill health is not the responsibility of one organisation. The coordination of the strategy will be led by Public Health, RMBC, but it requires input from partners of the Health and Wellbeing Board.

This Strategy will not cover specific actions on suicide prevention; these are covered in the Rotherham Suicide Prevention and Self Harm Action Plan 2016-2018. Similarly crisis interventions are addressed in the Rotherham Crisis Care Concordat at http://www.crisiscareconcordat.org.uk/areas/rotherham . The strategy will not address mental health service provision or development, these are covered in Transformation plans for both adult and children and young people's services.

In addition there are many strategies and plans in Rotherham which will have a positive impact on the mental health of Rotherham people. The Rotherham Public Mental Health and Wellbeing Strategy will not duplicate this work but it will build upon it through the key elements of these strategies and policies.

3. Key actions and relevant timelines

In 2011 the national cross-government mental health strategy was published. Entitled 'No Health without Mental Health' (HMG/DH, 2011), the aim of this strategy was to mainstream mental health in England, establishing parity of esteem between mental and physical health services. The strategy recognised that mental health was everybody's business; individuals, families, communities, educators and employers. The promotion of mental health, prevention of mental ill health and early intervention are key features within this strategy. This national strategy concluded that action at a local level to implement this work will only be effective if there is sustained partnership working across all sectors. In order for the Rotherham Public Mental Health and Wellbeing Strategy and action plan to be successful it requires all partners of the Health and Wellbeing Board to commit to the development and sign up to the implementation of an action plan.

The framework for the Rotherham Public Mental Health and Wellbeing Strategy was developed following a stakeholder event in October 2016, with partners from statutory services and the voluntary and community sector. The draft strategy has been sent to the stakeholders for initial comments in December 2016.

High level actions have been proposed in the strategy but a more detailed action plan needs to be developed and submitted to a future Health and Wellbeing Board meeting in 2017.

4. Recommendations to Health and Wellbeing Board

4.1 Member organisations of the Health and Wellbeing Board accept and endorse the strategy and high level actions as outlined in the document by March 2017. This allows consultation on the strategy and sharing within individual organisations between January and March 2017.

4.2 Members of the Health and Wellbeing Board to identify a lead from their respective organisations to work with the Public Health Lead to develop a more detailed action plan. Named leads to be identified by January 2017.

4.3 A detailed action plan to be submitted to the Health and Wellbeing Board for approval in 2017.

4.4 To establish a multiagency group to develop and oversee the implementation of an action plan.

5. Name and contact details

Teresa Roche, Director of Public Health (DPH)

Ruth Fletcher-Brown
Public Health Specialist, Rotherham Public Health, Rotherham MBC,
Ruth.Fletcher-Brown@rotherham.gov.uk

Rotherham's Public Mental Health and Wellbeing Strategy

2017-2020

Contents

Forward- Cllr Roche and Terri Roche

Summary

At any one time at least one person in six is experiencing a mental health problem. This not only costs the individual but is a cost to society and the economy. This strategy will look at the mental health promotion and prevention which can take place across a three tiered approach. It will draw upon the evidence of what works for the whole population, individuals who are more at risk of developing mental health problems and people living with a mental health problem.

The strategy will look at approaches to improving public mental health which:

- Take a life course approach to promoting good mental health
- Promote a more holistic approach to physical and mental health
- Integrate mental health into all aspects of our work
- Develop environments that support good mental health and tackle stigma

1. Background

1.1 Why have a Public Mental Health Strategy?

In 2011 the national cross-government mental health strategy was published. Entitled 'No Health without Mental Health' (HMG/DH, 2011), the aim of this strategy was to mainstream mental health in England, establishing parity of esteem between mental and physical health services. The strategy recognised that mental health was every body's business, not just health services. This includes individuals, families, communities, employers as well as health and local authority services. The six aims of the strategy were:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

For the easy to read version please go to:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213762/dh_125123.pdf

Rotherham's strategy will look at how these six aims are delivered at a local level.

In 2012 a national group of organisations including Royal Colleges of GPs, Psychiatrists, and Nursing, Mind, Rethink and the Mental Health network developed some key messages for commissioners of public mental health services.

1.Mental wellbeing is associated with a wide range of improved outcomes in health, education and employment, as well as reduced crime and antisocial behaviour.

2. Mental disorder starts at an early age and can have lifetime consequences. Opportunities to promote and protect good mental health begin at conception and continue throughout the life-course, from childhood to old age.

3. Improved mental wellbeing and reduced mental disorder are associated with: better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life.

4. Public mental health involves: a) an assessment of the risk factors for mental disorder, the protective factors for wellbeing, and the levels of mental disorder and wellbeing in the local population b) the delivery of appropriate interventions to promote wellbeing, prevent mental disorder, and treat mental disorder early c) ensuring that people at 'higher risk' of mental disorder and poor wellbeing are proportionately prioritised in assessment and intervention delivery.

5. Good evidence exists for a range of public mental health interventions. These can reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment.

6. Public mental health is a central part of the work of Health and Wellbeing Boards, which are responsible for developing strategic plans to address the public health of a local population.

7. Despite evidence based interventions with a broad range of impacts, only a minority of people with a mental disorder currently receive any treatment. However, there has been a 1% real reduction in spend on NHS mental health services nationally in the past year. Furthermore, spending on the prevention of mental disorder and promotion of mental health represents less than 0.1% of the annual NHS mental health budget.

8. Investment in the promotion of mental wellbeing, prevention of mental disorder and early treatment of mental disorder results in significant economic savings even in the short term. Due to the broad impact of mental disorder and wellbeing, these savings occur in health, social care, criminal justice and other public sectors.

1.2 Vision and aims of the Strategy

Promoting the mental health of Rotherham people and preventing mental ill health is not the responsibility of one organisation. Working with partners across Rotherham

this strategy will look to improve the mental health of Rotherham people with the aim of:

1. Having a common understanding of what it means to improve public mental health.
2. Maximising the opportunities to promote mental health and prevent mental ill health within Rotherham through:
    - ❖ Taking a life course approach to promoting mental health
    - ❖ Promoting a more holistic approach to physical and mental health
    - ❖ Integrating mental health into all aspects of our work
    - ❖ Creating environments which support mental health and tackle the stigmas associated with mental ill health

1.3 Scope of the Strategy

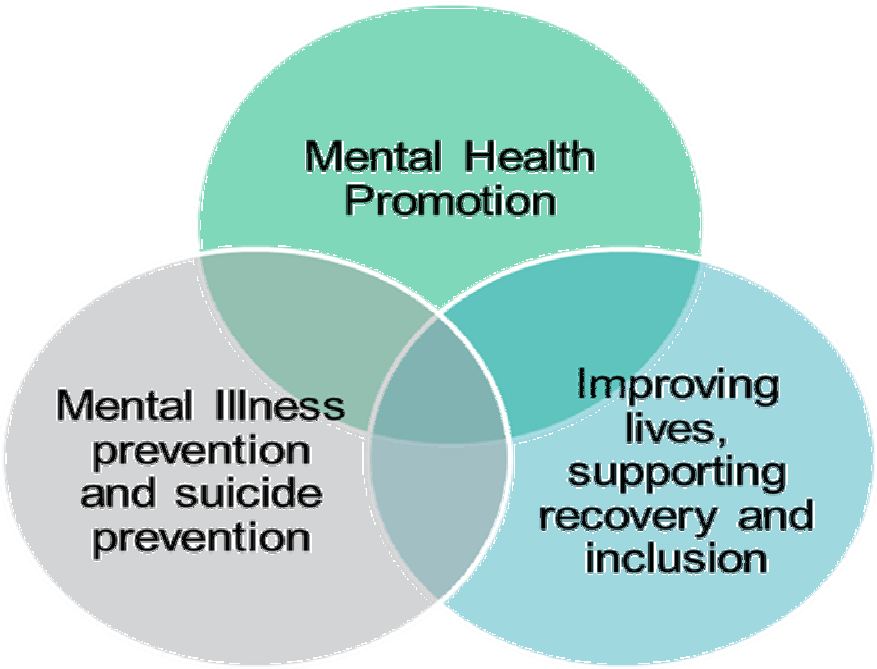
This Strategy will not cover specific actions on suicide prevention; these are covered in the Rotherham Suicide Prevention and Self Harm Action Plan 2016-2018. Similarly crisis interventions are addressed in the Rotherham Crisis Care Concordat at http://www.crisiscareconcordat.org.uk/areas/rotherham/. The strategy will not address mental health service provision or development, these are covered in Transformation plans for both adult and children and young people's services.

1.4 Definitions

The Strategy will use the words 'mental health', 'public mental health' and 'mental health problems' with the following definitions:

Mental health is defined by the World Health Organisation (2014) as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Public mental health is about promoting positive mental health across all ages and preventing mental illness. Public mental health strategies focus on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems.

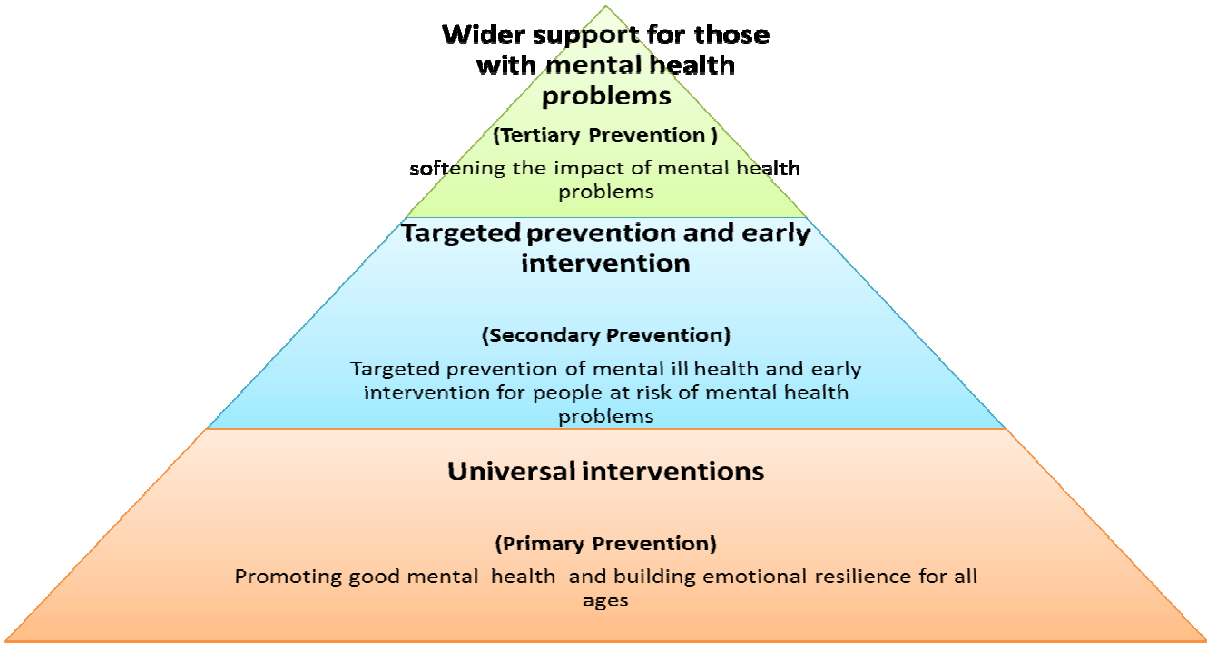


PHE's approach to improving the public's mental health and wellbeing

Mental health problems are diagnosed conditions that affect the way an individual thinks, feels and behaves. They range from common mental health problems, such as depression and anxiety, to more rare problems such as schizophrenia and bipolar disorder.

1.5 The strategy

This strategy will look at what works at three levels:



Development of the Strategy

In October 2016 an event was held in Rotherham with attendees from health, the local authority, police and voluntary organisations. Based on what people said at this event and from the health data we have on the mental health of Rotherham people, the following key aims are proposed:

Key Aims

Universal interventions- promoting good mental health and emotional resilience for all ages (primary prevention)

- To ensure in everything we do that mental health receives **parity** with physical health.
- To give clear, simple and consistent messages about how people and organisations can look after their own and each other's mental health, using the **Five Ways to Wellbeing** (New Economics Foundation, 2008)
- To agree on a **Mental Health Impact Assessment tool** which can be used by partners to ensure mental health is considered with any new services or changes to service provision.

Targeted prevention and early intervention- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)

- To use Local Transformation Plans to create opportunities to promote good mental health and prevent mental health problems.
- To ensure we have a workforce which is equipped to identify people at risk, provide early interventions and signpost to appropriate help if required.

Wider support for those with mental health problems- Softening the impact of mental health problems (tertiary prevention)

- To increase opportunities to create experts by experience.
- To encourage organisations to become dementia friendly.

1.6 Supporting Strategies and Plans

There are many strategies and plans in Rotherham which will be doing some of the work to improve the mental health of Rotherham people. Some of these have been written, others are being developed now. These include:

2017-2020

Autism Strategy

Children &Young People's Plan
Community Strategy
Equality and Diversity Strategy
Housing Strategy
Joint Carers Strategy
Library Strategy
Looked After Children and Care Leaver's Strategy
Rotherham Clinical Commissioning Group- Commissioning Plan
Rotherham Crisis Care Concordat
Rotherham Early Help Strategy 2016-19
Rotherham Health and Wellbeing Strategy 2015-2018
Rotherham's Integrated Health and Social Care Plan Plan
Rotherham Suicide Prevention and Self Harm Action Plan 2016-18
Safer Rotherham Partnership
SEND Joint Commissioning Strategy
Social Emotional & Mental Health Strategy in CYPS
Sustainable Transformation Plan
Veterans Covenant
Youth Cabinet Manifesto – 2016/17

2. Facts and figures

2.1 National picture

Image produced by Warwickshire County Council in the Warwickshire Public Mental Health Strategy 201-16

2.2 Local picture (Use table above to create local picture)

- At any one time one in six people are experiencing a mental health problem. This equates to around 35,100 people in Rotherham aged 16 or over. Depression and anxiety affect about half of the adult population at some time in their lives (105,400 people in Rotherham aged 16 or over) (ONS, Mid-2015 population estimates)
- Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprise just

13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE 2012). For Rotherham this equates to over 26,300 people aged 16 and over (ONS, Mid-2015 population estimates)

- Mental health costs £105 billion each year in England including £21 billion in health and social care costs and £29 billion in losses to businesses (Centre for Mental Health, 2010).
- Half of all lifetime mental health problems emerge before the age of 14 (Kim Cohen et al, 2003, Kessler et al 2005)
- The estimated prevalence of any mental health disorder for Rotherham children aged 5-16 was 10.1% or 3,475 children in 2014 (England 9.3%)(ONS survey: Mental health of children and young people in Great Britain 2004)
- People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al 2011, Brown et al 2010) For Rotherham this means males with a severe mental illness would die aged 58 and females aged 61.
- The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC 2012) For Rotherham there were 123 premature deaths in adults aged 18-74 with a severe mental illness in 2012/13.
- People with mental health conditions consume 42% of all tobacco in England (McManus et al, 2010). It is estimated that tobacco sales in Rotherham were £75,700,000 in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.
- The single largest cause of increased levels of physical illness and reduced life expectancy is, among people with severe mental illness, higher levels of smoking (Brown et al 2010)
- Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child. Based on the estimated 3,475 children aged 5-16 in Rotherham with a mental health disorder in 2014 this equates to between £38 and £210 million pounds.
- Research suggests that 39% of offenders supervised by probation services have a current mental health condition (Brooker et al 2012)
- Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression. From the 2011 Census there were 31,000 Rotherham residents who responded they provided unpaid care. In Rotherham there were 2,480 adult carers* (aged 18+) who received assessments during 2013/14. (*New carers coming to the attention of Adult Social Services).

(Above data for Rotherham from Public Health England Profiles unless otherwise stated)

- The Child and Maternal Health Observatory (ChiMat) has published estimated mental health prevalence data showing that 3,750 children in Rotherham are in need of mental health support (2014)
- 5.3% of 16-18 year olds in Rotherham were not in education, employment or training in 2015 (England average 4.2%)
- There were 498 admissions caused by unintentional and deliberate injuries in 0-14 year olds in 2014/15 and 378 in young people aged 15-24 years.
- 10.8% of adults over 18 in Rotherham had depression in 2014/15 (England average 7.3%)
- The rate of hospital admissions for alcohol related conditions in Rotherham (broad definition) in 2014/15 was 2,454 per 100,000 (England average 2,139)
- By 2015 nearly 4,300 (4,284) people aged 65 and over were projected to have depression in Rotherham (4,655 by 2020) (POPPI data system)
- Rotherham CCG planned spend on Mental Health 2015/16 = £35 million. This equates to £134 per head based on mid-2015 population (all ages)(ONS)
- People admitted to secondary mental health services in 2015/16 Q2 for NHS Rotherham CCG was 2,939 per 100,000 population (England 2,134)
- In 2012-14 there were 74 suicides in Rotherham (aged 10+). The suicide rate of 10.9 per 100,000 is comparable to both the England rate (10.0) and the Yorkshire and Humber regional rate (10.3).
- The excess under 75 mortality for adults with serious mental illness in Rotherham 2013/14 was 409% (Over four times the death rate in the general national population aged 18-74) (England average 352%)
- The percentage of people registered at Rotherham practices with dementia for 2014/15 was 0.85% (England average 0.74%) This relates to 2,206 people (all ages)
- For people aged 65 and over the recorded prevalence for those registered with Rotherham practices was 4.77% as at September 2015 compared to 4.27% for England. This relates to 2,243 people.
- As at January 2016 the estimated dementia diagnosis rate for people aged 65 and over was 75.3% for Rotherham compared to 67.2% for England overall. This is based on estimated dementia prevalence of 3,010 (number recorded as a percentage of those estimated/modelled)

(Above data for Rotherham from Public Health England Profiles unless otherwise stated)

2.3 Risk and Protective Factors

Although anyone can experience mental ill health there are individuals and groups which are more at risk than others. These include:

Looked after children (LAC)

Black and Minority Ethnic Groups

Carers

Lesbian, Gay, Bisexual and Transgendered people

People with physical disabilities

People with a learning disability

Refugee, asylum seekers and stateless persons

Homeless people

Offenders and Prisoners

People with a sensory impairment

People with drug or alcohol dependence

The table below shows some of the risk and protective factors for mental health. It shows that a range of things have an impact on mental health.

Level	Risk Factors	Protective Factors
Individual	Low self esteem	Self-esteem, confidence
	Cognitive/emotional immaturity	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	Communication skills
	Medical illness, substance misuse	Physical health, fitness
Social	Loneliness, bereavement Neglect, family conflict Exposure to violence/abuse Low income and poverty Difficulties or failures at school Work stress, unemployment	Social support of family & friends Good parenting/family interaction Physical security and safety Economic security Scholastic achievement Satisfaction and success at work
Environmental	Poor access to basic services Injustice and discrimination	Equality of access to basic services
	Social and gender inequalities	Social justice, tolerance, integration Social and gender equality
	Exposure to war or disaster	Physical security and safety

Mental Health Determinants-potential adverse and protective determinants of mental health (WHO, Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors, 2012)

2.4 Economic reasons for investing in public mental health

In 2010 the Centre for Mental Health estimated that the costs of mental ill health to England were £105 billion. This figure included health and social care for people with

mental health problems, lost output in the economy, for example from sickness absence and unemployment, and the human costs of reduced quality of life.

However there are good economic reasons for investing in public mental health. In 2011, the Department of Health published a report by Knapp et al, 'Mental Health Promotion and Mental Illness Prevention; the Economic Case. Some examples are shown below to show that for every £1 invested the net savings are:

- £84 saved through school based social and emotional learning programmes

- £44 saved through suicide prevention training for GPs

- £14 saved through school based interventions to reduce bullying

- £10 saved through work-based mental health promotion (after one year)

- £8 saved through early intervention for parents of children with conduct disorder

-£5 saved through early diagnosis and treatment of depression at work

- £4 saved through debt advice services

[= Total returns on investment (all years): economic pay-offs per £1 expenditure quoted by Knapp et al]

3. Improving Public Mental Health in Rotherham

The strategy will look at approaches to improving public mental health which:

- Take a life course approach to promoting mental health
- Promote a more holistic approach to physical and mental health
- Integrate mental health into all aspects of our work
- Develop environments that support good mental health and tackle stigma

There are many examples of existing services and interventions which we already have in place that promote mental health of all. Organisations and projects represented at the event in October gave the following examples:

3.1 Level 1: Universal interventions- promoting good mental health and emotional resilience for all ages (primary prevention)

Existing work

- *The Active for Health programme is a specialist physical activity referral programme for patients with long term conditions. Early results are showing the Active for Health programme has had a positive effect on peoples' physical and mental health over the last 12 months, proving to be an effective way in supporting patients to improve their quality of life. The social aspects of*

this project areas beneficial as the physical workout helping to reduce social isolation and loneliness both of which can be a concern for people with long term conditions.

- *Rotherham's My Mind Matters website: www.mymindmatters.org.uk* is a website for children, young people, parents, carers and practitioners on lots of mental health and emotional wellbeing issues. it has information on how to get help, what help there is and how to look after your mental health
- *Six pilot schools in Rotherham adopting a whole school approach to emotional health and wellbeing in line with national guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf*
- *Organisations and businesses signing up to the Workplace Well-being Charter. The Workplace Wellbeing Charter is a statement of intent, showing organisation's commitment to the health of the people who work for them.*
- *Young people having a voice through Youth Cabinet and Looked After Children's Council*

3.2 Level 2 Targeted prevention and early intervention- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)

Existing work

- AGE UK Rotherham Befriending service Two's Company a befriending service for Rotherham older people who are living in isolation or feel lonely.
- Carers Resilience Service. This service aims to decrease the pressure on the mental and physical health of carers by providing assessment, information, support, advice, links to other services and respite.
- Memory Cafes run across the borough and are for people living with dementia and their carers. They provide opportunities for people to get support and make new friends.
- Dementia Friends Training
- Early Help Service providing intense, focused support when problems first emerge. The right Early Help services at the right time can reduce or prevent specific problems from getting worse and becoming deep seated or entrenched.
- Projects in the voluntary sector for example Kimberworth Park Community Partnership run Men in sheds and walking groups for isolated people
- Old Market Gallery (an example of a local arts project)
- Rotherham's armed forces community covenant is a public promise of support to members of the armed forces, past and present.

3.3 Level 3 Wider support for those with mental health problems- Softening the impact of mental health problems (tertiary prevention)

- The Rotherham Social Prescribing Service which helps people with long term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham.
- *RDaSH – Volunteers*
- Advocacy services provided by Health Watch and Cloverleaf
- Rotherham Parents Forum work with those who provide services for disabled children and their families. The forum shares knowledge, experience and what families tell them to help plan and improve the quality, range and accessibility of services for all disabled children and their families in Rotherham.
- Mental Health First Aid training and suicide prevention training for frontline paid and unpaid staff.

The following are proposed areas of activity. These will be delivered within existing resources and by increasing the partnership working on promoting public mental health.

Level	Intervention	Timing
1.	1.1 H&WBB partners to each identify a Mental Health Champion to develop the action plan	H&WBB partners by April 2017 to identify
	1.2 Workforce development- Partners to work together to commission or provide a coordinated programme of mental health and dementia awareness training that addresses myths and stigma and enables people to support and signpost people to the right services.	Roll out training programme from April 2017
	1.3 Agree on the use of a Mental Health Impact Assessment Tool for Rotherham	
	1.4 To promote the Workplace Wellbeing Scheme	
	1.5 To use the '5 Ways to Wellbeing' as a starting point to develop messages and materials to help those living and working in Rotherham to make changes that will improve their mental health.	

2.	2.1 See 1.2 on Workforce Development	
	2.2 To promote and improve the mental health of looked after and vulnerable children and young people in the borough.	
	2.3 Partners to deliver actions in the Rotherham Suicide Prevention and Self Harm Action Plan 2016-18, reporting progress annually to the Health and Wellbeing Board.	
3.	3.1 H&WBB to sign up to the Time to Change Pledge	
	3.2 See 1.2 on Workforce Development	
	3.3 Partners to commit to ensuring that commissioned health improvement services consider the specific physical health needs of people with mental health problems.	

4. What does the Public Mental Health Strategy mean for me?

The following fictional families but have been created using health data for Rotherham and accounts often told of people's lived experiences. They are being used to demonstrate how the work of this strategy might impact upon the lives of Rotherham people when public mental health opportunities are maximised. There are many ways their mental health could be improved the ideas below are just some examples:

Jenny and Peter

Jenny (71 years) and Peter (69 years) have lived in Rotherham for forty years. Both Peter and Jenny have been retired for a few years now and live in Thurcroft. Jenny was diagnosed with dementia 4 years ago and both Jenny and Peter have experienced a difficult time. Many of their friends have stopped contact. They have no immediate family in the area with their children living several hours drive away. Peter is finding it increasingly difficult to care for Jenny and feels very guilty when he finds things hard. Peter's physical health is not too good but he brushes that aside and instead focuses on the needs of Jenny. He is struggling to keep up with maintaining the house and garden and it is becoming an increasing concern of his.

What could Jenny and Peter experience if we maximise public mental health opportunities?

- *Jenny and Peter are regular attenders at their local Memory Café where they have made some good friends. The time at the café helps them to talk to others who are in a similar situation. They have also started to meet these friends outside the café opening times.*
- *Jenny and Peter have joined a singing for the brain group which they really enjoy.*
- *Businesses in the local area have undertaken dementia friends training and more places are now displaying the dementia friends' logo making it easier for Peter and Jenny to feel comfortable when they are out and about.*
- *The Community Parish has joined with the borough wide campaign in encouraging people to look after their mental health. They are promoting gardening as one way of doing this. This local campaign has encouraged neighbours of Peter and Jenny to help them keep on top of their garden.*
- *Peter is on the Carer Register at his GP Practice. He is being supported by the Dementia Carer Resilience Service*
- *Peter has been supported by a local Health Trainer to access a walking group which has helped keep him physically active and make new friends.*

Cath

Cath has been working for a local employer for the last two years after 5 years of being unemployed. The business is struggling and Cath is frightened that being the last in she will be the first out. She has experienced depression in the past but has not disclosed this to her manager. She has also kept this from colleagues. Last week she overheard a conversation between staff about a colleague who was off with depression. Her other colleagues commented that we are all struggling and she should, 'pull herself together'.

What could Cath experience if we maximise public mental health opportunities?

- *Cath's workplace is signed up to the Workplace Wellbeing Charter and they are looking at how they promote the mental health of their employers.*
- *The workplace has adopted the Five Ways to Wellbeing and are regularly seeking news ways this implemented within the organisation.*
- *Cath's workplace is looking at causes of stress within the organisation. They have a working group of managers and staff who are looking at solutions.*
- *Managers have attended Mental Health First Aid training so are better equipped to identify people who may be experiencing poor mental health and signpost to appropriate services.*
- *The workplace is looking at their recruitment processes to ensure that they are fair and do not discriminate against people with mental health problems*

Katrin

Katrin is 15 years old and attends school. She moved to England 2 years ago from Poland. She lives with her mum and two young siblings living in a private rented home. Her mum has poor physical health and speaks very little English. Katrin has taken on the responsibilities within the house and care of her younger siblings. She has very little time for herself. Lately her teacher has noticed that she has become increasingly withdrawn and often sees her alone at break times.

What could Katrin experience if we maximise public mental health opportunities?

- *The secondary school and primary school are working well together to look at the needs of the whole family engaging other services as appropriate.*
- *Katrin has been referred by her school to the Young Carers Project where she is now receiving support.*
- *Staff at Katrin's school are putting in place a support plan for her which includes access to after school clubs and activities.*
- *The school has updated its anti-bullying policy and has made all staff, families and young people aware of how to report bullying and access support.*
- *There more opportunities within the local community which bring different groups together.*

Zak

Zak is a 6 year old Looked After Child. He came into care after concerns were raised about domestic abuse and drug misuse within his family. When he entered care he had bruising on his back and legs and there had been a Section 47 investigation.

Zak has been in care for 3 months. His parents haven't attended family contact and he cries himself to sleep because he misses them and worries that they don't love him. He has moved placements 3 times, the first after 1 day as this was an emergency placement and the second because he hurt the family pet. The current carers are worried because he can't settle, wets the bed and for a young boy can get into terrible rages where he can't be calmed.

What could Zak experience if we maximise public mental health opportunities?

- *Zak has received a fast track assessment with Children and Adolescent Mental Health Services (CAMHS) and is now receiving treatment which includes things Zak can try himself.*
- *Zak's foster carers have attended training on attachment so are in a better position to understand his needs. It hoped this will help Zak to remain within this foster carer placement.*
- *Zak's foster carers are actively involved in decisions affecting Zak's future.*
- *The staff at the school where Zak attends have recently participated in training on attachment and the needs of looked after and adopted children,*

- *Zak has a 'go to' person within the school that provides him with regular support and can advocate for his needs.*
- *Work is taking place with Zak's family to address the issues that brought Zak into care.*

5. Developing an action plan

The development of the action plan and reporting mechanisms will be discussed with the Health and Wellbeing Board.

6. Five Ways to Wellbeing in Rotherham

There are things which individuals can do to look after their mental health. Organisations too can look at how they support this within communities, workplaces, schools and colleges.

The Five Ways to Wellbeing are evidence based ways to help people improve their mental wellbeing. They are things which people can do every day to look after their mental health. They are like the '5 a day' for mental health and were designed as a mental health equivalent to the dietary advice to have '5 a day' fruit and vegetables for physical health. The '5 ways' are based on an extensive review of the actions people can take that are positively associated with mental health and wellbeing. All five of these suggestions are free, easily achievable and applicable to anyone's life regardless of their circumstances.

Be active

This can be walking, dancing, running , cycling or gardening. Physical activity is not only good for your physical health it is also good for your mental health. It can help reduce anxiety and improve low mood.

Connect

Connect with people around you. This might be at work, at home or in your local community. This could be about joining a group, helping a friend, family member of colleague or volunteering. Having good social support helps look after your mental health.

Give

This could be as simple as smiling at someone and saying thank you. It could be volunteering within your local community. It could be doing something nice for a colleague or friend.

Keep Learning

Trying something new or learning a new skill like cooking, playing an instrument, , fixing a bike, photography or painting. Learning a new skill helps improve confidence and is a fun thing to do.

Take notice

This is about stopping and appreciating what is around you. It could be the time you are spending with friends or family or nature around you and the changing seasons. Getting off the bus a stop earlier and walking the last bit is a way of getting more physically active and it allows you to reflect on your surroundings.

7. References

Brooker, C. et al. (2012) Probation and mental illness. *Journal of Forensic Psychiatry and Psychology*, 23(4): 522-537.

Brown, S. et al. (2010) Twenty five year mortality of a community cohort with schizophrenia, *British Journal of Psychiatry* 196: 116–121

Chang C et al. (2011) Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. PLoS ONE http://www.plosone.org/article/info:doi/10.1371/journal

Centre for Mental Health (2010) *Economic and social costs of mental health problems*. Available online at http://www.centreformentalhealth.org.uk/economic-and-social-costs

Faculty of Public Health & Mental Health Foundation (2016) *Better Mental Health for All.* Available online at; http://www.fph.org.uk/better_mental_health_for_all

HMG/DH (2011) *No Health without Mental Health.* Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

Joint Commissioning Panel for Mental Health (2012) *Guidance for commissioning public mental health services*. Available online at http://www.rcpsych.ac.uk/pdf/jcpmh-publicmentalhealth-guide%5B1%5D.pdf

Kessler R.C. et al. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, *Arch Gen Psychiatry* 2005 Jun;62(6):593-602.

Kim-Cohen J et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709-717

Knapp M. et al. (2011) *Mental Health Promotion and Mental Illness Prevention: The economic case.* London: Department of Health

LSE Mental Health Policy Group (2012) *How mental illness loses out in the NHS.* Available online at http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf

McManus, S. et al. (2010) *Cigarette smoking and mental health in England: data from the Adult Psychiatric Morbidity survey*. National Centre for Social Research

New Economics Foundation (2008) *Five ways to Wellbeing.* Available online at https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing

Public Health England (2016) *PHE's approach to improving the public's mental health and wellbeing.* Available online at http://www.nspa.org.uk/wp-content/uploads/2016/02/PHE.pdf

Warwickshire County Council (2014*) Warwickshire Public Mental Health and Wellbeing Strategy 2014-2106.* Available online at http://publichealth.warwickshire.gov.uk/files/2012/08/MENTAL-HEALTH-AND-WELLBEING-STRATEGY.pdf

World Health Organisation (2014) *Mental health: a state of well-being.* Available online at http://www.who.int/features/factfiles/mental_health/en/

Glossary

Mental health
Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. World Health Organisation, 2014

Mental health problems
Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

Mental health impact assessment
Mental Well-being Impact Assessment (MWIA) enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.

Parity of esteem

This is about mental health being given equal priority to physical health.

Person with lived experience/experts by experience
People with lived experience/experts by experience are people with experience of mental health problems and care for someone who has. It may also include experience of using mental health services.

Public mental health
Public mental health is about promoting positive mental health across all ages and preventing mental illness. Public mental health strategies focus on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems. Public mental health