HEALTH AND WELLBEING BOARD

Venue:	**Town Hall, Moorgate Street, Rotherham S60 2TH**	**Date:**	**Wednesday, 15th November, 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 Part 1 of Schedule 12A to the Local Government Act 1972

2. To determine any item(s) which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 10)

7. Communications

For Discussion

8. Refreshing the local Health and Wellbeing Strategy and Integrated Health and Social Care Place Plan (Pages 11 - 15)
   - Terri Roche / Chris Edwards to present

9. Local Safeguarding Children Board Annual Report (Pages 16 - 79)
   - Christine Cassell to present

10. Ethical Care Charter (Pages 80 - 84)
    - Jacqui Clark to present

11. Delayed Transfer of Care
    - Ian Atkinson to present

12. Lifestyle Survey (Pages 85 - 173)
    - Bev Pepperdine to present

13. Pharmaceutical Needs Assessment (Pages 174 - 176)
    - Steve Turnbull to present

14. Engaging the Public in the Health and Wellbeing Board (Page 177)
    - Chairman to report

For Information

15. The Winter Plan (Pages 178 - 251)

16. CAMHS Local Transformation Plan (Pages 252 - 295)
    - Nigel Parkes, CCG to present

17. Date and time of next meeting
    Wednesday, 10th January, 2018 at 10.00 a.m.
    Venue to be confirmed

HEALTH AND WELLBEING BOARD
20th September, 2017

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Jo Abbott	Public Health, RMBC (representing Terri Roche)
Ian Atkinson	Rotherham Clinical Commissioning Group (representing Chris Edwards)
Louise Barnett	Chief Executive, Rotherham Foundation Trust
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Social Care
Dr. Jason Page	Governance Lead, Rotherham Clinical Commissioning Group
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Nathan Atkinson	Assistant Director, Strategic Commissioning, RMBC
Giles Ratcliffe	Public Health, RMBC
Sarah Watts	RMBC

Also Present:-

Councillor S. Evans	Chair, Health Select Commission
Lydia George	Rotherham Clinical Commissioning Group
Councillor P. Short	Vice-Chair, Health Select Commission
Tracey Liversidge	Public Health, RMBC
Councillor J. Mallinder	Chair, Improving Places Select Commission
Janet Spurling	Scrutiny Officer, RMBC

Apologies for absence were received from Chris Edwards (Chief Operating Officer, Rotherham CCG), Kate Green (Policy Officers, RMBC), Sharon Kemp (Chief Executive, RMBC), Terri Roche (Director of Public Health, RMBC) and Councillor G. Watson (Deputy Leader).

23. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

25. MINUTES OF THE PREVIOUS MEETING 5TH JULY, 2017

The minutes of the previous meeting of the Health and Wellbeing Board held on 5th July, 2017, were considered.

Mr. N. Atkinson (RMBC Assistant Director of Strategic Commissioning) was to be included in the list of persons present at the meeting.

With reference to Minute No. 17 (Rotherham Place Board and Accountable Care System):-

(a) it was noted that during September 2017 there was to be a re-advertisement for the recruitment to the new post of Deputy Director of Adult Social Care; and

(b) it was suggested that the arrangement of an annual health conference, jointly by the Rotherham Clinical Commissioning Group and the Borough Council, might serve to increase public interest and participation in health and social care issues.

Resolved:- That the minutes of the previous meeting held on 5th July, 2017, be approved as a correct record.

26. COMMUNICATIONS

There were no matters to report.

27. SOUTH YORKSHIRE AND BASSETLAW HOSPITAL REVIEW

The Health and Wellbeing Board welcomed Mrs. Alexandra Norrish, Programme Director, South Yorkshire and Bassetlaw Hospital Services Review, who gave the following presentation about the Hospital Services Review which had been established at the end of June, 2017:-

- The Accountable Care System - South Yorkshire and Bassetlaw have been identified as one of the first 'Exemplar' Accountable Care Systems; the Hospital Services Review will focus on improving the acute sector

- Objectives of the Hospital Services Review : agreement of criteria; identification of unsustainable services; suggesting a future service delivery model; considering the future role of a District General Hospital

- Design principles and 'future-proofing' of services;

- At the end of the Review, to provide (i) a detailed list of exactly which services ought to be provided on each site in South Yorkshire and Bassetlaw; and (ii) a detailed financial or activity model;

- Details of progress to date with the Review, including engagement of patients and of the general public; a number of public events are arranged in co-operation with the Healthwatch organisation;

- launch of the Review during October 2017 and its conclusion before the end of March 2018;

- Engagement of service staff and clinicians - Medical Directors to be involved throughout as the Review Steering Group; Clinical Working Groups will be established for every service that is chosen for the review to focus on;

- Engagement of Members of Parliament and Elected Members of the Local Authorities; involvement of the Local Authority overview and scrutiny committees;

- Public involvement via Healthwatch events; also, patients' participation groups and citizens forum; ensuring that the opinions of children and young people are able to be heard;

- Actions in the next few weeks : (i) confirm which services are in scope for the Review (Oversight and Assurance Group in October 2017); (ii) take forward clinical working groups for the services in Scope (October and November 2017); (iii) take forward public engagement events (October and November 2017);

- formal public consultation on the outcome of the Review (March and April 2018).

Mrs. Norrish was thanked for her informative presentation and asked to provide details of progress with the Review for consideration at future meetings of the Health and Wellbeing Board.

28. HEALTH AND WELLBEING STRATEGY AIM 4 UPDATE

Dr. Richard Cullen and Giles Ratcliffe, Public Health Consultant, presented an update on the Health and Wellbeing Strategy Aim 4 "healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing".

It was noted that there was very good progress being made with the strategy and that further work was required on these two specific issues:-

(a) Communications programme delivered to promote Health Checks in relevant communities; and

(b) Establish a task and finish group to look at 'self-care' and the appropriate actions needed.

Resolved:- That the progress report about the Health and Wellbeing Strategy Aim 4, as now submitted, be received and its contents noted.

29. REFRESHING THE HEALTH AND WELLBEING STRATEGY AND INTEGRATED HEALTH AND SOCIAL CARE PLAN - 'PLAN FOR A PLAN'

The Chair, Councillor Roche, presented a proposed plan and timeline for refreshing the local Health and Wellbeing Strategy and aligning the Strategy to the Integrated Health and Social Care Place Plan.

The existing Strategy was in place until the end of 2018. However, there had been a number of national and local strategic drivers influencing the role of the Health and Wellbeing Board. The refresh would ensure the Strategy remained fit for purpose and would strengthen the Board's role in relation to high level assurance and holding partners to account, as well as influencing commissioning across the health and social care system and wider determinants of health.

Rotherham's Integrated Health and Social Care Place Plan (the Place Plan) was also due to be refreshed, where necessary and it had been agreed that the two documents be refreshed together and be better aligned.

The contents of Appendix A of the submitted report demonstrated how the alignment would look and Appendix B set out a timeline of activity for both the Strategy and Place Plan refresh.

Councillor Roche made reference to a meeting of the Chairs of Health and Wellbeing Boards, due to take place in Leeds on Friday, 22nd September, 2017, at which there would be discussion about the Integrated Health and Social Care Place Plans.

Resolved:- (1) That the proposed plan for refreshing and aligning the Health and Wellbeing Strategy and Place Plan (as set out in Appendix A), including governance arrangements, be approved.

(2) That the proposed timescales for this work, as set out in Appendix B, be approved.

30. PLAN FOR PRODUCING THE CCG COMMISSIONING PLAN

Ian Atkinson, Rotherham Clinical Commissioning Group, presented the plan for producing the 2018/19 Clinical Commissioning Group commissioning plan which, once complete, required the endorsement of the Health and Wellbeing Board and was then subject to discussion with NHS England.

In light of the organisational and leadership changes across Rotherham, the Clinical Commissioning Group felt it was important to set out the timelines the CCG would work to in the 2018/19 planning round so that stakeholders could input effectively.

The landscape had changed significantly since the current commissioning plan was produced. The planning process had been built around Sustainable Transformation Plans so that the commitments and changes coming out of them translated fully into operational plans and contracts. It was, therefore, important that the CCGs commissioning plan aligned to the Place Plan and the Health and Wellbeing Plan.

Early discussions had taken place on the update and alignment of the Health and Wellbeing Strategy and the Integrated Health and Social Care Place Plan.

Reference was made to the implications of the Public Services (Social Value) Act 2012 which required those who commissioned public services to think about how they can also secure wider social, economic and environmental benefits. It was agreed that these implications would be factored in to the plan.

Resolved:- That the plan for producing the 2018/19 CCG commissioning plan and the timescales for consultation be noted.

31. HOUSING STRATEGY

The Health and Wellbeing Board welcomed Mrs. Sarah Watts, Housing Intelligence Officer, who gave the following presentation on the Borough Council's Housing Strategy:-

- Emphasis on Children and Young People : healthy childhood and transition to adulthood; scrutiny reviews with young tenants of Council housing; Move-on Panel; Residential Development Programme; Helping Hands Project (repairs and maintenance); work with schools; Early Help referral process;

- Decent housing to be available in well-managed neighbourhoods, which contributes to good mental health;

- Helping people to remain independent in their own homes e.g.: Rothercare (available to public and private sector tenants) and aids and adaptations in the home;

- The correct specialist housing should be available, including necessary adaptations;

- Healthy Life Expectancy : energy efficiency and reducing fuel poverty; joined-up working to reduce isolation and loneliness; Dementia friends; Safeguarding training for staff; inclusive housing growth: helping to reduce the gap between the most and the least deprived areas; appropriate support for the ageing population;

- Investment in housing stock and reduction/removal of sub-standard housing; provision of safe homes and communities; provision of high quality green spaces; joined-up services in localities; balance between enforcement and support;

- RotherFed organisation – strengthening tenants' and residents' associations.

After the presentation, discussion took place on the following matters:-

- the availability of suitable accommodation for key workers (eg: at hospitals and as part of the development of the university campus near to the Rotherham town centre);

- suggestion of a study of the provision of social housing, perhaps involving the voluntary and community sector organisations;

- addressing the regional inequalities in the provision of housing.

The Health and Wellbeing Board thanked Mrs. Sarah Watts for her informative presentation.

32. HEALTHWATCH ROTHERHAM ANNUAL REPORT

Tony Clabby, Healthwatch Rotherham, presented the organisation's fourth annual report (year 2016/17) and drew attention to the following:-

- Production of a Mental Health Services directory and a General Health and Social Care directory;

- 24 volunteers had supported Healthwatch during the year;

- Volunteers gave Healthwatch Rotherham 792 hours of exceptional service;

- Healthwatch supported 116 advocacy cases;

- 27,859 comments gathered in the past twelve months about health and social care in Rotherham;

- Met with hundreds of local people at community events during the year;

- Healthwatch Rotherham was organising three public events due to take place during October 2017, including the Older People's Conference to be held at the Fitzwilliam Arms Hotel, Parkgate, on 30th October, 2017;

- Mrs. Joanna Saunders had been appointed as the Chair of Healthwatch Rotherham in July 2017, succeeding Naveen Judah;

- Good relations were once again maintained with the Health Services and with the Local Authority services in Rotherham.

Resolved:- That the Healthwatch Rotherham annual report 2016/17 be received and its contents noted.

33. EQUITY OF PUBLIC HEALTH SERVICES

Giles Ratcliffe, Public Health Consultant, reported that, as part of the action plan for Aim 4 of the Health and Wellbeing Strategy, it had been agreed that Public Health would undertake an Equity Audit of its commissioned services. This would review the equity of access for people from some of the most deprived areas of Rotherham.

Accordingly, the commissioned Public Health Services in Rotherham were formally contacted to complete an audit of metrics agreed in advance with the service lead commissioning officer. Data was received and analysed from eleven services; nine services were unable to provide data and three services included in the audit had since been decommissioned and their results omitted from the report.

The data requested and received was from three of the most deprived areas of Rotherham (Eastwood, Canklow and the Town Centre and Ferham and Masbrough). The data was analysed against available population data for Rotherham to find out whether service accessibility was/equitable', 'equal' or 'unequal'. To improve health in the three deprived areas i.e. equitable access, the audit would need to show by statistics that there were significantly more clients from those areas.

Nine of the services were at the minimum expected level of equality of access in terms of service delivery, with six at a sufficiently higher level that was potentially improving the health of three of the most deprived areas of Rotherham.

Two services were failing to deliver equality of access to three of the most deprived areas of Rotherham. These services were likely to be contributing to increasing health inequalities between the three areas and Rotherham as a whole. The services had been commissioned by Public Health to reduce inequalities, although the audit had shown that this was not the case. This could also be the case across other services in Rotherham.

The resulting key actions were:-

- Public Health to use the findings to inform future commissioning, contracting and performance monitoring. Public Health to pick up the results with the services to ensure they were equitable going forward;

- Other organisations to undertake similar audits of services especially services that had the potential to reduce or add to inequalities;

- Commissioning and contracting smarter to ensure organisations/services put in place commissioning and contracting systems to ensure future services were not inequitable.

Discussion took place on the equity of access to public health services by persons who have a hearing impairment.

The Health and Wellbeing Board also requested that an update be provided, at the next meeting, of progress with the preparation of the profiles of the individual Borough Council electoral Wards.

Resolved:- (1) That the equity audit, its findings and the actions taken within Public Health as a result be noted.

(2) That other organisations/services consider undertaking similar audits to understand the contribution they were making to reducing/increasing deprivation-based inequalities.

(3) That all partners consider their future service delivery, commissioning and performance monitoring to ensure that they were able to determine whether or not a given service was in fact reducing or contributing to health inequalities.

34. BETTER CARE FUND (BCF) PLAN 2017-19

Mr. N. Atkinson (RMBC Assistant Director of Strategic Commissioning) presented an update of the current status of the Better Care Fund Plan 2017/19.

The final version of the Plan had been updated in line with the 2017/19 Integration and Better Care Policy Framework published in July 2017 and Key Lines of Enquiries (KLOE's) released in August 2017 which would support assurance of the planning requirements.

A final version of the Better Care Fund Plan 2017/19 (Appendix 1 of the report submitted) and planning template (Appendix 2 had been submitted to NHS England on 11th September, 2017.

The final version of the Better Care Fund Plan had been updated to include:-

- Accountable Care System
- Improved Better Care Fund
- High Impact Change Model and Delayed Transfers of Care Plan
- An updated Summary of Financial Plan and Summary of Investment Profile Services
- Confirmation that contribution to Social Care Services had some health benefit by reducing hospital admissions and reducing Delayed Transfers of Care (DToC)
- Description of how progress would continue on the former 3 national conditions
- Case studies to provide evidence-based impact on local vision and improving outcomes
- Capturing and sharing learning regionally and nationally around monitoring underperforming schemes
- Better Care Fund metrics
- Delayed Transfer of Care – includes narrative and reference to A&E delivery plan
- Finance

The submission and assurance process would follow the timetable set out in the report. The timetable stated that on 30th November, 2017, the Government would consider a review of 2018-19 allocations of the Improved Better Care Fund grant provided at the Spring Budget 2017 for areas that are performing poorly. This funding would all remain with local government, to be used for adult social care.

Resolved:- That the contents of the Better Care Fund Plan and planning template for 2017/19 be noted.

35. ROTHERHAM CAMHS LOCAL TRANSFORMATION PLAN - UPDATE - SEPTEMBER 2017

Ian Atkinson (Rotherham Clinical Commissioning Group) presented, for information, updates for Quarter 4 of 2016/17 and Quarter 1 of 2017/18 for Rotherham Child and Adolescent Mental Health (CAMHS) Local Transformation Plan (LTP).

Progress continued to be closely monitored through the LTP action plan which was updated on a bi-monthly basis and published on the NHS Rotherham Clinical Commissioning Group website alongside the LTP itself. It reflected all the proposed developments in “Future in Mind” report and included the specific priority development areas outlined in the LTP and to which extra funding was attached. The format of the action plan was being improved to ensure that appropriate governance was in place.

Resolved:- That the contents report be noted and a further progress report be submitted to a meeting of the Health and Wellbeing Board during the Spring, 2018.

36. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 15th November, 2017, commencing at 9.00 a.m., at a venue to be confirmed.

REPORT FOR HEALTH AND WELLBEING BOARD

Date of meeting:	**15 November 2017**
Title:	**Health and Wellbeing Strategy Refresh Proposal**
Directorate:	**Assistant Chief Executive's / Public Health**

1. Summary

This report is to update the Health and Wellbeing Board (HWbB) on the progress being made in relation to refreshing the local Health and Wellbeing Strategy (strategy) and aligning it to the Integrated Health and Social Care Place Plan (Place Plan).

Included is a proposed framework of overarching aims and priorities for the HWbB to approve, and a timeline of activity which will take place between November 2017 and April 2018, when both strategy and Place Plan will be formally published.

More detail on the strategy and Place Plan will be provided at the board meeting to inform discussion.

2. Recommendations to Health and Wellbeing Board

- To discuss and agree the proposed framework of aims and priorities for the HWbB; considering whether these are the right things for the board to be focusing on
- To consider how the HWbB priorities align to the Place Plan 'system' priorities (which will be provided at the meeting for discussion)
- To note the timescales and next steps for this work

3. Background

The HWbB received a report on 20th September 2017 which included a proposal for how the strategy would be refreshed and aligned to the Place Plan.

Following the recommendations in that previous report being agreed, work has progressed on developing the strategy; using the Joint Strategic Needs Assessment (JSNA) to ensure key issues and/or any emerging issues have been considered. A framework has now been produced showing the proposed refreshed set of four aims and their subsequent priorities.

A full and more detailed presentation will be provided to the board on the 15th November, when other stakeholders who don't currently sit on the HWbB (who contribute to the priorities in the strategy and who are involved in delivery of the Place Plan) have also been invited to be part of the discussion, ensuring wider engagement.

It is proposed that the refreshed strategy becomes a longer-term document: 2018 – 2025, putting it into line with the Rotherham Together Partnership Plan and setting the strategic vision and direction for the HWbB over the next seven years. The strategy will be used to strengthen the HWbBs role in relation to high level assurance and holding partners to account, as well as influencing commissioning across the health and social care system, and wider determinants of health.

The Place Plan is also now being refreshed in line with the direction being set by the strategy.

Below is a brief overview of the proposed aims, which are being reduced from five in the current strategy (2015-18) to four. Appendix A also demonstrates the governance in relation to the strategy and Place Plan.

3.1 Overview of proposed new framework

The strategy will include a set of principles which will apply consistently across all of the aims, including:

- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- Prevent physical and mental ill-health as a primary aim, but where it is already an issue, services to intervene early to maximise impact
- Promote resilience and independence for all individuals and communities
- Integrate commissioning of services to maximise resourses and outcomes
- Ensure pathways are robust, particularly at transition points, so that no-one is left behind
- Provide accessible services to the right people, in the right place, at the right time.

Aim 1. All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood.

This aim brings together aims one and two from the current strategy, putting activity for all children and young people into one area with a single lead.

The focus of this aim will be ensuring all children get the best start in life, from pre-conception to birth, then continue to have good health and wellbeing outcomes through appropriate, integrated commissioning and service delivery.

There will also be a focus on neglect and parenting as a key issue for Rotherham and educational attainment as a wider determinant of health; ensuring young people grow into healthy, successful adults.

Aim 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

This aim has prevention as its main focus; improving the mental health and wellbeing of everyone, and the publication of the local Better Mental Health For All Strategy will continue to drive some of this work.

The aim also recognises that appropriate support is needed for anyone with mental health problems and needs, including dementia, and will therefore set direction for what services should be delivered in future.

Suicide prevention and self harm will also continue to be a focus of this aim.

Aim 3. All Rotherham people live well and live longer

This aim focuses on preventing, reducing and delaying the biggest killers in Rotherham, as highlighted in the local JSNA, including cardiovascular and respiratory disease and cancer, and working towards improving the healthy life expectancy of everyone.

This will also be about promoting independence and self-management and improving outcomes through appropriate, integrated commissioning and service delivery where needed.

This aim will include activity for all Rotherham people, but will have a particular emphasis on key communities including learning disabilities and autism, as well as the frail and elderly.

4. All Rotherham people live in healthy, safe and resilient communities

This aim brings together the wider determinants of health considered to be the most important for Rotherham people; sustainable employment, the built environment, having a healthy and safe place to live, and having good access to and opportunities to use green spaces.

These areas of work will mostly be being delivered by another partnership board and/or strategy, and therefore the HWbB needs to consider its role in supporting this activity - which all has an impact on people's health and wellbeing and will contribute to success in the other three aims.

5. Next steps

Following approval of the proposed framework, work will continue to develop the strategy and Place plan, with a full draft presented back to the HWbB on the 10th January 2018.

If approved at that stage, the strategy and Place Plan will be taken through various boards and groups for consultation, before being formally approved by the HWbB and and Place Board and published in April 2018.

Proposed timeline:

- 14 December 2017 Consultation on draft proposal at Health Select Commission
- 10 January 2018 Full draft of strategy and Place Plan presented to HWbB
- 6 February 2018 Consultation with the council's Strategic Leadership Team
- 7 February 2018 Consultation at the Integrated Health and Social Care Place Board and Clinical Commissioing Group Governing Body
- 12 February 2018 Consultation with Informal Cabinet
- 12 March 2018 Taken for endorsement at formal Cabinet

Between January and end of March 2018 other HWbB partners may also wish to take this via their governance structures for consultation and endorsement.

The HWbB will formally sign off the strategy early April 2018, the Place Plan will be formally signed off by the Place Board on the 7th March 2018.

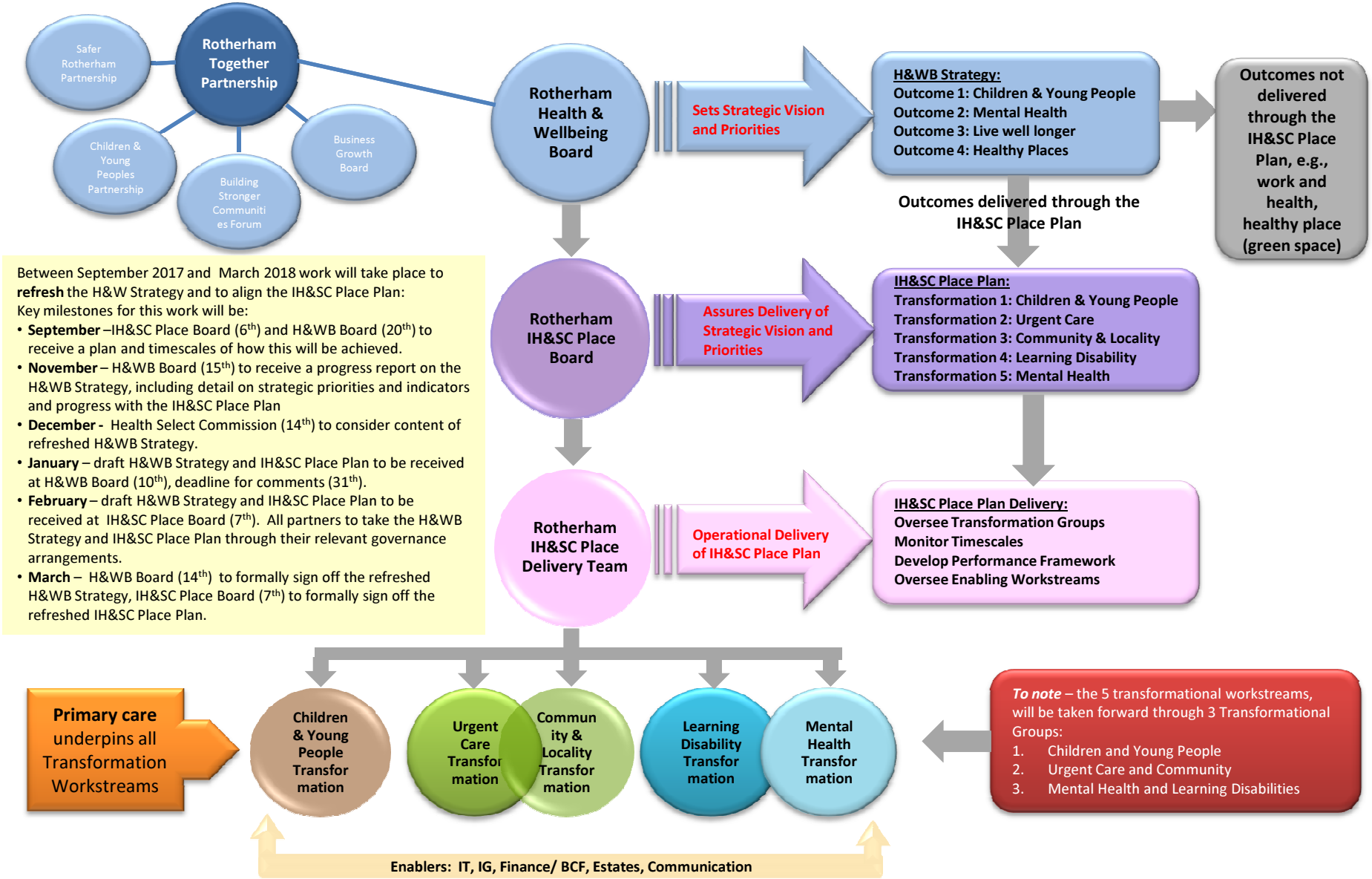
6. Names and contact details

Terri Roche
Director of Public Health, RMBC
Teresa.roche@rotherham.gov.uk

Kate Green
Policy and Partnership Officer, RMBC
Kate.green@rotherham.gov.uk

Lydia George *(for Place Plan queries and information)*
Planning and Assurance Manager, NHS Rotherham CCG
Lydia.george@rotherhamccg.nhs.uk

How the Rotherham Health and Wellbeing (H&WB) Strategy and Integrated Health and Social Care (IH&SC) Place Plan will align



Between September 2017 and March 2018 work will take place to **refresh** the H&W Strategy and to align the IH&SC Place Plan:
Key milestones for this work will be:

- **September** –IH&SC Place Board (6th) and H&WB Board (20th) to receive a plan and timescales of how this will be achieved.
- **November** – H&WB Board (15th) to receive a progress report on the H&WB Strategy, including detail on strategic priorities and indicators and progress with the IH&SC Place Plan
- **December** - Health Select Commission (14th) to consider content of refreshed H&WB Strategy.
- **January** – draft H&WB Strategy and IH&SC Place Plan to be received at H&WB Board (10th), deadline for comments (31th).
- **February** – draft H&WB Strategy and IH&SC Place Plan to be received at IH&SC Place Board (7th). All partners to take the H&WB Strategy and IH&SC Place Plan through their relevant governance arrangements.
- **March** – H&WB Board (14th) to formally sign off the refreshed H&WB Strategy, IH&SC Place Board (7th) to formally sign off the refreshed IH&SC Place Plan.

Rotherham Metropolitan Borough Council

Public Report
Council/or Other Formal Meeting

Summary Sheet

Council Report
Rotherham Local Safeguarding Children Board – Annual Report 2016-17

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

Strategic Director Approving Submission of the Report: Ian Thomas

Report Author(s) Nina Martin & Board Team

Ward(s) Affected All wards

Summary
This report introduces the 2016-17 Rotherham LSCB Annual Report. The report is a statutory requirement of Local Safeguarding Children Boards and provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

Recommendations
That the Improving Lives Select Commission and Health & Wellbeing Board receive the LSCB Annual Report 2016-17

List of Appendices Included
Rotherham Local Safeguarding Children Board Annual Report 2016-17

Background Papers None

Consideration by any other Council Committee, Scrutiny or Advisory Panel
The report will be considered by the Improving Lives Select Commission and Health & Wellbeing Board

Council Approval Required No

Not exempt from the Press and Public

Rotherham Local Safeguarding Children Board – Annual Report 2014-2015

1. Recommendations

1.1 That the Improving Lives Select Commission and Health & Wellbeing Board receive the LSCB Annual Report 2016-17

2. Background

2.1 Since April 2010, Local Safeguarding Children Boards (LSCBs) have been required to publish an annual report on the effectiveness of safeguarding children in the local area. Publication will be on the RLSCB website.

3. Key Issues

3.1 See report

4. Options considered and recommended proposal

4.1 n/a

5. Consultation

5.1 All members of the RLSCB have been consulted on the content of the report.

6. Timetable and Accountability for Implementing this Decision

6.1 n/a

7. Financial and Procurement Implications

7.1 n/a

8. Legal Implications

8.1 The requirement for LSCBs to produce and publish and annual report on the effectiveness of safeguarding children in the local area is mandated in the Children Act 2004 (S14a) as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

8.2 Under the statutory guidance, *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government March 2015), the annual report:

> Should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.
>
> It should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

9. Human Resources Implications

9.1 None

10. Implications for Children and Young People and Vulnerable Adults

10.1 Publication of this report is the means of holding RMBC and partner agencies to account over their safeguarding of children arrangements.

11 Equalities and Human Rights Implications

11.1 Equality & diversity issues are reflected in the report

12. Implications for Partners and Other Directorates

12.1 Publication of this report is the means of holding RMBC and partner agencies to account over their safeguarding of children arrangements.

13. Risks and Mitigation

13.1 See report.

14. Accountable Officer(s)

Approvals Obtained from:- Christine Cassell – Independent Chair of RLSCB 2/11/17

	Named Officer	Date
Strategic Director of Finance & Customer Services	n/a	
Assistant Director of Legal Services	n/a	
Head of Procurement (if appropriate)	n/a	
Head of Human Resources (if appropriate)	n/a	

Report Author: Nina Martin Interim RLSCB Manager

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

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

Rotherham

Local Safeguarding Children Board

Annual Report

2016 - 2017

Status of Report	Final
Approved by	
Date	1.11.17

Table of Contents

1. Foreword by the Independent Chair

Welcome to the Rotherham Local Safeguarding Children Board (RLSCB) Annual Report for 2016-17. The purpose of this report is to set out the work of the RLSCB in 2016-17 in co-ordinating and ensuring the effectiveness of partner activity in safeguarding children in the borough.

This report covers my first full year as independent chair and a period in which there has been change in personnel in a number of organisations. The leadership teams of both Rotherham Borough Council and South Yorkshire Police have both changed completely since 2015 and there have been significant changes at other levels of the organisations. The new leadership teams of both organisations have expressed and demonstrated their commitment to safeguarding children and to the Board.

The context for this report is one of increasing demand for family support and child protection services both locally and nationally whilst all public sector budgets are reducing. The role of local safeguarding children boards in this context is particularly important in requiring assurance that local services are appropriately targeted and resourced to ensure that children are protected.

The increase in demand in Rotherham is apparent in the higher number of contacts made to children's social care, the high number of strategy meetings for children considered at risk of harm and the increase in the number of children in the care of the local authority. However, the number of contacts that lead to a formal referral to children's social care has remained steady and the number of referrals that then lead to an assessment has improved.

The general message from single and multi-agency audit and review and from inspection monitoring is that the safeguarding system in Rotherham, with the local authority as the lead agency, is becoming more compliant with statutory requirements and is beginning to improve in the quality of the assessment, decision making and planning for children at risk. Rotherham Safeguarding Children Board will continue to monitor the improvements in the quality of safeguarding practice and will focus in particular on the quality and compliance of multi-agency meetings which are held when a child is considered to be at risk of harm.

Rotherham Safeguarding Children Board will continue its activity to monitor and improve responses to child sexual exploitation, neglect, early help and the safeguarding of children who are looked after by the local authority. We will be seeking, through these priority areas and through more general audit activity, robust evidence that agencies are individually and collectively listening to children and young people and taking account of their views both in plans for individual children and in wider strategic planning of services.

I would like to acknowledge the work of all partners of the Rotherham Safeguarding Children Board and its sub groups in driving improvement across the priorities that we have identified by transparently challenging their own and other agency performance. It is through such openness and willingness to challenge and to be challenged that services will have the confidence of the local community.

Finally I would like to acknowledge those people who are in direct contact with children and families and who make critical assessments and decisions that affect children's lives every day. They need the support of managers and leaders across the borough to support them to make the right decisions and Rotherham Safeguarding Children Board will continue to work to ensure that support.

Christine Cassell

Independent Chair
Rotherham Local Safeguarding Children Board

2. Local background and context

Rotherham – demographic profile

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 110 square miles with a resident population of 261,900 (Office for National Statistics (ONS) mid-year estimate for 2016). There are 56,600 children and young people aged 0-17 (21.6%). The local age structure is slightly older than the national average, with a lower proportion aged 16-44 and a higher proportion aged 45-74.

The population of Rotherham has been steadily growing over the last 15 years, increasing by 14,900 (6%) between 2000 and 2016. The population is expected to rise by an average of 830 per year over the next ten years (an increase of 8,300), to reach 269,100 by 2025. This amounts to an extra 6,000 households. The projected increase reflects a combination of rising life expectancy and steady birth rates that result in a natural increase (more births than deaths) and net migration into the Borough.

Around half of the Borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the Borough. Most of the remainder live in numerous outlying small towns, villages and rural areas. About 15% of the population live in the northern Dearne Valley area, which covers Wath, Swinton, Brampton and Wentworth. Around 35% live in the southern Rother Valley area, which covers Maltby, Anston, Dinnington, Aston, Thurcroft and Wales.

Rotherham is a diverse borough, with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, private residential suburbs, industrial areas, rural villages and farms. About 70% of the Borough's land area is rural. Rotherham is centrally located and well connected to other areas of the region and country via the M1 and M18, both of which run through the Borough, and by the rail network, which links to Sheffield, Doncaster and Leeds.

Rotherham is the 52nd most deprived district in England (in most deprived 16% nationally). 19.5% of the population live in areas within the most deprived 10% nationally

Key challenges exist in terms of the Health, Education/Skills and Employment.

Diversity

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. In 2011 8.1% of the population belonged to ethnic groups other than White British (6.4% were from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents were White British.

Immigration and natural increase means that Rotherham's BME population has grown steadily in recent years increasing between 2001 and 2011, from 10,080 to 20,842. The white minority population (almost all European) was 2,368 in 2001, rising by 82% to 4,320 in 2011, mainly as a result of immigration within the EU. Most minority ethnic groups have young populations, including Pakistani/Kashmiri (33% under 16), Black African (31% under 16) and Eastern European (24% under 16). The mixed or multiple heritage population is growing rapidly as a

result of mixed marriages or relationships, and 50% are aged under 16. The Irish community is by far the oldest ethnic group with 42% aged 65+.

National Insurance Number (NINo) migrants accounted for 933 in 2016. People from states that joined the EU post 2004 make up 63% of all overseas migrants to Rotherham (585 in 2016). The countries with the most migrants to Rotherham are Romania (30%), Slovak Republic and Poland, which together accounted for 46% of NINo migrants in 2016. Two thirds of NINo arrivals in Rotherham between 2007 and 2016 moved to the three central wards. A high proportion of Slovak, Czech and Romanian migrants have been from Roma communities.

There are 31,000 carers in Rotherham, 58% of them female, 22% over 65 and 6% under 25. Rotherham has 8,500 lone parents, with a 21% increase projected between 2011 and 2021.

Rotherham LGBT population could number up to 4,840 people aged 16+

Context

Rotherham LSCB, Local Authority and Police were subject to significant criticism in the report by Prof. Jay "Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013", published in 2014. This principally related to practice pre-2009 but many on-going concerns were raised in relation to the partnership. An Ofsted inspection in September 2014 found both the Local Authority Children's Services and the LSCB to be inadequate, and HMIC also raised concerns about child protection activity by the Police. Since that time there has been significant activity and investment in improving service responses to children across the partnership, which is being reflected in improving commentary from the various inspectorates. Rotherham services continue on this improvement journey and the LSCB continues to challenge partners to demonstrate the effectiveness and robustness of their joint work in protecting children.

What do children and young people think about living in Rotherham?

Listening to and communicating with children, young people and their families and communities is critical to safeguarding children. Work in this area was identified as a Board priority and the activity of the Board team and partners is evidenced throughout this report.

Introduction

Rotherham Local Safeguarding Children Board believes that children and young people should have a say when decisions are made that may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues that are important to them, and to ensure that they are listened to. By doing so, we will create a stronger safeguarding system that is more responsive to the needs of our most vulnerable children.

The Lifestyle Survey results, undertaken by CYPS Performance & Quality Team, provide an insight into the experiences of children and young people living in the borough, and offer a series of measures to monitor the progress of the development of child friendly Rotherham.

12 out of 16 secondary schools and 2,806 students participated in the 2016 Rotherham Lifestyle Survey.

What's working well?

2126 young people have received CSE awareness raising sessions. 1,232 Y10 (91.5%) and 894 Y7 (61.2%), which is a significant increase since 2015.
There has been an increase in the number of young people having school dinners and an overall reduction in the number of young people not having lunch at all
More young people are participating in regular exercise
Good awareness amongst young people where they can get support if they have any issue relating to mental health
More young people are aspiring to go to university
Almost all young people are aware of internet safety
Reduction in the number of young carers but greater awareness of the Young Carers Service
Increase in positive responses against the participation in smoking, drinking alcohol and use of drugs which gives a positive message against the peer pressure to partake in these
Reduction in the number of young people actually smoking or trying alcohol
Improvement of young people feeling safe in all areas including Rotherham town centre locations

Bullying

More young people in 2016 said they had been bullied. Y7 girls were the ones who were more likely to say they had been bullied. The majority of bullying occurs during school time. 20% of those who said they have been bullied said they were bullied almost every day. The reasons pupils said they were bullied, in the majority are:

- No specific reason
- People don't like me or hate me
- The way I look

Verbal is the most common form of bullying, although the 2016 results showed that cyber bullying and sexual comments/actions have increased. Fewer pupils said that they received help or support after reporting bullying than in previous surveys.

Internet Safety and Risks

The majority of pupils have been taught about the internet and how to use it safely. Only 38 pupils (1.4%) said they had not been taught about internet safety. Pupils feel that the highest risks when using the internet are people lying about who they say they are, cyber bullying and messages from people they do not know

Feeling Safe

More pupils said that they feel safe at home compared to the 2015 results. 33 (1.2%) of pupils said that they never felt safe at home compared to 6% saying they did not feel safe at home in 2015. The % of those pupils saying they never feel safe in other locations increased.

What are we worried about?

Pupils reporting that they have been bullied increased for the first time in 3 years. 737 (26%) of pupils asked said they have been bullied, compared to (22%) in 2015. Pupils reporting that they have been bullied by cyber bullying increased. 62 pupils (8.2%) increased from (6%) in 2015.
Pupils reporting that they have been bullied by inappropriate sexual comments/ actions increased: 27 pupils (3.7%) increased from (1%) in 2015. Fewer pupils said they received some help after reporting bullying: 321 (58.7%) of those who reported bullying got some help, compared to (65%) in 2015.
A proportion of young people in Y7 saying that they use the internet to meet new friends
Fewer young people wanting to stop smoking
Increase in number of young people trying electronic cigarettes
One third of the young people who said they have drunk alcohol have tried it before the age of 12
A large proportion of the young people who say they have drunk alcohol say that they have been drunk in past 4 weeks
Education around sexual exploitation, 40% of Y7 and 29% of Y10 say they still need to be taught this
Almost a quarter of those pupils who say they have had sex, did not use contraception
The number of young people visiting Rotherham town centre has reduced
Y10 girls are the most likely not to recommend living in Rotherham or want to live in Rotherham in 10 years' time

3. The statutory role of Local Safeguarding Children Boards

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals that should be represented on LSCBs.

The ways in which the LSCB delivers its functions and objectives are set out in the statutory guidance: *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children (2015)*.

Statutory objectives and functions of LSCBs are:

> (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
>
> (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

> 1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
>
> (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
>
> (ii) training of persons who work with children or in services affecting the safety and welfare of children;
>
> (iii) recruitment and supervision of persons who work with children;
>
> (iv) investigation of allegations concerning persons who work with children;
>
> (v) safety and welfare of children who are privately fostered;
>
> (vi) cooperation with neighbouring children's services authorities and their Board partners;
>
> (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
>
> (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
>
> (d) participating in the planning of services for children in the area of the authority; and
>
> (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
>
> Regulation 5 provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

4 Governance and accountability arrangements

Local partnership and accountability arrangements - Improvement in this area was identified as a Board priority

To enable the RLSCB to deliver on its statutory duties, an independent chair is in place to lead and chair the board.

Though not a member of the Board, ultimate responsibility for the effectiveness of the LSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the agreement of a panel including LSCB partners and Lay Members. The Strategic Director of Children's Services reports to the Chief Executive of the Council.

The LSCB independent chair meets regularly with:

- Council Chief Executive
- Council's Strategic Director for Children and Young People's Services
- Government appointed commissioners for the Council
- Independent Chair of the Safeguarding Adults Board
- Chair of the Health and Well Being Board

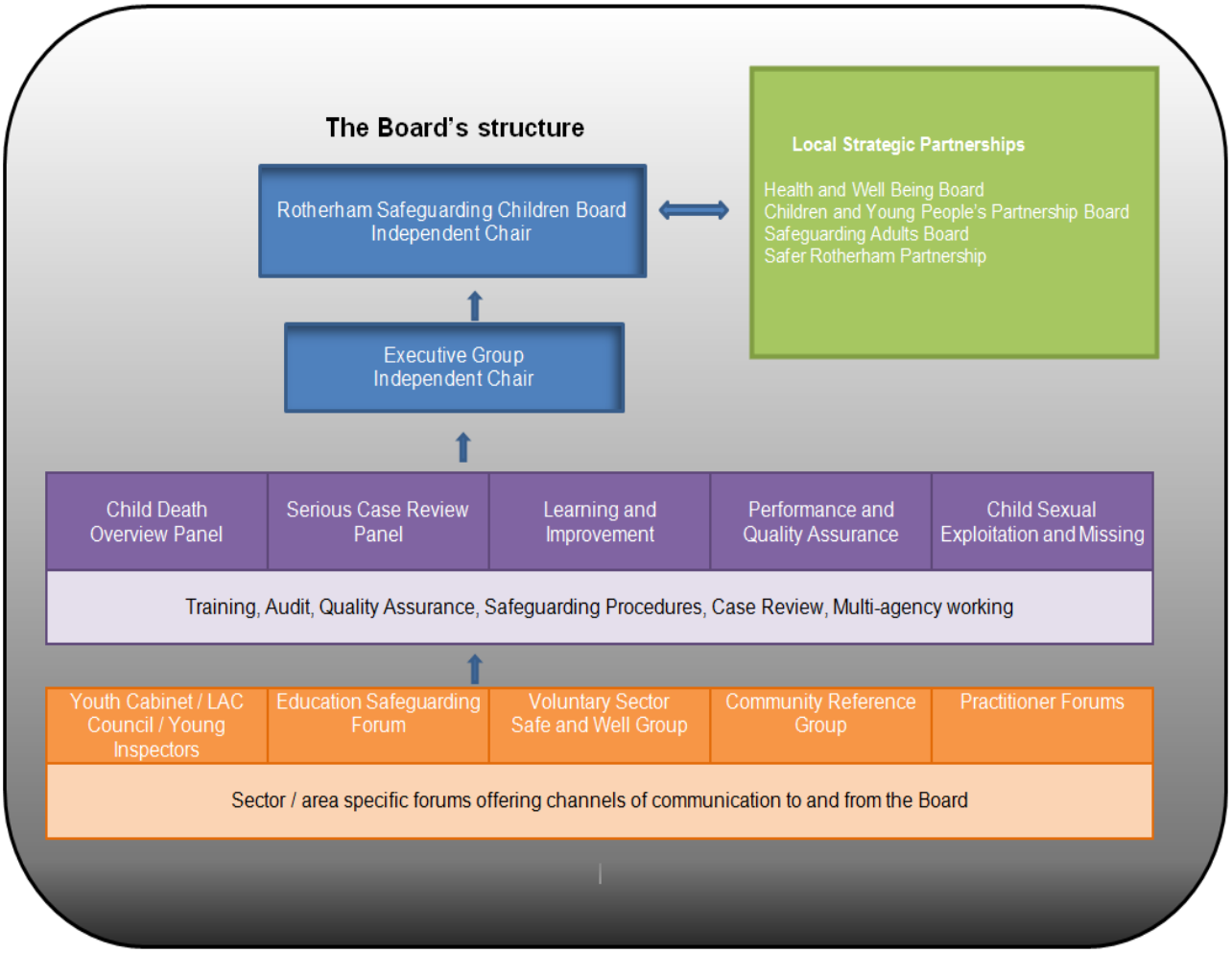
Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children in their organisation and should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

The elected councillor who has lead responsibility for safeguarding children and young people in the borough (known as the Lead Safeguarding Children Member) sits on RLSCB as a 'participating observer'. This means that the Lead Member is able to observe all that happens and can contribute to discussion, but cannot participate in any voting. This allows the Lead Member to scrutinise the LSCB and challenge it where necessary from a political perspective, as a representative of elected members and Rotherham citizens.

Lay members are full members of the Board, participating on the Board itself and relevant Sub Groups. Lay Members help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and facilitate an improved public understanding of the LSCB's child protection work. Lay members are not elected officials, and therefore are accountable to the public for their contribution to the LSCB.

Board Members attendance at Board Meetings can be found at Appendix 1.

The main Board meets four times per year with additional board meetings when required. In order to deliver its objectives the Board has an Executive Group which consists of the chair and the chairs of the Board's Sub Groups; and five Sub Groups to undertake the detailed work of the Board's Business Plan.



Partner agencies in the LSCB also operate within other partnerships. Clarity about the relationships between these partnerships and their priorities are crucial to ensuring their effectiveness. A protocol was developed in March 2017 to achieve that.

Rotherham Safeguarding Partnership Protocol

The Rotherham Safeguarding Partnership Protocol was agreed in March 2017

The strategic partnerships that are stakeholders to this protocol are:

- Rotherham Health and Well Being Board (RHWBB)
- Rotherham Children and Young People's Partnership Board (RCYPPB)
- Safer Rotherham Partnership (SRP)
- Rotherham Local Safeguarding Children Board (RLSCB)
- Rotherham Safeguarding Adults Board (RSAB)

The purpose of this protocol is to ensure that strategic safeguarding priorities are translated effectively into action plans with each board being clear about its responsibilities in relation to those priorities.

The Board is supported by a Business Unit which consists of:

- Business Manager
- Quality Assurance Officer (vacant January to March)
- Practice Audit Officer
- Learning and Development Coordinator
- Learning and Development Administrator
- Child Death Overview Panel Administrator (0.65 WTE)
- Administrative Officer (0.8 WTE)

Financial arrangements

The Board's budget is based on partner organisations contributions to an agreed formula. The funding formula and 2016-17 budget statement can be found at Appendix 2.

However this year there has been a reduced contribution from South Yorkshire Probation, South Yorkshire Community Rehabilitation Company and CAFCASS in response to national guidance to their organisations, amounting to £6,752.

Budget – 2016-17 Outturn

Income:	Budget	£335,900	Actual	£329,148
Expenditure:	Budget	£335,900	Actual	£319,148

Overall expenditure for 2016/17 was £16,752 under budget and £10,000 under actual income. This is largely due to a salary underspend from a vacancy in the Quality Assurance Officer post while the recruitment process took place.

The underspend will be carried over to 2017-18 to compensate for the reduced contributions above and contribute towards any additional costs associated with independent consultants and authors for potential serious case reviews.

Inspection and Evaluation Reports across the Partnership

Inspections of local agencies are routinely reported to Rotherham Local Safeguarding Children Board. This section summarises key findings from inspections of safeguarding board partners. Children's Social Care is subject to regular monitoring visits by Ofsted following the inadequate judgment in 2014.

Inspection Feedback

Ofsted Monitoring Visit (October 2016)

During the course of this visit, inspectors reviewed the progress made in respect of the experience and progress of looked after children.

Summary of the key findings

The council has taken effective action to begin to address the significant shortfalls identified in the single inspection undertaken in October 2014. A strong focus on performance management is beginning to show improvement in compliance with some statutory requirements.

Children are being seen regularly by a social worker and there has been positive improvement in the timeliness of reviews. Improved partnerships with the virtual school have seen an increase in the number of personal education plans being completed, although it is recognised that there is much work to do to in order improve the quality and the aspirations for children.

Improved relationships with health partners have resulted in children looked after being prioritised for assessment and intervention from children and adolescent mental health services. The number of annual health assessments that are completed in a timely way has improved, as has the number of dental checks. Initial health assessment performance remains poor.

Improvement is evident in relation to compliance with statutory requirements. Social worker caseloads have reduced, providing more time to focus on individual children. However, frontline management oversight of social work practice is weak. Social workers are neither supported nor challenged sufficiently by managers to improve the quality of their work.

The number of children who become looked after has continued to rise as the council's focus on children in need of help and protection has improved. This is placing significant pressure on the council's ability to identify and match children to the right placement in a timely way. Placement stability has deteriorated and the number of placement disruptions is increasing. However, children who spoke to inspectors say that they feel safe in their placements and in school, and receive good support from their social workers and carers.

The number of children who go missing from care has reduced significantly in the last six months and an increased number of children receive a return home interview. However, this is not the case for children who live out of borough.

Inspection Feedback

Ofsted Monitoring Visit (March 2017)

During the course of this visit, inspectors reviewed the progress made in relation to access to early help services and whether children in need of help and protection are identified by professionals and receive timely help that is proportionate to risk and their levels of need.

Summary of the key findings

The local authority is making continuous progress in improving services for children in need of help and protection. The implementation of multi-disciplinary locality teams is leading to improved coordination of early help support to families by the local authority.

The quality of early help assessments is slowly but steadily improving and they are leading to a direct offer of help which is highly valued by families. However, the number of early help assessments being completed by multi-agency partners remains too low.

The robust screening of contacts to children's social care, supported by effective multi-agency information sharing, is leading to more timely assessments of need and risk.

While assessment quality is beginning to improve with evidence of some good work emerging, assessments and section 47 investigations are not focused well enough on risk or children's holistic needs. This has an impact on the quality of children's plans and the interventions that they receive. Progress can be seen in the quality of management oversight and performance management.

Workforce planning is highly effective. Recruitment and retention rates are better than the national average. Due to a positive organisational culture staff are highly committed and motivated and they report feeling valued.

Inspection Feedback

HM Inspectorate of Constabularies (HMIC) PEEL: Police effectiveness (2016)

Summary of the key findings

Has the force improved since HMIC's 2015 vulnerability inspection?
South Yorkshire Police has maintained and improved performance in some areas since HMIC's 2015 effectiveness (vulnerability) inspection. The force has maintained its understanding and response to missing and absent children, and improved the way in which it risk-assesses and grades calls for service from those who are vulnerable, especially domestic abuse victims. However, HMIC is concerned about the quality of risk-assessments, and the way that the force conducts risk assessments of vulnerability at the scene and then completes referrals to partner agencies.

In 2015, HMIC was concerned about how the force responded to victims of domestic abuse. We made recommendations for the force to take immediate steps to understand the nature and scale of domestic abuse, improve call-handling consistency, carry out risk assessments at the earliest opportunity and ensure that it consistently records investigating and safeguarding activity, including supervision. In response, the force has undertaken a strategic assessment of domestic abuse and has an action plan to improve its response. HMIC found a more consistent response to incidents of domestic abuse through call-handling and despatch of officers to attend scenes. Through our file review, we found that the force generally provided good victim care and identified vulnerability in most cases, but safeguarding of victims was inconsistent and some opportunities were missed.

How effectively does the force investigate offences involving vulnerable victims and work with external partners to keep victims safe?
Those who are vulnerable often have complex and multiple needs that a police response alone cannot always meet. They may need support with housing, access to mental health services or support from social services. Nonetheless, the police still have an important responsibility to keep victims safe and investigate crimes. These crimes can be serious and complex (such as rape or violent offences). Their victims may appear to be reluctant to support the work of the police, often because they are being controlled by the perpetrator (such as victims of domestic abuse or child sexual exploitation).

Generally, South Yorkshire Police has trained and skilled officers to investigate the highest risk and more complex cases where victims are vulnerable. This includes specialist staff to investigate child protection offences, vulnerable adult offences, and serious sexual offences. The force has an allocation policy which means that the most serious and complex offences are allocated to the specialist investigators. A triage process is in place to support those decisions. Offences involving medium or standard risk to vulnerable victims are investigated by detectives within the hubs or by response officers within the local policing districts.

The standard of investigations and supervision within child abuse and child sexual exploitation teams is generally better than we found for other crime types. Although we recognise the challenges faced in relation to staffing within specialist teams, the proportion of staff who have not received specialist child abuse investigator training is still significant.

Inspection Feedback

Care Quality Commission (2016)
Rotherham Doncaster and South Humber NHS Foundation Trust

Summary of the key findings

We rated the following service as outstanding:
Mental health crisis services and health based places of safety.
Community health services for children, young people and families;

We rated the following core services as good:
Specialist community mental health services for children and young people;
Overall rating for services at this Provider Good
Are services safe? **Good**
Are services effective? **Good**
Are services caring? **Good**
Are services responsive? **Good**
Are services well-led? **Good**

Following this inspection, which took place throughout September and October 2016, we changed the overall rating for the trust from requires improvement to good because:
• In September 2015, we rated 11 of the 15 core services as good. The intelligence we received, before the 2016 inspection, suggested they had maintained their quality and they were not visited during this inspection.

Following this inspection we have changed the ratings of three more core services from requires improvement to good. These core services are:
• Specialist Community Mental Health Services for children and young people
• Community Mental Health Services for people with learning disabilities or autism
• Substance misuse services
Care was provided in line with National Institute for Health and Care Excellence guidelines including offering patients access to a range of psychological therapies in specialist community mental health services for children and young people.
• There was effective multidisciplinary team working across all services.

Inspection Feedback
Care Quality Commission (2016)
The Rotherham NHS Foundation Trust

Summary of the key findings relevant to children's safeguarding

The Rotherham NHS Foundation Trust (TRFT) overall rating of requires improvement remains unchanged. At this inspection we found:

There were areas of notable improvement since the previous inspection. These included

- safeguarding training and awareness, improvements to the shortbreak service, access to sexual health records and improvements to training data.

Several areas of outstanding practice were noted including:

- Safeguarding and liaison had a daily meeting with the Emergency Department to identify any safeguarding issues and concerns.
- All patients with mental health needs admitted to the children's ward were reviewed by the Child & Adolescent Mental Health Service (CAMHS) liaison team/nurse within 24 hours of admission and were followed up after seven days.

Access to safeguarding supervision was a concern and was in the process of being addressed.

Actions identified for the trust:

- Ensure all staff are aware of their responsibility to report incidents and ensure learning is shared with all relevant staff.
- Complete the reviews of maternal and neonatal deaths and implement any further identified actions to support safe practice.
- Ensure staff have access to safeguarding supervision and support.
- Ensure the policies and procedures for the management of the children's and young people's service are up-to-date, regularly reviewed, document controlled and readily accessible to staff.
- Ensure children and young people's service risk register reflect current risks, contains appropriate mitigating actions, is monitored and reviewed at appropriate intervals and acted upon.
- Ensure that it improves the number of looked after children assessments carried out within the target
- timescale.
- Ensure children and young people's service risk register reflect current risks, contains appropriate mitigating actions, is monitored and reviewed at appropriate intervals and acted upon.

Inspection feedback
Quality & Impact inspection - The effectiveness of probation work in South Yorkshire
HM Inspectorate of Probation (June 2017)

Summary of the key findings

Community Rehabilitation Company(CRC) - effectiveness

The quality of work to protect the public was generally acceptable, but with some room for improvement.

Up to date policies and clear procedures were in place. There were examples of effective information exchange with the police about domestic abuse as cases started, and when they were reviewed. Good use was made of home visits. There was a clear commitment to the four Local Safeguarding Children Boards. Risk of harm training had been introduced for recently appointed professional staff lacking experience. Further attention was required to monitor and respond to signs of risk of harm deteriorating between reviews.

National Probation Service (NPS) - effectiveness

The quality of work to protect the public was generally good. We found the NPS had a good grip on complex cases with work undertaken to engage those in denial and resistant to change. There was an effective victims' team who worked closely with the police and partner agencies to respond to the needs of victims of child sexual exploitation. We were pleased that following a review of Multi-Agency Public Protection Arrangements, a county probation coordinator had been introduced.

Reviews were completed in over two-thirds of cases but officers did not always adjust their planning to take account of changing circumstances. Some probation officers found working primarily with high risk of harm and complex cases challenging. Some were reluctant to move less demanding cases to probation service officers, as they doubted their skills and experience. Others resisted, knowing that it would further increase the concentration of high risk of harm cases in their caseload.

Overall, the CRC was effective in protecting those at risk of harm, but with some room for improvement. Up to date public protection policies and procedures were in place and being applied. There was a commitment to training and practice development in the management of risk and safeguarding; this was underpinned by quality assurance audits. Staff understood the importance of being attentive to managing risk of harm and knew where to turn to for advice. There were effective relationships at a strategic level with children's social care services.

Overall the NPS protected those at risk of harm well. The quality of assessment was good for the large majority of cases inspected. The quality of planning was satisfactory in around three-quarters of cases, although this dropped slightly in respect of planning to protect known adults. A protocol was in place between the South Yorkshire Multi-Agency Public Protection Arrangement (MAPPA) Strategic Management Board and the four Local Safeguarding Children Boards in South Yorkshire to facilitate cooperation and communication. The two LDUCs were required to contribute to four separate safeguarding arrangements, which stretched limited resources. We thought there were opportunities for improved information-sharing arrangements, which would support initial assessment for on-the-day court assessments in particular.

Multi-Agency Risk Assessment Conference (MARAC) arrangements were jointly led by probation and the police and the LDUCs were working to the recent NPS MAPPA protocol, which restricted their contribution to current cases. As with the CRC, there was some frustration that the police no longer notified probation of any repeat domestic abuse incidents after initial notification unless triggered by a request. Instead they were dependent upon Multi-Agency Safeguarding Hub (MASH) arrangements identifying probation involvement.

5 Effectiveness of arrangements to keep children in Rotherham safe

Early Help Services

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help services work with children and their families to prevent problems from getting worse. Improvement in this area was identified as a Board priority

Since the Ofsted Inadequate judgement in 2014, RMBC has worked with partners to establish a cohesive Early Help offer to ensure that issues are identified early as problems begin to emerge and children, young people and families' needs are assessed and supported.

The new Early Help Offer was launched in January 2016 and the vision for Early Help in Rotherham is articulated in the Early Help Strategy 2016-2019. As a result there are integrated, Early Help locality teams, bringing together previously separate professional disciplines and co-locating staff with partners (including Social Care) in multi-agency Early Help hubs. There are new systems in place that allow the service to monitor and track progress and there is governance in place, through the Children and Young People's Strategic Partnership, the Early Help Steering Group and the Early Help Review Board to ensure there is appropriate accountability and effective support and challenge across the system.

Rotherham Local Safeguarding Children Board supported the launch of the new service, disseminating information about the service across partners, and will be monitoring its effectiveness.

What has been working well?

During 2016/2017 there were 3914 contacts into the Early Help service. Of these, 85.3% were triaged within five working days.

Timeliness performance in relation to Initial Contacts increased during the year reaching 53.7% engagement within three working days compared with 18.4% in April 2016.

Preventative Programmes

There have been several partnership Early Help and preventative programmes in Rotherham over the past year which have contributed to the safety and wellbeing of children. Examples include:

The Targeted Youth Programme

The Targeted Youth Programme was funded by the Office of the Police & Crime Commissioner via the Safer Rotherham Partnership in summer 2016, in order to support coordinated interventions to address multi layered issues in communities. The targeted intervention sought to offer outreach detached and street based sessions in high priority areas of Rotherham on Friday and Saturday evenings, in order to engage young people that are vulnerable for a variety of reasons. The provision sought to trial this approach to Friday and Saturday night provision and test engagement, attendance and impact.

Operation Keepsafe

Operation Keepsafe is a multi-agency initiative that enables a proactive response to children and young people who are vulnerable due to being unsupervised in the community at night time. As a result of evidence from the Early Help Targeted Youth Programme, Operation Keepsafe has been running since1st September 2016. Of the young people seen and spoken with, almost half were under 16; they were taken home and concerns about their vulnerability shared, with an offer of early help support.

Troubled families

In 2016/17 Rotherham committed to identifying and engaging 882 families in the Troubled Families Programme (known locally as Families for Change). The target engagement figure for this financial year was achieved in March 2017 when 97 new families were attached to the programme.

Within the Families for Change programme, the 2016/17 target number of families for whom Rotherham claims a payment by results outcome was set in the range of 280-350. The total figure for this financial year was 80 or 29% of the total. In order to develop a solution focused action plan which will address performance in this area a deep dive is being planned by the Directorate Leadership Team (DLT) and is taking place on the 27th July 2017.

Evaluation and Impact

It is too early to expect to see the impact of effective Early Help, but progress has been achieved; RLSCB continues to challenge and support the Local Authority and partners to demonstrate the impact of Early Help services on outcomes for children and a number of measures will be tracked going forward.

During the period (May 16 - March 17) 222 voluntary Early Help Exit Surveys were completed with 98% of people who completed the survey rating their overall experience of the help and support they received from the worker(s) within the Early Help Team as "good or excellent."

Worker has been a great help to myself and my family she was always on call if needed…

The support was given straight away and nothing was too much trouble …

Partnership Workforce Survey Relating to Early Help Pathway -April 2016

The RLSCB supported the launch of the new Rotherham's Early Help Service on 18th January 2016 when the integrated Early Help Teams went operational from their locality team bases. A questionnaire was disseminated seeking feedback regarding individual practitioner experiences of accessing the Early Help Service from across the partnership 3 months post launch. It asked whether they believe that the new Early Help Pathway is having an impact in terms of improving outcomes for Children and Families in Rotherham and whether we are successfully building on our Early Help principle of "One Family, One Worker, One Plan" to ensure that children and young people receive the support that they require.

A consistent theme that emerged throughout this survey was the importance of effective, timely communication between the Early Help service and the referrer. This appeared to be the single biggest influencing factor regarding the level of confidence that respondents felt regarding Early Help. The LSCB will ask for evidence of improvement in this communication.

Inspection Feedback:

Ofsted Monitoring Visit (February 2017)

the local authority is making continuous progress in improving services for children in need of help and protection.

The implementation of multi-disciplinary locality teams is leading to improved quality and coordination of early help support to families. Early help assessments (EHAs) are being undertaken more efficiently, and these are leading to a direct offer of help for individual children and their families.

There is much evidence of children's circumstances improving as a result of the early help being provided. There are also some positive examples of very timely intervention and support for families who have an allocated worker within one of the locality teams. The local authority's use of exit interviews endorses this positive work, and it is clear that the service offered through early help is valued highly by families.

Staff within the locality teams are working well together. This follows a period of team development that included activities to help them to learn about each other's range of skills and ways in which they could network to provide enhanced support to children and their families. All workers who spoke with inspectors feel that they have been appropriately trained to undertake EHAs and team around the family (TAF) meetings. Most workers have also participated in a variety of other training to enhance their work with children and families. This training has covered restorative practice and child sexual exploitation, although not all workers have received training on how to use the child sexual exploitation screening tool.

The completion of EHA assessments within the locality teams is, in the majority of cases, timely. The quality remains variable, and all EHAs seen during this visit have a number of areas in which they could be improved.

What we are worried about

Early Help Assessments

Of the 127 Early Help Assessments (EHA's) in scope for completion in March 2017, only 39.4% were completed within the target timeframe of 35 days although the trend was improving. Work continues at the Early Help performance meetings to ensure that the data is analysed and learning taken to enable further improvement in the future.

The completion of Early Help Assessments by partners remained consistently low in Rotherham at the end of March 2017. Overall performance for 2016/2017 was 6.5% which equates to 75 out of 1150 of completed Early Help Assessments.

Inspection Feedback:

Ofsted Monitoring Visit (February 2017)

The local authority has improved in many areas of early help provision to children and their families, including outlining clear expectations to partners regarding their role in the assessment and provision of early help. However engagement by operational colleagues from other agencies remains extremely low. Although performance is very slowly improving in this area, there are too few other agencies undertaking EHAs and taking on the lead professional role to ensure the early help model can become embedded and sustainable.

In order to improve this and embed shared responsibility for early intervention a range of initiatives is underway with partners including; the co-production of a new Early Help Assessment, the introduction of Integrated Working Leads across localities to work alongside partners and training with Health partners and Schools.

Children's Centres

The year-end data shows that 52% of children aged 0-5 across Rotherham had engaged with activities in a children's centre, which is below the target of 66%, although 62% of 0-5's living in the 30% most deprived Lower Super Output Areas (LSOA's) engaged.

Contacts, Referral and Assessment

A "Contact" is a request for help when a child is thought to have support needs or to be at risk of harm. If there are concerns which cannot be managed through the provision of early help services, a referral is made for a multi-agency assessment to be undertaken, led by a social worker. The timeliness of an assessment for a child is important because it means that their needs or the risks to them are identified quickly and support put in place. The upper time limit for assessments to be completed is 45 working days.

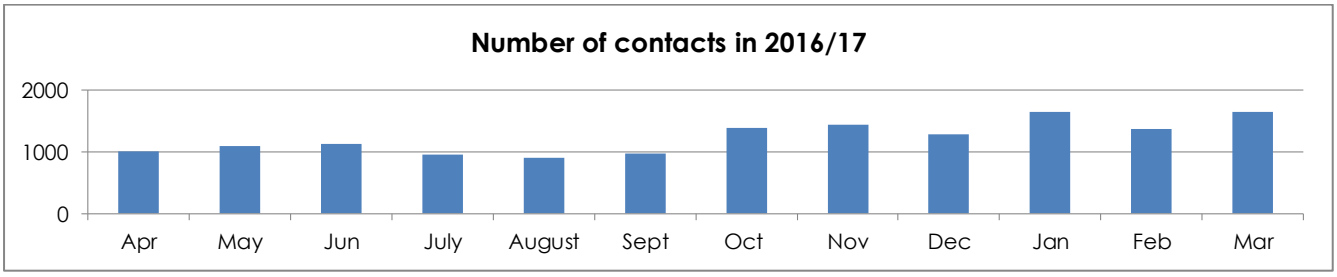
Inspection Feedback

Ofsted Monitoring Visit (February 2017)

The robust screening of contacts to children's social care, supported by effective multi-agency information sharing, is leading to more timely assessments of need and risk. While assessment quality is beginning to improve with evidence of some good work emerging, assessments and section 47 investigations are not focused well enough on risk or children's holistic needs. This has an impact on the quality of children's plans and the interventions that they receive.

In 2016/17 there was a 23% increase in the volume of contacts to Children's Social Care, 14,959 compared to 12,165 in 2015/16. This needs further analysis and interpretation, to ensure children receive services at the right level. It is anticipated that as early help services become more embedded, social care contacts will reduce.

Referral numbers to children's social care services have been consistent with an average of 420 per month, representing a 26.6% progression rate from contact. In total there have been 5066 referrals in 2016/17, a 3% increase on the 4915 in 2015/16. If contacts reduce as anticipated going forward, the proportion progressing to referral will increase indicating better targeting of referrals.



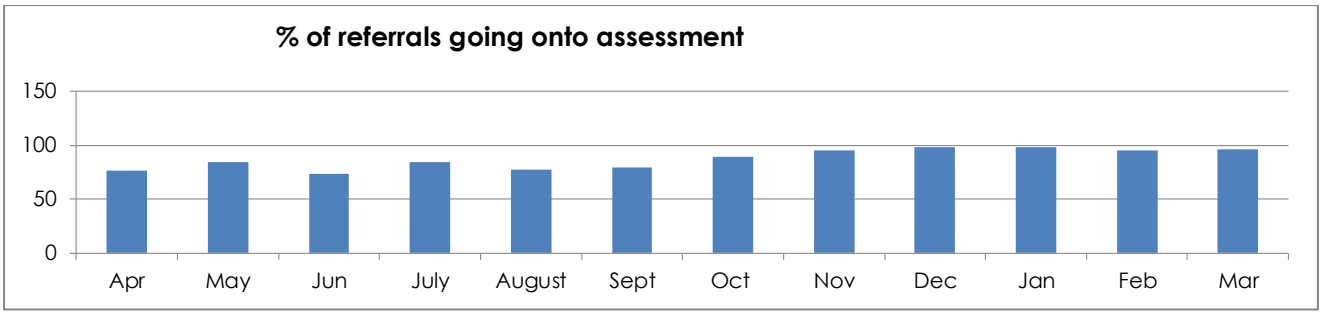
Review of the Multi-Agency Referral Form (September 2016)

A review was commissioned and conducted by the RLSCB Practice Audit Officer to help understand what multi-agency practitioners in Rotherham think about the effectiveness of the Multi-Agency Referral Form (MARF); and to recommend any changes that need to be made to improve the effectiveness of information flow to the Rotherham Multi-Agency Safeguarding Hub (MASH). The MASH is Rotherham's single point of access where all contacts for early help and referrals for safeguarding concerns about children are dealt with. In summary, the response to the MARF was very positive:

- 75% of respondents could find the MARF online and use it
- 65% of respondents have read the procedures / guidance or have accessed them in the past
- 83% of respondents were happy with the overall layout of the MARF
- 53% of respondents thought the Agency Involvement section was fit for purpose
- On average, 73.6% of people thought the Strengthening Families assessment questions were useful and usually answered them; this rose to 92.42% for the questions about what they were concerned about.

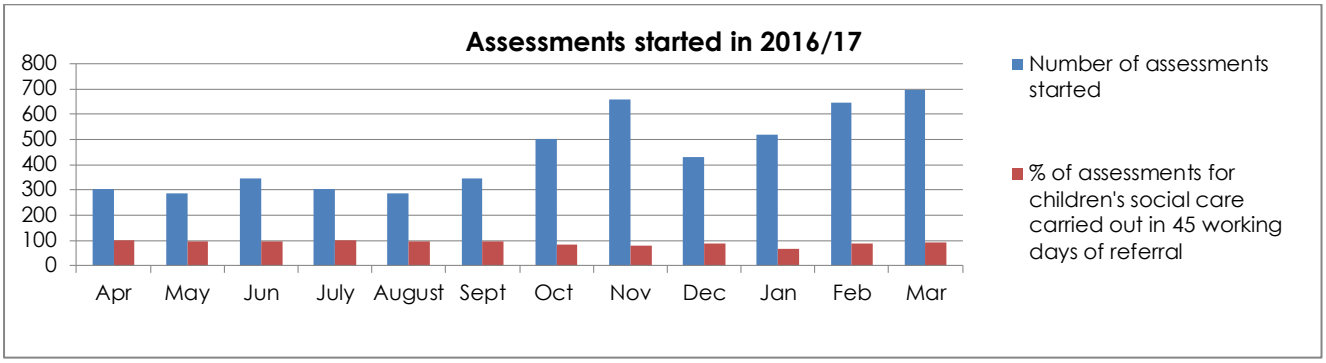
Recommendations were made and acted upon including improving the online technology to make completion of the form easier for professionals. An action for 2017/18 is to develop the referral form further to align it to the Signs of Safety framework.

The percentage of social care referrals progressing to an assessment has increased considerably to 90.0% compared to 77.6% in 2015/16. There were 5660 assessments completed in 2016/17 compared to 4064 in 2015/16 (39% increase). This indicator is now placed above the statistical and national averages and above the latest national top quartile threshold. This could be reflective of the impact of the improved screening work which is now undertaken at 'contact' stage rather than referral. The assessment resulting in 'no further action' (NFA) rate and audit outcomes will be monitored alongside this figure.



The rate of re-referrals within 12 months of last referral has seen incremental month on month reduction from the 2015/16 position of 30.7% to 27.6% for 2016/17. However this remains high when compared to the national average of 24% and the corporate plan priority target of 23% has not been met. This indicates that children's needs might not be being met in a sustained way and reinforces the findings of the CYPS audit programme on the quality of practice. RLSCB will continue to monitor the audit findings on quality of practice from Children and Young People's Services.

The overall trend of the proportion of assessments resulting in 'No Further Action' is downwards, which is indicative of the improvement in quality of decision making and application of thresholds. After a mid-year dip in performance, timeliness of assessments has improved significantly.



A Strategy Discussion is a multi-agency meeting which considers the risks to the child and decides how the risk of harm is to be investigated and what action is needed to keep the child safe. Section 47 investigations are the investigations that social workers, the police, paediatricians and other professionals carry out in order to find out whether children have suffered from or are at risk of, abuse or harm.

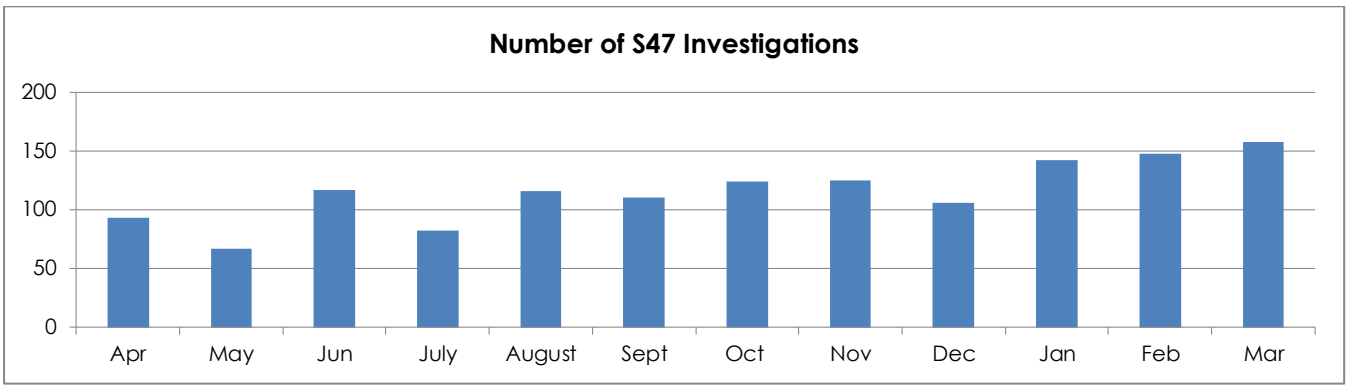
Inspection Feedback

Ofsted Monitoring Visit (February 2017)

Children do not routinely receive an updated assessment of their holistic needs, thus their care plans do not focus well enough on the outcomes to be achieved. Risk and need are not robustly explored or understood. When child protection concerns arise, procedures are not always followed. Strategy meetings still do not routinely follow 'Working Together 2015' guidance. Screening tools to explore child sexual exploitation concerns are not being completed correctly in all cases when a child may be at risk, despite previous improvement visits identifying more robust practice in this area.

When child protection concerns are identified, a swift response to convene a strategy meeting ensures that children's immediate safeguarding needs are identified and secured. All strategy meetings are attended by South Yorkshire police (SYP) and other agencies, as appropriate, which is evidence of improvement. While the local authority has improved the recording of strategy discussions, team managers are not coordinating the timing and conduct of protective actions and the investigations required. In particular, when 'achieving best evidence' (ABE) interviews are required; South Yorkshire police are undertaking these interviews without social workers being present. Consequently, more than one agency is questioning the same child separately. Thus, the child has to tell their story more than once. Inspectors found delays in some ABE interviews taking place, thereby prolonging the investigation unnecessarily for the child and creating opportunities for the contamination or loss of evidence. There is a need for children's social care and the police to work closely together when planning investigative interviews of children, to ensure that welfare and justice imperatives are properly coordinated. South Yorkshire police responded positively to these findings during the visit and agreed to review practice with the local authority.

The numbers of Section 47 investigations undertaken in Rotherham are very high. A total of 1,428 S47's were started in the year compared to 954 in 2015/16 and the number is continuing to rise. This equates to a rate of 251.8 per 10,000 population which is significantly higher than the statistical neighbour average of 149.2. Data in relation to the outcome of Section 47 investigations shows that 55.8% of overall outcomes in 2016/17 were substantiated with a continuing risk of significant harm. Further audit and analysis is needed in this area of work to inform good shared understanding of risk.



Evaluation of multi-agency practice relating to Strategy Discussions

During the early part of 2016 there was a growing evidence base that some basic minimum standards were not being achieved in relation to multi-agency Strategy Discussions.

This was evidenced through 3 specific processes:

- A multi-agency audit relating to strategy discussions (report considered at LSCB meeting in April 2016);
- A single agency audit completed by RMBC Children's Services in relation to section 47 investigations (including strategy discussions), considered by the Performance and Quality Sub Group in June 2016;
- A Learning Lessons Review undertaken through the case review function of the LSCB.

These processes identified similar themes with regard to multi-agency practice in the borough:

- Difficulties in relation to practical arrangements, attendance, representation and information sharing;
- Gaps in records pertaining to multi-agency decisions about levels and types of risk/need in strategy discussions;
- Plans for investigations were often not sufficient to elicit evidence / confirm or disprove initial views about the presence of significant harm;
- Lack of joint work (specifically by police and social care), and differences in timescales for investigation often led to a delay in information sharing and conclusions with regard to risk to children;
- The outcome of investigations was not always clear; the processes to conclude and complete the process were not as robust as the initial stages of the work.

It is significant that these issues are similar to those identified by OFSTED during the 2014 inspection of Children's Services indicating that insufficient progress had been made in relation to this area of practice.

LSCB Response and Outcomes

Partner agencies have agreed to implement and sustain changes to the following standards in practice:

- Practical Arrangements and Attendance; The Role of the Chair; Information Sharing; Decisions about Risk;
- Plans for the Investigation and Joint Working; Achieving Best Evidence Interviews (ABE)

Progress is being monitored via some case sampling and meetings are held with Team Managers to reflect on practice within their teams and a further comprehensive multi-agency audit will be conducted later in 2017.

What are we worried about?

The high number of contacts, re-referrals and S47s suggests that there is a need to improve the multi-agency understanding and application of thresholds. Given the rising number of assessments, few of which recommend no further action, there is likely to be an increase in the numbers of children receiving a social care service which may impact negatively on the service response. Despite the increasing number of assessments, timeliness has improved. Although this is

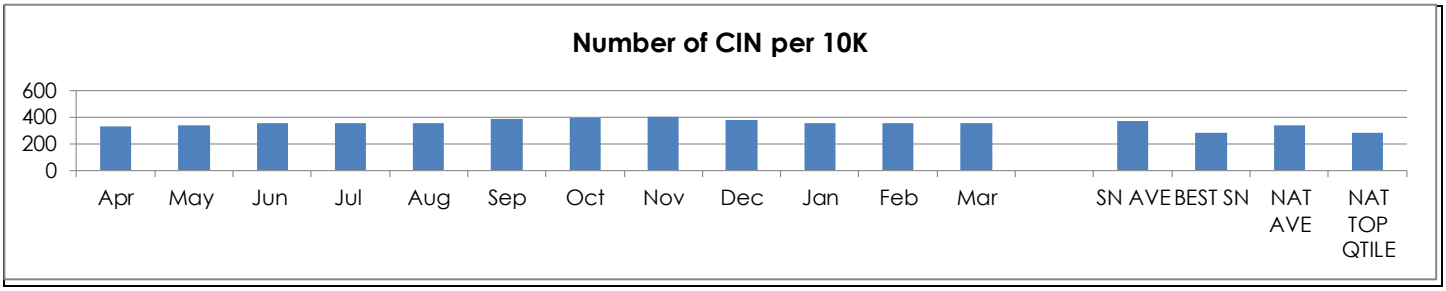
important, an emphasis on quality in Children and Young People's Services remains a priority and this will continue to be monitored and tested to ensure that the drive to improve timeliness is not at the cost of achieving best practice

Children in Need

A child is deemed to be a Child in Need where their needs are more complex, but they are not suffering from significant harm, and require support and intervention from a social worker and other professionals. A child with a disability is by definition a Child in Need.

There is no good or bad performance in relation to the number of Children in Need (CIN), although it is important to monitor against statistical neighbour and national averages as numbers considerably higher or lower than average can be an indicator of other performance issues. At the end of March 2017 there were 1656 CIN; when combined with those subject to child protection plans (CPP) this equates to a rate of 360.1 per 10k population, sustaining Rotherham's position below the statistical neighbour average (372.4) but above the national average (337.3).

At the end of 2015/16 98.6% of eligible Children in Need (CIN) had an up-to-date plan, at the end of 2016/17 this has now declined to 93.9%.



An education, health and care (EHCP) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC Plans identify educational, health and social needs and set out the additional support to meet those needs.

All Education Health and Care Plan (EHCP) completions and conversions are measured nationally on an annual basis as a cumulative target for how many have been completed within timescale from the beginning of the SEND reform in September 2014. The monitoring of these two targets has improved dramatically recently with the fortnightly involvement of the Performance and Quality team, which has both challenged and supported the development of greater accuracy and scrutiny of data. The cumulative % for timeliness of completion for new EHCPs remains static overall at 52% but within the quarter performance has risen significantly since December 2016 where compliance and conversions of Learning Difficulty Assessments (LDAs) to EHCPs, completed by 31st December 2016, was the focus of the team. The cumulative percentage of conversions from statements to EHCPs completed in a timely manner has risen from 52% to 58%. Within the quarter, performance has been varied with a high of as much as 82% of conversions completed within 20 weeks during February 2017. Rotherham continues to have the lowest level of SEND

tribunals nationally, with one being taken beyond the mediation stage since the reforms began. The LSCB will monitor the effectiveness of EHCPs and how well children with special educational needs and disabilities are safeguarded.

Children with a Disability Service audit reported to the LSCB

The audit was undertaken during the month of November 2016 and involved a sample of 20 cases across the whole service.

From the 20 cases audited and 11 moderated, a majority of 67% were judged as Requiring Improvement or Good whilst the remaining 33% were judged to be Inadequate. There were no cases that were judged to be Outstanding or Inadequate Critical.

In general there were elements of drift and delay within case practice going back many years – but more recently it is noted that this has shown some improvement. There are elements of positive work being completed with children and in the way in which the social workers engaged with families. There was evidence of some assessments being well written, but some would have benefited from agency input and exploring the family's history more. The audit program has identified that further work is required in relation to care planning for children and the need for SMART care plans, particularly in Child in Need cases. The supervision of social workers has improved significantly in terms of regularity in recent months some but still requires some improvement .

What are we worried about?

Disabled children have additional vulnerabilities so tighter safeguarding arrangements need to be in place for this group of children. Actions have been put in place and the LSCB will monitor progress in 2017-18.

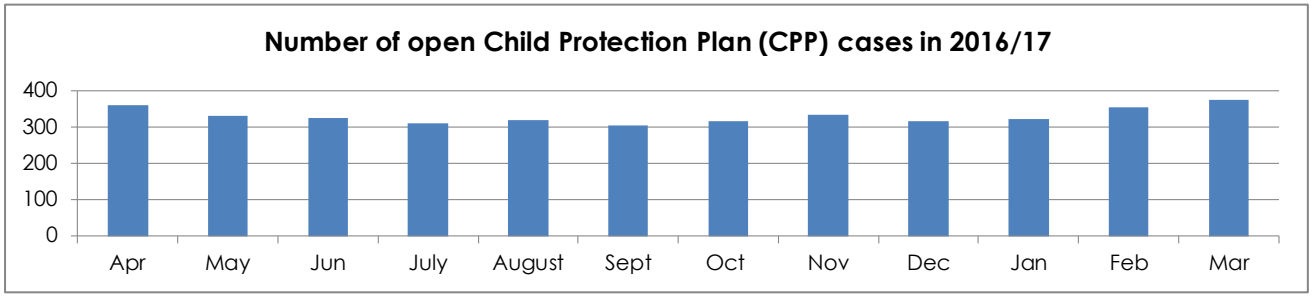
Child Protection Plans

Children who are at risk of significant harm through abuse or neglect have a Children Protection Plan to help make sure that they are supported and kept safe. Using the number of children per 10,000 child population is a standard way to compare and measure how well we are doing against other authorities.

At the end of March 2017 there were 375 children who were subject to a Child Protection Plan (CPP), which is a slight increase from March 2016 when there were 369, but a decrease from March 2015, when 433 were subject of CPP.

In the middle of last year, from June 2016 to January 2017, there had been a significant reduction to a low of 310, which was reversed in the last two months of the year with an increase of 53 children becoming subject to CPP.

The rate per 10,000 population of 65.4 is still very high when compared to statistical neighbours and the national average of 46.1 and 42.9 respectively. Further audit and analysis is needed to understand the reasons for this, to be sure that children are receiving the right level of service response.



65% of plans during the year have emotional abuse as a factor, 49% have neglect as a factor, 30% included physical abuse and 10% included sexual abuse. The total exceeds 100% because multiple categories are used.

In 2016/17, 91.4% of the total Initial Child Protection Conferences (ICPCs) were carried out within 15 days which is an improvement on last year's position of 88.3% and better than the latest statistical neighbour and national averages (85.7% and 74.7% respectively). Monthly data demonstrates that current performance is now regularly higher than 90%. The LSCB has been assured that where conferences are not meeting timescales the reasons are reported to senior managers and recorded on each case.

Performance in relation to Child Protection cases reviewed within timescales continues to be good. Of the children subject to a CPP plan at the end of the year, 98.6% of their reviews over the entire year were completed in time which is an increase on the previous year which was 94.2%. In month performance for August 2016 to March 2017 was consistently 100% each month.

At the end of March 2017 there remained only one child with a Child Protection Plan exceeding two years. This equates to 0.3% compared to 0.8% at the end of March 2016

The proportion of children who are subject to their second or subsequent plan within 24 months has been increasing month on month from 4.7% in 2015/16 to 8.4% in 2016/17 and remains higher than the target of 4%. Work continues in social care services to assess the quality of plans and to ensure that plans are only ceased when children and young people are no longer at risk or are supported appropriately at a lower level of intervention.

Every child who has a Child Protection Plan should be visited by their social worker every two weeks (local standard).

The percentage of children subject to a CPP who have visits in line with local standards has seen month on month decreases in performance. At the end of March 2017 this was 88.4% compared to 99% at the end of March 2016. Visits data is monitored and exceptions reviewed at the weekly children's social care performance meetings. The LSCB is assured that this is regularly monitored through the children's social care performance board which is attended by the LSCB independent chair.

Partnership Working and Attendance at Child Protection Conferences

While attendees at conference are recorded within the child protection minutes, there is currently no systemic way of capturing data around attendance at meetings, other than qualitative notes. The CYPS Safeguarding Unit completed a validation exercise between September and November 2016 which confirmed that attendance by most agencies is at an appropriate level. However, a

key and ongoing discussion remains around the attendance of police at Initial Child Protection Conferences and Review Child Protection Conferences even where there are ongoing investigations. Children's social care worked with South Yorkshire Police Vulnerable Person's Unit (VPU) to look at this; the VPU has since reinstated an officer to compile reports and attend conferences.

Representatives from Health and Education agencies consistently attend, or send a representative or report if there are health or education issues in relation to that child. Further work is needed to ensure that all agency contributions to conference are recorded effectively and analysed, so that targeted feedback and training can be used to support good practice and challenge areas of concern.

LSCB monitoring of the Voice of Children - Participation of Children and Young People and their families in Child Protection Conferences

Barnardo's Rotherham Child Protection Conference Advocacy Service provides advocacy for children and young people involved in child protection conferences to ensure they are able to influence decisions made about them and feel supported that they have an independent voice.

In the 2016/17 year they worked with 678 children aged between aged 8 and 17. The service has consistently achieved 60% of children and young people aged 8 to 17 having their voice heard and represented at their Child Protection Conference throughout the year. 67% of children aged 8 to 17 were represented and able to express their views at their Initial Conference, an increase of 7% from the previous year. The feedback (below) highlights the difference that independent advocacy is making in supporting a young person to feel engaged in the child protection process.

I told my advocate things I couldn't tell my social worker

My advocate took me to see the chair lady person, she seemed nice and listened

It was good to have someone to write my words on paper so I did not get stuck

Child Protection Plan escalations

In October 2016 a new "Challenge protocol" was implemented which placed the focus on the impact of work in achieving improved outcomes for children subject to a Child Protection Plan. The new process involves Conference Chairs completing quality and compliance documents, resolution work and escalations.

The new process provides more information about the quality of work being completed for children with child protection plans. The majority of cases during 2016-17 were rated by the Conference Chairs as 'requires improvement' with a decreasing number rated as 'inadequate' and more cases rated as 'good'.

The RLSCB Practice Review Group monitors all cases where a Conference Chair has raised concern about multi-agency practice in Child Protection. The Practice Review Group makes recommendations where necessary, including training for staff and changes to procedures.
The RLSCB Performance and Quality Assurance Sub Group monitor the challenges on a quarterly basis through the Performance Management Framework.

What are we worried about?

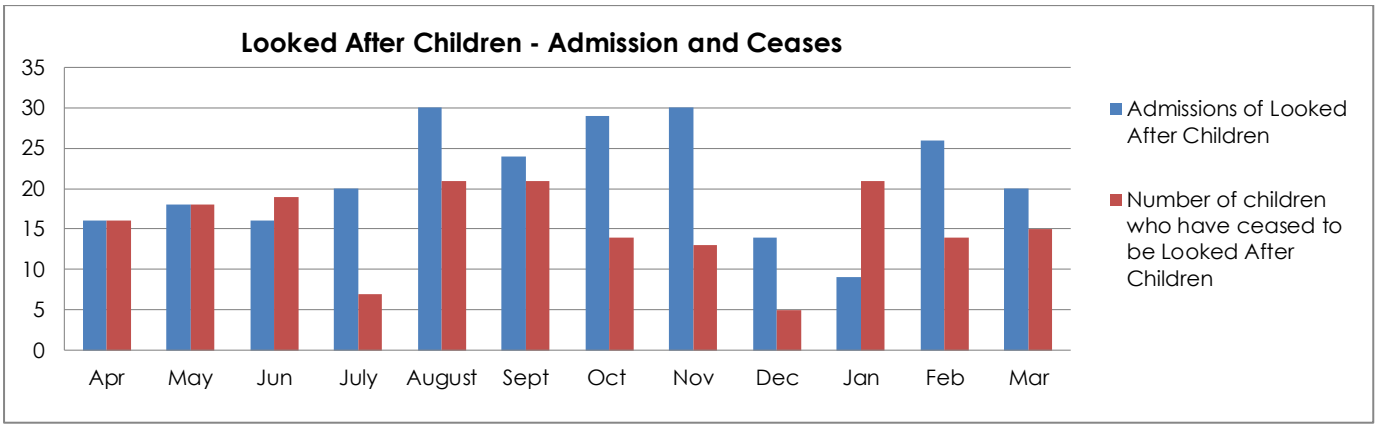
Whilst it does reflect the national picture, the increasing number of CP plans from an already high base is a cause for concern and requires further scrutiny, with more explicit application of threshold to ensure the intervention is at the correct level.

Although there is an improving picture, it remains of concern that there are CP cases judged "Inadequate"; this will be highlighted as a priority.

Looked After Children

A Looked After Child is one who is in the care of the local authority and is sometimes called a "child in care" or "LAC". Safeguarding children in care was identified as a Board priority

At the end of March 2017 there were 487 children in care which is an increase of 55 on March 2016 and equates to 86.4 per 10,000 population. This places Rotherham above statistical neighbours (75.8) and national average (60.0) and there is an upward trajectory as admissions to care continue to increase as predicted by the local authority.



It is not unusual for numbers of children in care in an authority in intervention to rise as action is taken to address cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is no feedback from the courts to suggest that children's cases are being brought before them unnecessarily.

In relation to children in care, performance in LAC visits within the national minimum standards has decreased to 94.7% from last year's outturn of 98.1%, but over the year there has been a steady rate of improvement. Visits according to more exacting local standards have improved in 2016/17 by 6.2% to 86.4% compared to 80.2% in 2015/16.

A Review is a meeting in which the plans for a child's care are monitored by an independent person (Independent Reviewing Officer). Reviews take place at set timescales to ensure that there is no delay for the child.

94.7% of completed LAC reviews over the entire year were completed in time, which is an improvement on the previous year's figure of 83.3%. The LSCB has been assured that the reasons for any late reviews are fed back to social care managers and action taken to address any practice issues.

The sufficiency strategy aims to ensure that there are enough good quality placements for there to be a choice about where a child is placed.

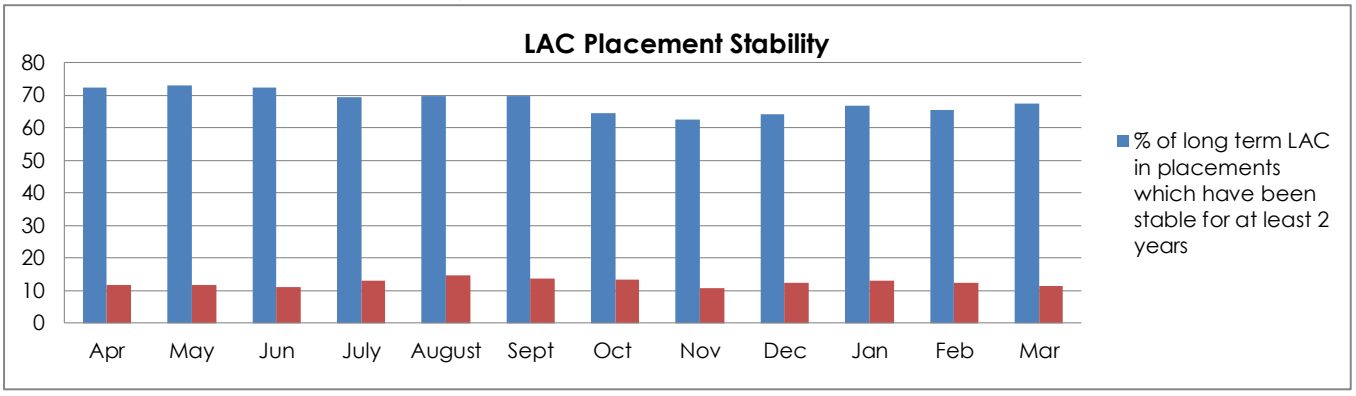
The Rotherham Placement Sufficiency Strategy 2017-20 was approved by the Corporate Parenting Panel in February 2017. The Strategy sets out the plan to increase in-house and family based care placements and the following actions have already been taken:

- Foster Carer recruitment continues to be strong, with 23 new carers approved over 2016/17 against a target of 15 and this target has been reset at 25 for each of the 3 years of the Strategy.
- A marketing post has been approved and further initiatives are being developed such as 'Refer a Friend', Virtual Assessment Team and Council Tax Discounts for Foster Carers to further support recruitment.
- The Fostering Service are working to significantly increase the support available to carers.

At the end of 2016/17, 98 of the145 long-term LAC (67.6%) had been in the same placement for at least two years. This is only slightly below that of our statistical neighbours (68.2%) and the national average (68%), but is below the 2015/16 position of 72.7%.

Following highs of 14.7% in August, the proportion of all LAC who had three or more placements in 12 months improved and at the end of 2016/17 it stood at 11.3%. Whilst this is an improvement, the 11.9% for 2016/17 continues to be higher than all other benchmarks. The target of reducing this to less than 10% remains and is still achievable in the next financial year.

These two placement measures suggest that there is a need to improve preventative work to reduce initial placement disruption. If a child experiences a disruption they are more likely to disrupt again. It will also be important to consider the impact of the "return home programme" - to return children from out of authority placements to live in Rotherham which will increase the number of children experiencing placement moves.



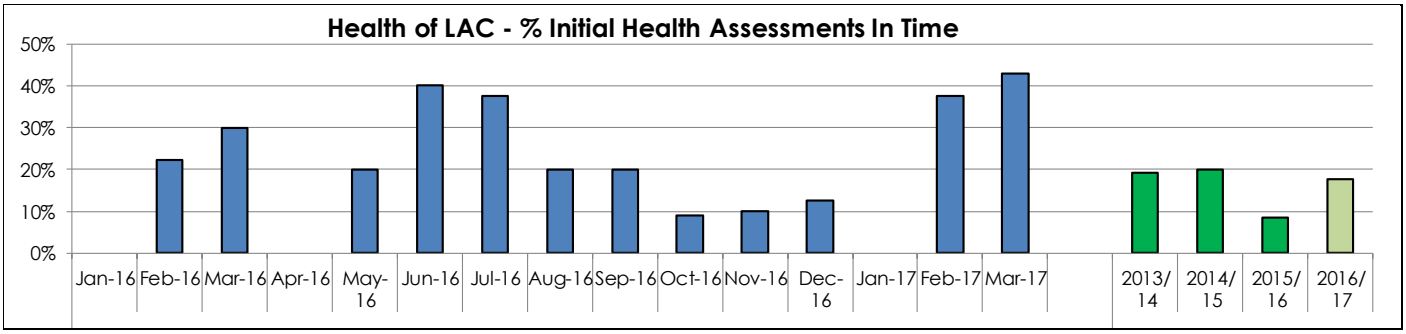
There is high level and multiagency oversight given to all out of areas placements, either residential or foster care, by the Out of Area Placement Panel chaired by the Head of Service for Children in Care. This has worked to ensure that arrangements are regularly reviewed from a strategic as well as case planning position. Every effort is made to place children in Borough or within a 20 mile radius.

RMBC is a member of the White Rose Residential Framework, a collaborative framework across the region which aims to secure high quality independent residential care for young people and to meet local demand for LAC. RMBC also has commissioned framework arrangements for standard independent fostering provision although it is sometimes necessary to source placements which are not on the framework and which may be out of area. It is a priority in the Council Plan to place children and young people within a family setting, at the end of March 2017 84.6% of children and young people were placed in a family setting which equates to 412.

For children in care it is important that their health and dental needs are closely monitored and that they receive diagnosis and treatment without delay.

Performance in relation to health and dental assessments was very poor in previous years. It has been the focus of concerted joint effort and had started to show improvement. However, performance in 2016/17 has fallen from 92.8% (2015/16) to 87.1% (2016/17) for Health Assessments and from 95% (2015/16) to 62.7% (2016/17) for Dental Assessments. Reviews show that those not having health or dental checks are the older young people who are recorded as 'refusers'. This was no longer accepted at face value and there has been active exploration with health colleagues about how the reviews can be promoted as something useful and 'young person friendly'. This will focus on the things that interest most young people such as weight, hair and skin care as well as other aspects of health, and alternative venues will be offered.

Of the **LAC Initial Health Assessments** completed in 2016/17 17.7% were within 20 working days of entering care. This is low performance but it is an improvement on the previous year's (8.4%). In-month performance shows a recent improvement of 37.5% in February 2017 and to 42.9% in March 2017 but this is still not good enough. Health colleagues have identified that early contact in a non-clinical setting may prove to be the best way to sustain young people engagement in the process. As a result they are running a pilot whereby they visit newly admitted young people in their placement to support them to attend their health assessment. Joint intervention between Health and the LAC Head of Service is in place to support locality teams to better performance in respect of Initial Health Assessments.



LSCB Initial Health Assessments Audit

A multi-agency audit was conducted in April 2016 to examine the timeliness of Initial Health Assessments when a child becomes looked after. Performance was very poor with only 10.2% of Initial Health Assessments being completed with 20 working days of the child becoming Looked After. A further audit was quickly undertaken to identify the key barriers in practice.

The key practice and process areas for improvement were identified as:

- Timely notification from social care services to health of a child becoming Looked After.
- Cancelled appointments by social workers and/or carers
- Delay in producing the IHA report / health plan by Paediatricians for the first LAC Review
- Lack of effective systems to monitor, challenge and escalate from and within both organisations

Senior managers in Children's Social Care Services and The Rotherham Foundation NHS Trust agreed to make the necessary improvements and monitor progress weekly. A further audit was conducted in November 2016 and despite the increased level of scrutiny, challenge and escalation from and within partner organisations there was no evidence that the situation improved. The outturn for 2016/17 was 17.7% within timescale with some evidence of better Performance for February and March 2017 but this remains a priority area for improvement, scrutiny and challenge.

Children in care are entitled to a Personal Education Plans (PEP) to support their education.

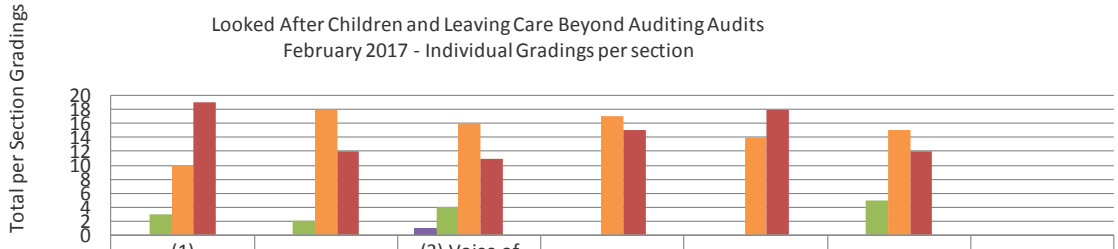
In 2016/17 the virtual school introduced a new standard for timeliness. Rather than annual PEPs with 6 monthly reviews it is now expected that every child will have an updated PEP every school term. Therefore caution should be taken when comparing performance against previous years. The proportion of children with an up-to-date PEP was 87.9% at the end of March 2017. This is lower than expected; a solution has been put in place to rectify this and performance should begin to increase in 2017/18. The focus is now shifting to quality in order to address the numbers of children and young people in care who are not in full time education and those whose school place is known to be fragile. The virtual school governing body will take responsibility for driving this improvement area. Exception reporting has been provided for the children who are without an up to date PEP.

Children who leave care after a period of time are entitled to ongoing support

The number of care leavers has increased in the last 12 months from 197 at March 2016 to 223 young people at the end of March 2017. Pathway plans for care leavers have seen a further 2% improvement to 99.3% when compared to last year's outturn of 97.5%. A total of 96.9% of these young people are in suitable accommodation, a slight increase on the previous year of 96.5%, and is still above the statistical neighbour and national averages. This equates to seven young people not in suitable accommodation, of these six are in custody, and one (aged over 18) has made himself intentionally homeless. A total of 63.2% of young people are in education employment or training, above the national average (48%) but a drop on the previous year of 68.0% and disappointing in terms of the aspirations for Rotherham young people. This equates to 60 care leavers not being in education, employment or training (NEET).

Audit reported to the LSCB - What does audit tell us about services for Looked After Children and Care leavers?

Children and Young People's Services undertook a single agency audit on 32 children's cases held in the LAC and Care Leaver Service between February and March 2017. The audit process made findings in the six outcome areas with an overall judgment regarding practice in the case. The average judgments for the service are set out by outcome, below.



	(1) Management and Supervision	(2) Ways of working with the family	(3) Voice of the child/young person	(4) Assessment	(5) Planning, Intervention and Review	(6) Impact and outcome	Overall Grading
Outstanding	0	0	1	0	0	0	0
Good	3	2	4	0	0	5	0
Requires Improvement	10	18	16	17	14	15	17
Inadequate	19	12	11	15	18	12	15
Inadequate Critical	0	0	0	0	0	0	0

The findings evidence that audited performance is demonstrably different in the LAC Teams compared to the Leaving Care Teams. Overall the audited judgements reflect deterioration in Good and Requires Improvement judgements within the LAC Teams; conversely, audited judgements reflect an improvement within the Leaving Care Service in comparison with the judgements from June 2016.

Permanence arrangements for children in care

Most children in care will return to their families. The percentage of LAC who have ceased to be looked after across the year due to other forms of permanence (special guardianship orders, adoption, residence order) in 2016/17 was 27.2% compared to the 2015/16 outturn of 40.1%.

The percentage of children in care who were adopted currently stands at 14.4% for 2016/17 compared with a target of 22.7% and 22.9% in 2015/16. This equates to 31 adoptions in the current year compared to 43 in 2015/16. 38.7% of these were made within 12 months of the decision that the child 'Should Be Placed for Adoption' which is low when compared to previous years at 53.5%. In respect of 'Average number of days between child becoming LAC and having an adoption placement' Rotherham is performing well with a reduction from an average of 661 days in 2013/14 to 404 in 2016/17. Similarly for 'Average number of days between placement order and being matched with adoptive family (A2)' it has reduced from an average of 315 days in 2013/14 to 232.9 in 2016/17; however this is an increase on 2015/16 (136 days).

What are we worried about?

The main concern for children in care is around how well their health and educational needs are being met; although there has been progress this will remain a priority for the Board. The Local Authority audit also suggests the quality of social work support to the children and their families is not good enough, and improvement work is in place.

See also "Missing children"

Social care capacity & caseloads

Although, as demonstrated above, there has been an increase in demand across the service, the average number of cases across the key safeguarding teams has been consistent throughout the year and has been below the target of 22, ranging from 13.3 to 18.3 across the teams. Average number of cases held by LAC social workers was 11.6. Ensuring that social workers have manageable caseloads was a key priority for Rotherham and the current performance is testimony to what has been achieved in this regard.

The average caseload of key safeguarding teams continues to be monitored for every social worker in detail. All those over 22 are examined and the reasons explained. For example, some senior social workers have students allocated to them and the student caseload shows under the supervisor's name.

Children in specific circumstances

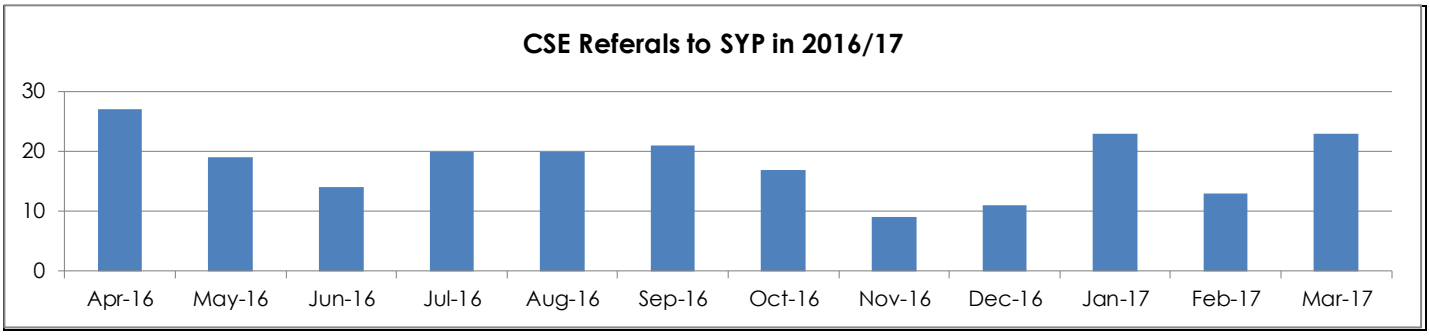
Child Sexual Exploitation (CSE) Improvement in this area was identified as a Board priority

CSE has been very high profile in Rotherham, especially since the Jay report in 2014 which revealed a number of areas of shortfall. Since then there has been a significant amount of work across the partnership to improve responses to children and ensure they are being protected from CSE. The partnership has developed a comprehensive strategy to address the problem of CSE in the Borough, involving:

- Prevention of CSE in the community,
- Protection of children at risk,
- Pursuing & prosecuting perpetrators,
- Providing support for victims,
- Promoting participation by young people

The number of new referrals to social care where CSE is the presenting issue has seen an increase from 200 in 2015/16 to 231 in 2016/17. This increase may not be indicative of an increasing risk profile but instead reflective of improved identification and awareness in agencies and greater public confidence in local services in tackling CSE. During 2016/7 there were 17 convictions for Child Sexual Exploitation. There were 327 referrals to the Post Abuse Support Services.

South Yorkshire Police report the following referrals for the year:



This table shows the result of offences finalised - April 2016 to March 2017 as extracted April 2017 (SYP)

District	Charged/ Summons (Various)	Cautions (Various)	Further Action by Another agency	Named Suspect, Evidential Difficulties (Police Decision)	Named Suspect, Evidential Difficulties (CPS Decision)	Named Suspect, Evidential – Victim does not support Police Action	No suspect identified – Investigation Complete	Other	Total
Doncaster	5	1	2	10	3	2	5	1	29
Barnsley	4	1		9		5	7	7	33
Rotherham	**18**	**3**	**5**	**24**	**9**	**12**	**18**	**8**	**97**
Sheffield	11		15	12	1	8	3	6	56

These are outcomes recorded within the period detailed and not necessarily cases recorded or committed within the same period. Decisions in relation to outcomes are made taking into

consideration the evidence available, the views and needs of the victim and the wider public interest. This data excludes the reports of non-recent offences being managed on a multi-agency basis through Operation Stovewood.

Operation Stovewood is an independent investigation conducted by the National Crime Agency (NCA), into non-familial child sexual exploitation and abuse (CSEA) in Rotherham between 1997 and 2013. It is the single largest law enforcement investigation into non-familial CSEA in the UK. It is a unique and unprecedented investigation, and challenging in its scale and complexity.

The three main strategic objectives of Op Stovewood are to:

- Deliver a victim-focused investigation, working appropriately with other agencies to provide the best possible support and advice for individuals;
- Seek to identify and bring all offenders to justice, prioritising those who may still be active in Rotherham or elsewhere today and those who have caused most harm in the past; and
- Work with local partners and communities to rebuild public confidence in agencies

The National Crime Agency (NCA) is working with partners, including South Yorkshire Police (SYP), Rotherham Metropolitan Borough Council (RMBC), Rotherham NHS Foundation Trust, Rotherham Clinical Commissioning Group, Rotherham, Doncaster and South Humber NHS Trust (RDaSH) and other statutory and voluntary groups, to ensure those who have committed non-familial CSEA in Rotherham (between 1997-2013) are held to account and brought to justice.

Operation Stovewood is currently overseeing 36 major crime investigations, with over 17,000 lines of enquiry. There are now 88 designated suspects, with 30 persons arrested and 21 charged to date. It is anticipated that many more arrests will follow as the investigations progress. The Senior Investigating Officer is Paul Williamson, and he is determined, with his team, to identify and bring all offenders to justice.

Significant work has been done to improve the quality of multi-agency practice in the specialist CSE team (Evolve) as shown in audit outcomes. A multi-agency Governance Group is now in place for the team and is establishing the means to collectively oversee the quality, nature and impact of their work. In early 2017 the operating guidance for the Evolve Team was further developed and amended. Social Workers in the team do not 'key work' cases but co-work cases alongside the child's main key worker providing specific support and guidance in reducing the risk of CSE and engaging and supporting the child through any prosecution processes where appropriate. This offers a more holistic approach for the child whilst ensuring the specific CSE risks are addressed. Police officers in the team manage the investigations.

RMBC commissioned services have regular access to liaison, advice and clinical consultation around emotional development and mental health for those affected by CSE. Rotherham, Doncaster and South Humber NHS Trust (RDaSH), who provide Rotherham mental health services, have CSE pathway clinicians who are available to all levels of organisations in developing family based trauma informed services, both in order to address the varied needs of those affected by CSE across the lifespan and to support the workforce in managing the emotional impact of such work.

All elements of work relating to CSE is routinely scrutinised by the RLSCB through the CSE Strategic Sub Group.

The CSE and Missing sub group has continued to meet bi monthly and has good attendance from a broad range of partners. The sub group has the following work streams in support of the Safeguarding Board CSE strategy – 'The Way Froward 2015 – 2018:

- Multi Agency Communications in relation to CSE to enable the public of 'Spot The Signs' of CSE and have confidence in the partnerships response.
- Intelligence submissions to enable a better understanding of the scale and nature of CSE locally
- Performance monitoring; Organisational learning and reflective practice
- Scrutiny and challenge to the partnership response to missing children
- Supporting all communities affected by CSE and specifically the ROMA, Pakistani heritage and LGBT communities

Key achievements include:

- Initiating awareness campaigns on public transport and over the school summer holiday period.
- Sponsorship of a project to increase the volume of information submitted by professionals to South Yorkshire Police. Rotherham is the first partnership in the country to go live with a mobile phone APP which provides trusted professionals with the ability to submit information speedily and effectively to the Police.
- Production of a benchmarking document incorporating the recommendations from all the local CSE related reviews conducted during 2016 and this been adopted jointly by the Children's and Adults Safeguarding Boards. This document ensures that local recommendations are captured in one place and reflects the needs of young people transiting from children to adult services.
- The response to missing children has been subject to significant scrutiny and the operational and governance structures amended to improve practice.
- A mapping and assurance exercise was conducted in terms of understanding the response to specific LGBT community needs. The response to the Roma community has been subject to a bespoke review and the recommendations form part of the benchmarking document. A number of initiatives explored to engage with the Pakistani heritage community; specifically supporting projects where community members seek to support the families of individuals accused of CSE and raise the awareness of CSE within all BME communities.
- The sub group has agreed a series of key performance indicators to assist in providing scrutiny and challenge to the partnership.

The partnership has commissioned and provided a number of preventative initiatives, including:

Barnardo's ReachOut

ReachOut has received referrals for 1:1 support for over 200 vulnerable children; typically children referred to the service are struggling with a number of issues indicating increased vulnerability to a range of poor outcomes including sexual exploitation but the rationale for the request for service from ReachOut is commonly due to concerns around inappropriate/unsafe relationships, online safety and image sharing. Inevitably as the work progresses additional vulnerabilities are often identified. Of those referred 68% continue to be aged 11-15yrs but the service is receiving an increasing number of enquiries from primary schools concerned about children's online safety and their access to pornography. Our referrals are received from a range of partners but Early Help and Children's Social Care referred 32% and 34% respectively from 1st January to 30th June 2017 with 13% of referrals being received from Schools

The service has worked with 19 boys and 20 children from BME communities; 28 children are recorded as having an identifiable disability including 15 with a learning disability and 5 assessed as having an autistic spectrum disorder. The year ahead will focus on increasing the number of self-referrals, referrals from boys, from those identifying as LGBTQ and children from BME communities particularly Pakistani heritage families.

Understanding the Sexual Exploitation of children & young people

The University of Bedfordshire provided Barnardo's ReachOut service and other Rotherham workers with the opportunity to participate in a five day course which identified current academic debates within the field of CSE and explored the implications for policy and practice in the UK. The majority of staff participated in the course and everyone was given the opportunity to gain accreditations towards an MA by completing a written assessment. The aims of the course were:

- To increase students' understanding of, and ability to effectively engage with the issue of child sexual exploitation.
- To identify current academic debates within the field and explore the implications for policy and practice within the UK.
- To critically engage with the complexities of safeguarding young people who may not see themselves as victims of abuse
- To explore and understand the challenges associated with the merging of the online and offline worlds and other key contextual factors.

Participants reported that they appreciated the opportunity to reflect on how to incorporate current theory into existing and developing practice of the service. The LSCB will evaluate the impact of this training through the Learning and Improvement sub group.

Evaluation of Theatre in Education Tour - Working For Marcus on Child Sexual Exploitation Awareness in Rotherham Secondary Schools Academic Year 2016-2017

Working for Marcus is a child sexual exploitation prevention programme. It helps learners to understand how to spot the signs of grooming and abuse of power and control in relationships. The programme explores online safety, consent and where to go for support. This was the second year that funding for the Working for Marcus programme was offered to secondary schools. The tour was funded by Rotherham Metropolitan Borough Council (MBC) and Rotherham Clinical Commissioning Group (CCG) as part of a preventive strategy.

Loudmouth ran a total of 12 sessions, in 11 different mainstream secondary schools, of Working for Marcus, in a choice of two formats depending on the schools' requirements. They worked with 2,395 young people aged 13 to 16 years old.

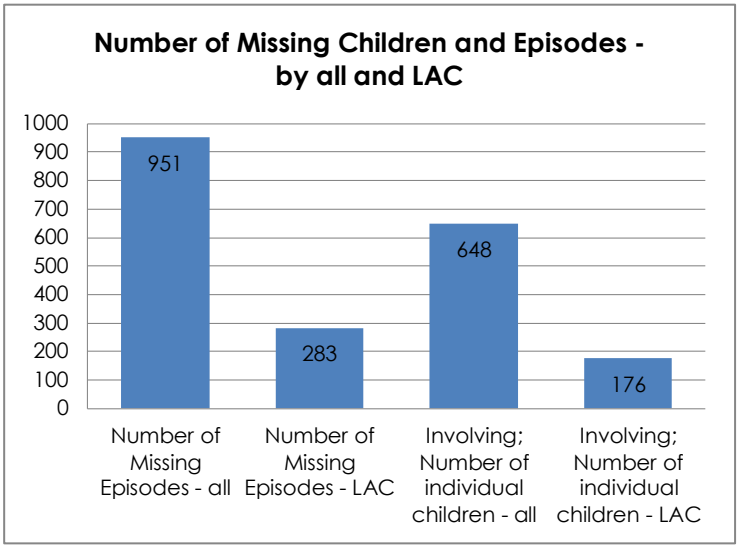
After participating in the Working for Marcus programme, 89% of students stated that they knew 'Quite a lot' or 'Loads' about sexual exploitation and grooming. This is a rise from 32% before the sessions. As a result of the session, 94% of students were able to identify a series of scenarios where clear consent was NOT given. This was an increase from 80% before the sessions. 96% of students recorded that after participating they felt 'Very confident' or 'Confident' about spotting the signs of sexual exploitation and grooming, a rise from 60% before the sessions. 91% of students stated they would think or act differently. The main ways they stated were to be more careful online especially in terms of who they talk to and to be able to identify the signs of grooming.

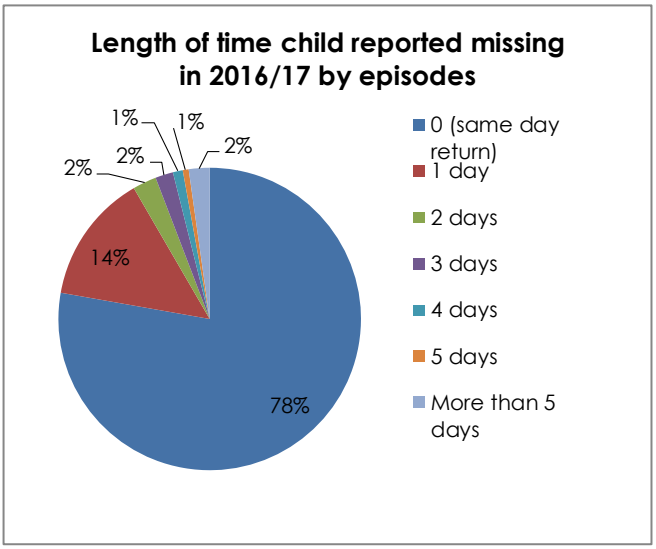
All staff stated that after participating in the Working for Marcus programme their groups' knowledge of the issue had increased and 59% of staff stated that being involved in Working For Marcus had increased their own confidence in teaching the issues covered.

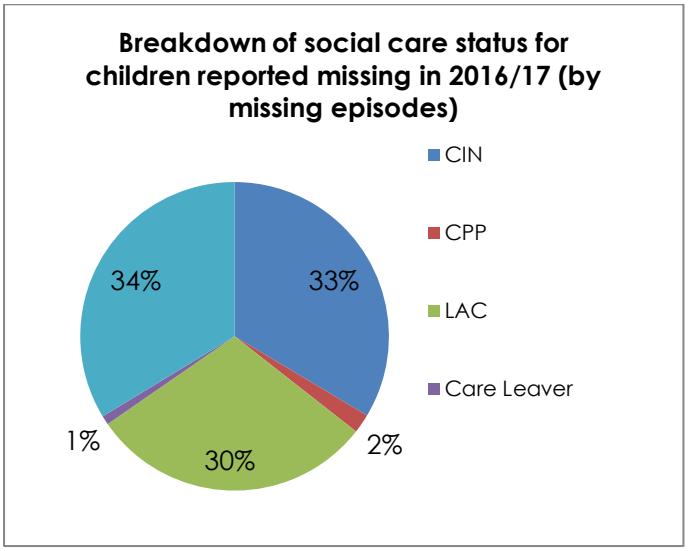
Children and Young People who go Missing from Care or Home

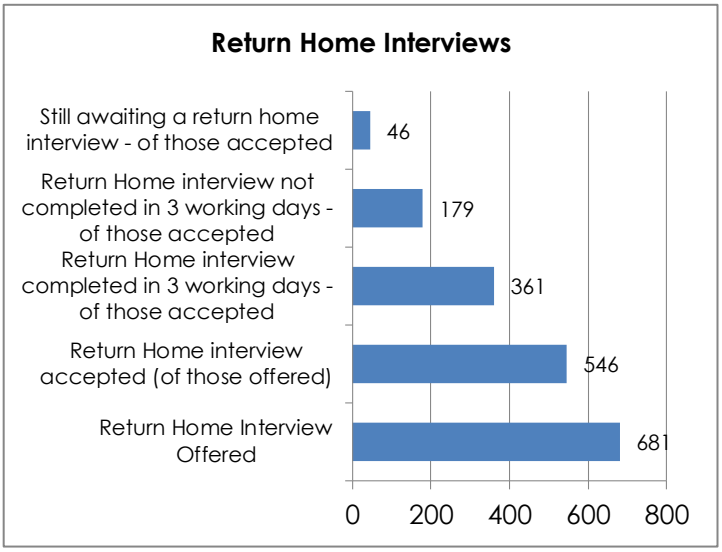
'Running away is often symptomatic of other issues in a child or young person's life: children who decide to run away are likely to be unhappy, vulnerable and potentially at risk of harm' (Children's Society 2015)

A significant number of children living with their families and in care are reported as going missing every year (see below).









Inspection feedback

PEEL: Police effectiveness 2016

South Yorkshire Police has maintained and improved performance in some areas since HMIC's 2015 effectiveness (vulnerability) inspection. The force has maintained its understanding and response to missing and absent children, and improved the way in which it risk-assesses and grades calls for service from those who are vulnerable, especially domestic abuse victims.

The Missing Children Strategic Oversight Group ("Strategic Missing Group")

The Strategic Missing Group is the multi-agency group which meets to oversee implementation of the partnership processes and practice which support children and young people when they go missing from home, school or care. The aim of the group is to reduce the frequency and likelihood of young people who go missing from school or where they live in Rotherham; this includes ensuring cross referencing of children with risk indicators such as children on reduced school timetables in order to understand the profile across the town and subsequently improve services. A task and finish group has also been established to consider the vulnerabilities of children who are electively home educated (schooled at home) and further work is underway to ensure that Looked After Children placed out of Rotherham receive a better service.

The group commissioned an audit to better understand the issues surrounding children and young people who go missing, the findings of which is reported below.

The impact of this audit on practice will be monitored through future reports to the LSCB.

The audit highlighted a range of practice issues around how agencies can work together more effectively, sharing information and escalating concerns. It also identified young people at increased risk, such as those new to the area, those with mental health difficulties or recent crises, and found examples of where parents exhibited disguised compliance with agencies.

A Return Home Interview is where an independent person speaks to the child in order to hear what they have to say and how they feel about their home life and circumstances and helps to prevent them from gong missing again. A Trigger Plan is a profile of a young person which helps the police to find them if they go missing.

Inspection Feedback

Ofsted Monitoring Visit – October 2016

The number of children who go missing from care has reduced significantly in the last six months and an increased number of children receive a return home interview. However, this is not the case for children who live out of borough.

LSCB partners have worked together to improve the multi-agency response to children who go missing. This has included:

- The appointment of a Missing Person coordinator and Return Home Interview support workers
- The Missing Team are located in the MASH which improves information sharing.
- The implementation of a tracking system which enables the sharing of key information and coordination of services.
- A multi-agency monthly Missing Evaluation Review Team monitors the operational processes that support children and young people who go missing
- Revision of the Missing Protocols and procedures to create clear pathways and accountability between services.
- 'Trigger Plans' for all young people who have gone missing or are vulnerable to going missing.
- The Council has signed up to the National Runaways Charter.

Neglect Improvement in this area was identified as a Board priority

Neglect is the main issue for 88% of children in need with social care involvement, and 50% of child protection plans started this year are due or partially due to neglect. Learning reviews and audits over recent years have identified neglect as a significant concern and have highlighted gaps in the multi-agency response to neglected children. The Board has highlighted this as an area for development and work has been undertaken to develop a strategy to address neglect in this area (since completed). This work will be taken forward in 2017/18.

Neglect is often associated with parental difficulties, and particularly the "Toxic Trio" of domestic violence, mental ill health and substance misuse. The latter two are identified for further focus, including the adoption of a "Think Family" approach to ensure the needs of children are taken into account where parents and other adult household members experience these difficulties.

Domestic Abuse

Multi-Agency Risk Assessment Conference is a meeting of professionals which looks at the high risk domestic abuse cases and develops a plan to keep the victim safe.

The Police receive high volumes of referrals for domestic violence, many of which are in households which include children and many of which are categorised as medium or high risk; these children are all potentially in need or at risk of harm. Domestic abuse is a feature within the family for 70% of Rotherham children who are subject to a Child Protection Plan.

Indicator – 2016/2017	Number or % of cases
Number of all domestic abuse incidents reported to South Yorkshire Police	6297
Number of MARAC cases with children involved	204
Number of repeat referrals to MARAC with children involved	66

Inspection feedback

PEEL: Police effectiveness 2016

In the 12 months to 30 June 2016, South Yorkshire Police's use of outcomes for domestic abuse flagged offences was in line with those in England and Wales as a whole. However, any interpretation of outcomes should take into account that outcomes will vary dependent on the crime types that occur in each force area, and how it deals with offenders for different crimes.

South Yorkshire Police is inconsistent in the way that it responds to victims of domestic abuse. HMIC has some concerns over the service that the force provides to victims, particularly vulnerable adults. The force has specialist investigators in place to deal with the highest-risk and more complex cases. However, we found that they had high levels of workload and some have yet to complete specialist training. The threshold the force has for allocation of specialist detectives to work on high-risk investigations is very high.

Officers are generally taking positive action when attending crime scenes and the arrest rate for domestic abuse is in line with the England and Wales rate. The force has a higher charge rate for domestic abuse than for England and Wales as a whole. The force has developed a domestic abuse action plan and is in the process of allocating and implementing those recommendations.

Longitudinal multi-agency Domestic Abuse audit (April 2016)

In September 2015, a strengthened daily triage system was put in place in the Multi-Agency Safeguarding Hub MASH) to deal with incidents of domestic abuse reported from the night before or weekend. An audit was undertaken by the RLSCB Practice Audit Officer in April 2016 to evaluate whether the new process was improving outcomes for children and young people who experience domestic abuse. A cohort of 50 cases was examined and then re-audited in August 2016 to consider the effectiveness of the original decision-making. The audit will be conducted again in 2017 to consider the longitudinal impact.

What was Working Well?

There was evidence to say that the police are responding to incidents of domestic abuse and sending the notification through to MASH in a timely way with an appropriate risk assessment; and that the MASH social workers were effectively screening the information and calling for additional multi-agency information where required. There is also evidence of management oversight of decision-making and appropriate risk management. The process appears to be particularly successful in drawing together the multi-agency information quickly and accurately and developing a safety plan for the victim and children. Implementation of the Operation Encompass practice will enhance the effectiveness of the MADA for the children who will be in school following an incident of domestic abuse.

What are we worried about?

The vast majority of the concern remains for children who were ineffectively dealt with historically. There is still some concern about the decision-making and application of thresholds after the referral leaves the MASH for the duty team to progress to assessment.

What are we going to do about it?

Draft recommendations include the need to embed the Operation Encompass principles, review of the LSCB Domestic Abuse procedure and training offer; more work on the understanding the voice of children who experience domestic abuse; more liaison between agencies under the auspices of the Safer Rotherham Partnership and Domestic Abuse Steering Group; and further audits to be planned for 2017.

6 Learning and Improvement Framework

The role of the LSCB is to ensure the effectiveness of organisations individually and collectively to safeguard and promote the welfare of children. To achieve this there should be a culture of continuous improvement across the partnership. Improvement in this area was identified as a Board priority

For Rotherham LSCB, the Learning and Improvement Framework is delivered through five mechanisms:

- The Performance & Quality Sub Group focusses on quality assurance through performance management and auditing, mainly at an aggregated level of information; this includes S11 & S175 audits / self-assessments.
- The Practice Review Group focuses on learning from individual cases;
- The Serious Case Review (SCR) Sub Group considers and monitors cases which meet the statutory criteria for a Serious Case Review;
- The Child Death Overview Panel (CDOP) considers learning from all child deaths in Rotherham;
- The Learning and Improvement Subgroup draws the learning points from all reviews and oversees the changes to safeguarding policies and procedures, commissioning of safeguarding training and monitoring improvement actions.

Performance & Quality Assurance

Quality Assurance is a process that checks the quality of services and determines what needs to change to improve them. It establishes what is working well and where there are improvements needed. Conducting audits and reviews of children's cases are some of the ways in which the quality of services is monitored.

The Performance and Quality Assurance Sub Group meets on a six weekly cycle, with 8 meetings held per year. The meetings focus alternatively on performance management and auditing. The Sub group utilises quantitative and qualitative methodologies to provide an accurate position in relation to aspects of safeguarding children. The quarterly Performance Management Framework (PMF) Reports are scrutinised; these reports are compiled of information supplied by statutory and voluntary sector agencies to demonstrate the effectiveness of their services in relation to safeguarding children in Rotherham.

There is a programme of auditing by the Board team (see below) and partners also submit relevant internal audits for consideration at this sub-group.

Multi-agency audits completed by RLSCB in 2016/17
Looked after children – Timeliness of initial health assessments
Early Help – workforce survey to show understanding of the service and thresholds
Thresholds and MASH – implementation and impact of multi-agency referral form
Missing children – compliance and effectiveness of assessment & intervention
CSE – thematic review of service response and assessment

A report is then written by the Sub Group Chair detailing the key issues and messages for the LSCB, partner agencies and other sub groups (including action taken)

Quarterly LSCB Performance Management Framework Report

The report provides information to answer:

- How much have we done and how do we compare with others?
- How well have we done it and what difference are we making to the lives of children?

By using:

- Quantitative data which compares where possible other authorities (statistical neighbours; region; Best Performing Local Authorities and LSCBS, and monitors over time, tracking trends
- Qualitative data - strategic and case file audits, inspection reports, evaluation from training / procedures
- Feedback from children and young people
- Feedback from frontline professionals to improve understanding of workforce perspectives
- Feedback from single agency perspectives triangulated with feedback from other agencies and external processes

Some examples of issues raised in the Subgroup include:

The Sub Group identified and monitored the following practice issues:

Improved performance:

- Assessments completed to timescale.
- Initial Child Protection Conferences taking place within 15 working days.

Areas for further improvement:

- LAC visits and Initial Health Assessments
- Reviews
- Three or more placement moves
- Care leavers engaging in education, employment or training.

Safeguarding in Emergency Department(ED) of TRFT

An issue of significant risk was identified within the Emergency Department of TRFT - safeguarding incidents were not being recognised by staff. Members of the Sub Group volunteered to sit in the ED to review case files and offer support to staff. Support and training are now in place, and progress is being monitored through performance meetings. It was agreed that the issue would be escalated to the Board if the intensive four week turnaround process did not have a satisfactory outcome. This was not necessary and the issue continues to be monitored through the P&QA Sub Group

The timeliness of social work **single assessment** was identified an issue of concern. Figures may have been affected by legacy issues from practice and the IT system. There were concerns about the high level of assessments ending in no further action, so the Service Manager for CYPS Duty & Assessment Team performed a regular dip sample and refers any concerns to the management group; the numbers referred in this way have been small.

Early Help Assessments completed by partners – Early Help Steering Group has agreed to develop a universally accepted assessment form that might increase the number of assessments that are undertaken by partner agencies, which only comprise 6.4% of the total.

The **Initial Health Assessments** for children who become looked after was an issue identified through this Subgroup. An audit was requested and a task and finish group commissioned. More information about the process and impact can be found in the Looked after Children – Health section of this report.

Section 11 & 175 Audits for statutory agencies

The S11 audit evaluates and challenges organisations arrangements to safeguarding children.

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations to ensure that they have arrangements in place to safeguard and promote the welfare of children.

Agencies which were subject to the S11 Audit in 2015-16
South Yorkshire Police
Rotherham Clinical Commissioning Group
RMBC Children and Young Peoples Services
RMBC Corporate
Rotherham Youth Offending Service
Rotherham, Doncaster and South Humberside NHS Foundation Trust (RDASH)
The Rotherham NHS Foundation Trust (TRFT)
NHS England
South Yorkshire Fire & Rescue (SYFR)
National Probation Service (NPS)
Sodexo South Yorkshire Community Rehabilitation Company (SYCRC)

S11 Audit discussion at the Performance & Quality assurance Sub Group has focussed on the need to capture the voice of the child. There is a plan for young people to have involvement at board level. The voluntary community sector has convened a group to focus on the child's voice, and guidance has been produced as to how organisations can embed this in their practice.

Bi-annually all statutory partners undertake a self-assessment to determine how well they are safeguarding children and young people and promoting their welfare. The 2015/16 audit was completed by 11 statutory agencies. The aim of a Section 11 self-assessment is to provide the Board with reassurance that organisations have good structures and processes in place to safeguard children. It provides a benchmark of current performance to enable organisations to monitor progress and quantify improvement in safeguarding practice over time.

Section 11 Audit Reports: All agencies submitted action plans which were reviewed through the Subgroup. The findings were included in a report that was presented to the Board in June 2016, with appropriate recommendations. The sub group supported the suggestion that Section 11 should be built into an online audit tool for future use.

Between the 9th and 16th February 2016 three challenge days were held and it was positive that all organisations who had submitted a completed audit attended a challenge meeting. The challenge meetings were pivotal in gaining a greater understanding of where organisations felt they were in terms of their safeguarding arrangements

There were many areas of good practice and evidence of a strong commitment to safeguarding. The following were identified as areas for improvement across the eight individual standards:

1) Organisations do not always provide enough evidence through either specific practice examples or quantitative data to support the statements being made regarding the safeguarding arrangements within their organisations.

2) Organisations continue to find the increased focus on evidencing "outcomes" to be a challenge with a tendency to rely on descriptive evidence of process and procedure; the challenge meetings did provide an opportunity to identify evidence of improved outcomes for children and families but answering the "So what?" question is an area that continues to require further partnership working and will need further review and challenge over the next 12 months.
3) There is limited sharing of single agency audits with the LSCB where there are safeguarding elements being scrutinised. The findings from these audits are not routinely shared with the LSCB which is a missed 'added value' opportunity for shared learning, development of best practice and providing assurance across the partnership.

All organisations have action plans to fulfil any gaps identified in their Section 11 self-assessment, and the majority were analytical and open. These have been reviewed by the Performance and Quality Assurance Sub Group held in March and May 2016. Subsequent monitoring has shown improvement; For example, the Rotherham Council Corporate self-assessment evidenced positive improvement that has taken place to embed safeguarding across the spectrum of selection and recruitment, most significantly around the monitoring of DBS checks. Also, promotional work has taken place around raising awareness of broader safeguarding issues and the differences to CSE, and focused work towards a 'child friendly Rotherham', most significantly young people having the chance to have their voice heard and to influence decision making. Some examples include engagement and participation by young people with Schools meals policy (Housing), Town Centre 'Master Plan', Library Strategy, Mind Matters website (Health).

Schools are expected to complete the S175 self-assessment which is available on-line; 127 schools / education settings registered to do this. The progress towards completion of the self-assessment tool included 39% of schools/education settings that have completed 90-100% of the entire self-assessment with a further 32% having completed over half by 31/3/17; this has subsequently improved to 67% completed.

It was evident from 2015-17 Section 11 self-assessment process that the involvement of peer reviewers was seen to be a significant positive development that added value to the process. This development will be built on and an annual rolling programme of section 11 supportive peer reviews will be co-ordinated by the LSCB Board Members and Business Unit. The peer review process will also be extended to schools.

This will also see members visiting partner organisations to:

- Explore key areas within partners' self-assessment and review the evidence partners used to reach their own judgement
- Speak to front line practitioners and senior manages to ensure that safeguarding responsibilities are embedded and understood through the organisation.

A simplified Section 11 for voluntary organisations is under development and the self-assessment tool will be available online, enabling a dynamic assessment of organisational safeguarding children arrangements. This will serve to keep safeguarding children as an organisational priority and will promote the gathering of evidence to support the S11 standards and identify areas for improvements with more efficacy than a biennial audit.

Practice Review

The Practice Review Group considers specific cases that are referred to the group where there has been cause for concern in terms of the safeguarding of a child from significant harm where there is, or has been multi-agency involvement, but where the criteria for an SCR have clearly not been met. The Group also reviews cases where formal dissent relating to the outcome of a Child

Protection Conference is submitted in writing by a professional or agency represented at the conference; or where the Child Protection Conference Chair has concerns about multi-agency thresholds or practice.

The Group evaluates other aspects of multi-agency work across the continuum of need that give rise for concern or are recognised as good or outstanding practice. The methodology for each learning review is determined by the circumstances of the case and agreed by the group, but can range from a desktop review, a small learning event with agencies involved in a case, to a large scale multi-agency challenge event. In 2016/2017 The Practice Review Group met on 6 occasions through the year. Multi-agency membership is comprised of Health (CCG & Providers), Early Help, Voluntary sector, Education, RLSCB business unit, Social Care, and police as required.

Six cases met the criteria for multi-agency learning lessons. A variety of methods were used, including desk top reviews and practitioner events. All cases had reports submitted to the Performance and Quality sub-group with recommendations and appropriate actions subsequently taken, eg:
Refresher training at the Hospital A&E
Review of procedures re children moving across boundaries
Analysis of those children being electively home educated
Inclusion of good practice examples in training and in the newsletter

Serious Case Reviews and Lessons Learned Reviews

Serious Case Reviews

There is a requirement for LSCBs to undertake reviews of serious cases (SCRs) in specified circumstances. "Lessons Learned" reviews are a local response where the criteria for a SCR are not met, but there has been a serious incident and there is a need to learn from what happened around the multi-agency response.

A SCR was completed in 2015 and published this year on completion of the criminal trial. A multi-agency action plan was put in place in 2014/15; the actions have all been completed and confirmed. The conclusion of this review is that there was a failure to protect Child R from suffering harm while he was in hospital. The reasons for this include:

- enquiries under Section 47 (Children Act 1989)1 were not initiated in a timely way when concerns were first identified
- opportunities to assess his parents' care of him and to minimise any risk he continued to be exposed to were not taken
- lack of clarity about the process to be followed and the respective roles and responsibilities of social workers and Police Officers when conducting joint enquiries under s47
- the uncertainty about whether Child R's symptoms (and the reason he was in hospital) were, at least partially, the result of having been non-accidentally injured
- a failure to recognise that undertaking s47 enquiries is as important when there is uncertainty about whether a child has suffered significant harm as it is when the cause of the harm is obvious

A further SCR has been undertaken jointly with Sheffield this year but the criminal investigation is on-going; the findings will be published once this is complete.

A "Lessons Learned" review has also taken place and been completed; learning related to the interpretation of injuries in pre-mobile babies by Health staff.

In all cases where there has been a case review, recommendations have been made in relation to any improvements in practice. These are developed into an action plan, and progress by individual agencies and the partnership has been monitored by Performance & Quality Assurance sub group. The findings are also considered by the Learning & improvement sub-group and single and multi-agency training has been up-dated to reflect any relevant findings.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a multi-agency panel, which reviews the death of any child from 0-18, who is normally resident in the borough, to see if there are any areas of learning and/or changes to practice to prevent a similar death in the future.

Since 1st April 2008, all deaths of children up to the age of 18 years (excluding still births and medical terminations) are reviewed by a panel of people from a range of organisations and professional disciplines. CDOP is committed to reviewing every child death in the Borough in order to identify whether there is any learning that could influence better outcomes for children at both a local and national level. CDOP promotes the sharing of information and learning to all organisations, in both the statutory and voluntary sector, about how to reduce the likelihood and impact of modifiable risks which might lead to the death of a child. CDOP make recommendations to the Rotherham Local Safeguarding Children's Board (RLSCB) and influence actions that can be taken to reduce the number of child deaths in the future. The process of responding to a child death is set out in Chapter 5 Child Death Reviews of Working Together to Safeguard Children(March 2015).

The number of child deaths within the local area is small in number. This means that generalisations are rarely appropriate, and for lessons to be learned data needs to be collected and reported on nationally over a number of years. Current methods of data collection mean that accurate regional and national comparisons are not readily available.

The functions of the CDOP include:

- Collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family. They, in turn, can then convey this information in a sensitive manner to the family;
- Determining those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- Making recommendations to the RLSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- Identifying patterns or trends in local data and reporting these to the RLSCB;

- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the RLSCB Chair for consideration of whether a Serious Case Review (SCR) is required;
- Agreeing local procedures for responding to unexpected deaths of children; and
- Cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

Rotherham CDOP met on 6 occasions and undertook the following review and developmental work in 2016-17:

- concluded the review of 24 cases of children who had died compared to 7 in 2015-16;
- delivered 3 sessions to TRFT, where attendees included; Children's Complex Nurses, Midwifery, 0-19 Nurses (Health Visiting, CSE Nurses, School Nursing and Family Nurses). The aim of which is to raise awareness of CDOP and the importance of good quality reports submitted to the CDOP;
- Actively contributed to South Yorkshire CDOP meetings. This includes undertaking a modifiability exercise to ensure that CDOP members understood the complexities at arriving at such a judgement and applied the criteria consistently across South Yorkshire;
- A representative from the Council Housing and Neighbourhoods department gave a presentation on the assessment and enforcement action which could be taken against landlords or tenants where there were environmental issues that could impact on children and their families;
- Provided information for frontline staff to remind them to advise all primary carers on the importance of child safe environments at all residences in which children are cared for including water safety around garden ponds;
- Following the revision of the Rotherham Safe Sleep guidance, a re-audit of the safe sleep assessment use was commissioned;
- CDOP continued to review its membership in order to strengthen the work of the panel in 2016-17 a vice chair was nominated to further support the work of the panel.

CDOP Priorities for 2017-18

- Review the Rapid Response Policy;
- Produce a bereavement pathway for families and professionals;
- Continue to deliver CDOP refresher training to agencies.

Key Learning Points from 2016-17

- The Rotherham Safe Sleep guidance has been updated. The updated guidance has been adopted by the Learning and Improvement Sub Group on behalf of LSCB. The guidance has been added to the LSCB procedures portal to which professionals have access. Each agency is reviewing the guidance and embedding it as part of their processes. A Train the Trainer session was held at the end of January and a pack developed to support the dissemination process.
- Local retailers are encouraged to provide information on safe sleep for parents who are purchasing baby equipment. The local Mothercare store has agreed to have the Lullaby Trust safe sleep leaflet available in their baby changing and breast feeding room. CDOP have particularly focused on raising awareness of the dangers of nappy sacks and cot bumpers. The Chair of the LSCB has written to Mothercare head office to see if we can influence the retailer across a wider area.

Learning and Improvement

The Learning and Improvement Sub Group has responsibility for ensuring that the RLSCB maintains a shared local framework which promotes a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works well and promote good practice.

Multi-Agency Safeguarding Learning and Development

Training and other learning and development activity is provided by the RLSCB to a wide range of professionals and volunteers who work with children and families in Rotherham.

The RLSCB currently offers a wide range of multi-agency safeguarding children training which supports the development of the workforce in Rotherham who work or come into contact with children, young people and their families. Training is delivered through a blended approach with face to face training, through courses, conferences and briefings, and e-learning It is offered to all staff and volunteers who come into contact with children, young people and/or their families within Rotherham, via multi-agency and single agency training. The aim is to support individuals and organisations to undertake their safeguarding roles and responsibilities in a committed, confident and competent manner.

The Board also circulated newsletters in April, July & November 2016, with information from case reviews, procedure changes, training events, etc.

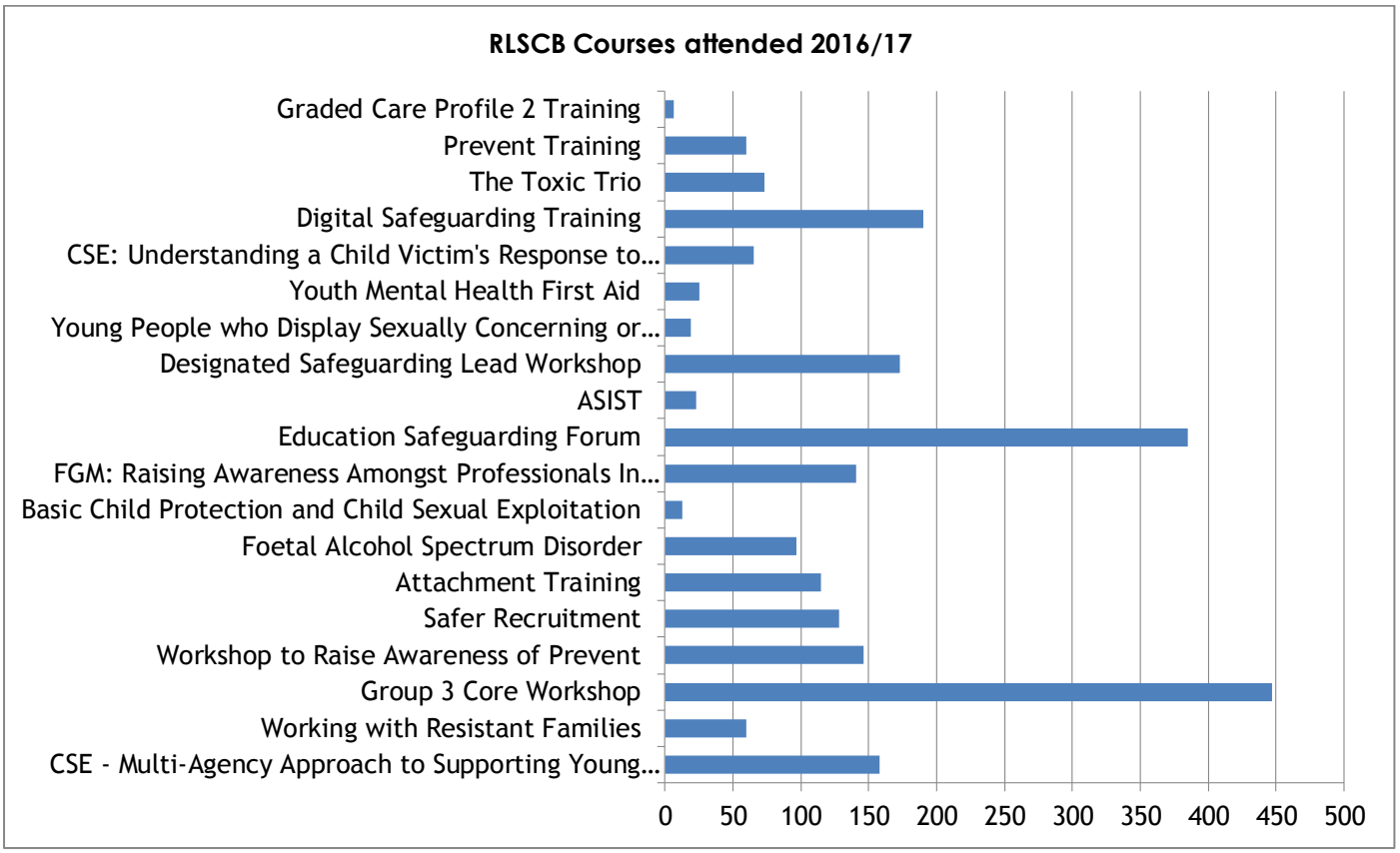
The Rotherham Multi-Agency Workforce Safeguarding Competency Framework was approved at the Learning and Improvement Subgroup in March 2017. It outlines a key set of competencies that are aligned to specific public and voluntary sector roles. The Framework has been developed across multi-agency partners and the competencies are ordered in relation to the levels and complexity of practitioner engagement. As described in the Intercollegiate Document: March 2014: "They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice".

The LSCB training offer is continually reviewed to ensure that it responds to local need and priorities and the training strategy takes into account national, regional and local factors, including acting on the recommendations of serious case reviews, child death reviews, and other reviews such as audits.

During 2016/17 the LSCB offered 28 different themed training courses delivered to 3525 attendees. Examples of the training subjects included:

Multi-Agency Training courses delivered in 2016/17
Group 3 Core Workshop (Working Together to Safeguard Children and Young People)
Safeguarding Young People at Risk of Child Sexual Exploitation – A Multi-Agency Approach to Supporting Young People at Risk
The Toxic Trio, Safeguarding Children and Child Mental Health
Working with Resistant Families
Safer Recruitment
Attachment Training
Workshop to Raise Awareness of Prevent and similar courses
Safeguarding Children and Young People in Education
Safeguarding and CSE for Schools
Education Safeguarding Forum
Foetal Alcohol Spectrum Disorder Events
Training for Designated Safeguarding Leads in Schools and Colleges
Applied Suicide Intervention Skills Training
Understanding a Child Victim's Response to Sexual Exploitation
Youth Mental Health First Aid
Recognising and Responding to Children and Young People who Display Sexually Concerning or Harmful Behaviour
Digital Safeguarding Training
Graded Care Profile Version 2
Basic Child Protection for Early Years
Basic Child Protection and Child Sexual Exploitation
Female Genital Mutilation: Raising Awareness Amongst Professionals in Rotherham and similar courses
FGM and CSE for Schools
Early Help – Genogram Training
Early Help Assessment and Support Plan Workshop (Early Help Pathway Workshop)
Early Help – Restorative Practice Workshop
Early Help Assessment Skills Training
Early Help – Child Neglect
Understanding Early Help Assessment

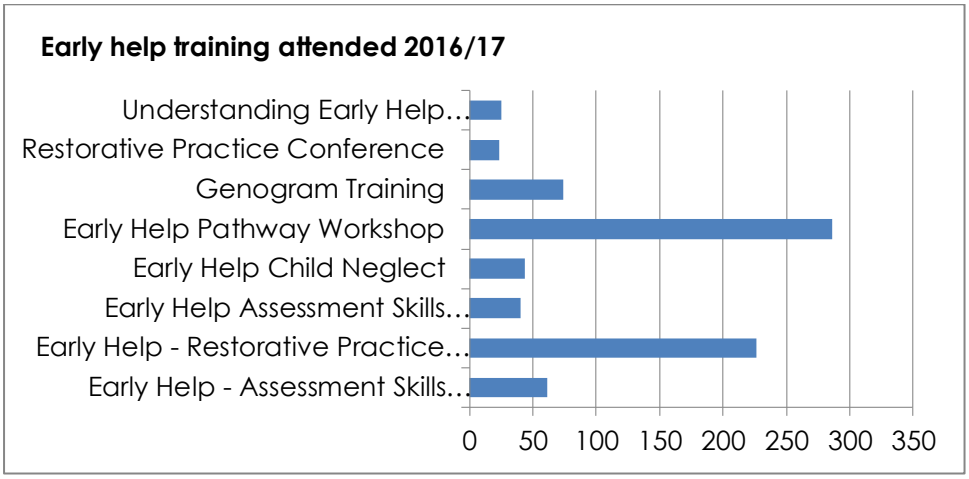
All RLSCB courses are free of charge to all partner agencies and non-profit organisations. 2324 people attended the courses and the attendance across the courses is illustrated below:



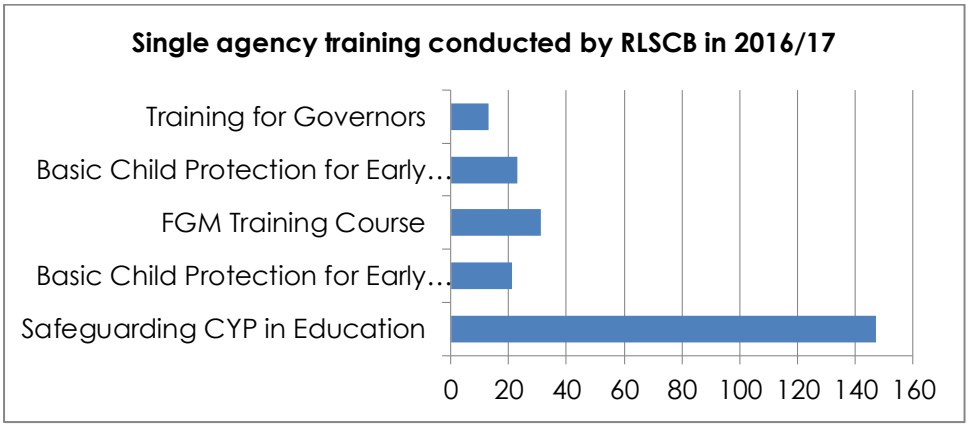
Agencies who attended included

- RMBC Children and Young People's Services
- RMBC Neighbourhoods and Adult Services
- The Rotherham NHS Foundation Trust (TRFT)
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Rotherham Clinical Commissioning Group
- Rotherham schools and colleges, including governors
- Early Years Providers, including children's centres, nurseries and childminders
- Probation Services
- South Yorkshire Police
- West Yorkshire Police
- South Yorkshire Fire and Rescue
- Voluntary and independent organisations
- Foster carers, adoptive parents etc.

Early Help training was attended by 779 people across the following courses:



Single agency training provided by the RLSCB was attended by 422 people as follows:



Attendees are asked to provide evidence of the impact of the training both on their practice and for children and families. The evidence shows that the majority of attendees report increased confidence, improved skills and the fact that having attended the training they felt it had impacted positively on their safeguarding practice. The following offers an insight into some of the feedback received:

Attachment Training:

"Brilliant session; thoroughly enjoyed. I have learnt more in one session than I have throughout my paediatric career and health visitor training."

Foetal Alcohol Spectrum Disorder:

"Always consider what life is like for a child - day to day experiences and whether there is a diagnosis - rather than being labelled as problematic."

Digital Safeguarding:

"I feel confident to share links I have been made aware of and can signpost childcare settings to future support, guidance and training."

"Good session reminding us of the dangers of the internet and preventative measures."

Working with Resistant families:

"Clearer with families about expectations to improve. Persevere with concerns for children, especially neglect."

"She made this training interesting with her different techniques, thought provoking, non-intrusive and made everyone feel comfortable enough to share thoughts or not."

Female Genital Mutilation: Multi-Agency Learning Event

Changes to the 2003 FGM legislation (Section 5B) introduced a mandatory reporting duty in October 2015 which required regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in girls under 18 that they identify in the course of their professional work to the police.

A task and finish group was commissioned to ensure that all practitioners who came into contact with girls at risk of FGM were aware of the issues and their safeguarding responsibilities. The multi-agency procedures in relation to FGM were reviewed and refreshed, and a campaign to raise awareness amongst practitioners was planned and implemented.

A week of activities was planned; more than 150 people attended the sessions and the feedback was that the sessions were well received. The week after the sessions were conducted, two different professionals rang to feedback that they had made referrals to the MASH about girls at risk of FGM because of their increased understanding of the signs and issues. Feedback from participants includes:

"Listen with empathy and know who to signpost to but also the mandatory reporting"

"Greater awareness of FGM and will be much more mindful in working with families, identifying signs and taking that one chance"

Safeguarding children policies and procedures

These are the multi-agency procedures and processes that professionals must follow where there are concerns about a child's safety or welfare.

Safeguarding Children Policies and procedures should be developed or amended as a result of any of the following:

- Changes to legislation or statutory guidance
- Recommendation from a local learning process, such as audits or practice reviews
- Recommendation from Serious Case Reviews or Child Deaths
- Research evidence or best practice guidance

During the year there were two updates to the online multi-agency safeguarding children procedures.

In the autumn of 2016 update, the following procedures were added to the manual:

- Safeguarding Children who are at Risk because of Communication Technology and Social Media
- Children Affected by Gang Activity and Youth Violence
- Safeguarding Children at risk due to Faltering Growth
- Discharge Planning from hospital when there are safeguarding concerns about a child
- Notification to the LSCB of Serious Safeguarding Incidents
- Supporting Children who are Bereaved

The following procedures were amended:

- Referring Safeguarding Concerns about Children
- Neglect
- Early Help Guidance: Integrated Working With Children, Young People and Families With Vulnerable or Complex Needs
- Bullying
- Supporting Children and Young People Vulnerable to Violent Extremism
- Safeguarding Unborn and Newborn Babies
- Safeguarding Children at Risk because of Domestic Abuse
- Abuse Linked to Spiritual and Religious Beliefs
- Contact between Parents and their Children in Hospital where there are Safeguarding Concerns
- Safer Recruitment and Employment
- Allegations Against Staff, Carers and Volunteers

Work was also completed on the following, with the update going live in June 2017.

These new procedures were added to the manual:

- Bruising in non-mobile babies and children
- Notification by Other Local Authorities of Looked After Children Placed in Rotherham
- Safeguarding Children from Modern Slavery
- Safe Sleeping for Infants

These procedures were significantly reviewed and amended:

- Protocol for Safeguarding Children in Whom Illness is Fabricated or Induced
- Allegations Against Staff, Carers and Volunteers

These procedures were reviewed to update changes to legislation, guidance or local practice:

- Rotherham Multi-Agency Continuum of Need Guidance
- Multi-Agency Threshold Descriptors
- Referring Safeguarding Concerns about Children
- Action Following Referral of Safeguarding Children Concerns
- Early Help Guidance: Integrated Working With Children, Young People and Families With Vulnerable or Complex Needs
- Safeguarding Children and Young People from Sexual Exploitation
- Abuse by Children and Young People
- Safeguarding Children who are at Risk because of Communication Technology and Social Media
- Safeguarding Children Subject to Private Fostering Arrangements

7 Safer Workforce

Managing Allegations against staff, volunteers and foster carers

Investigations where there are concerns about those professionals or volunteers who work with children.

Working Together 2015 requires that each Local Authority has a Designated Officer (LADO) to deal with these allegations. The LADO will become involved where there is reasonable suspicion that a person who works with children (whether paid or unpaid) has behaved in such a way as to:

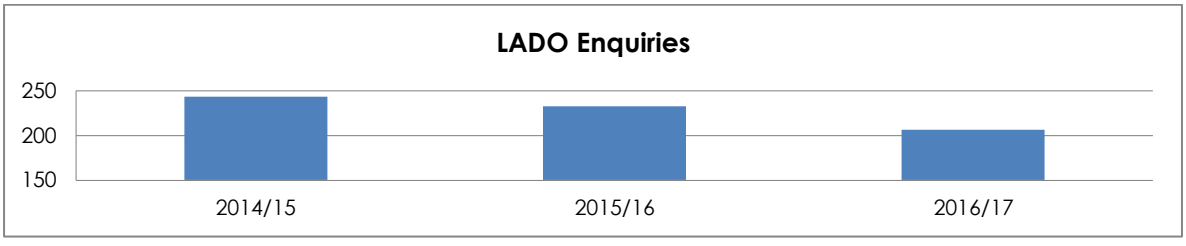
- Cause or potentially cause harm to a child;
- Commit a criminal offence against or related to a child; or
- Indicate that he or she would pose a risk of harm if they were to work regularly or closely with children.

In 2016-17 the LADO role, function and governance in Rotherham has developed and improved:

- The LADO role has benefitted from added capacity of a further Service Manager for Child Protection which has provided qualitative oversight of the role
- The review and implementation of the LADO procedure
- Improved understanding and the application of LADO thresholds
- The reporting of LADO data to the CYPS performance board and on a quarterly basis to the LSCB Performance and Quality subgroup.
- The alignment of the MASH / LADO interface
- The work completed with licencing/ transport which supported strategic and policy changes
- The work completed with Adult Safeguarding which supported strategic and policy changes

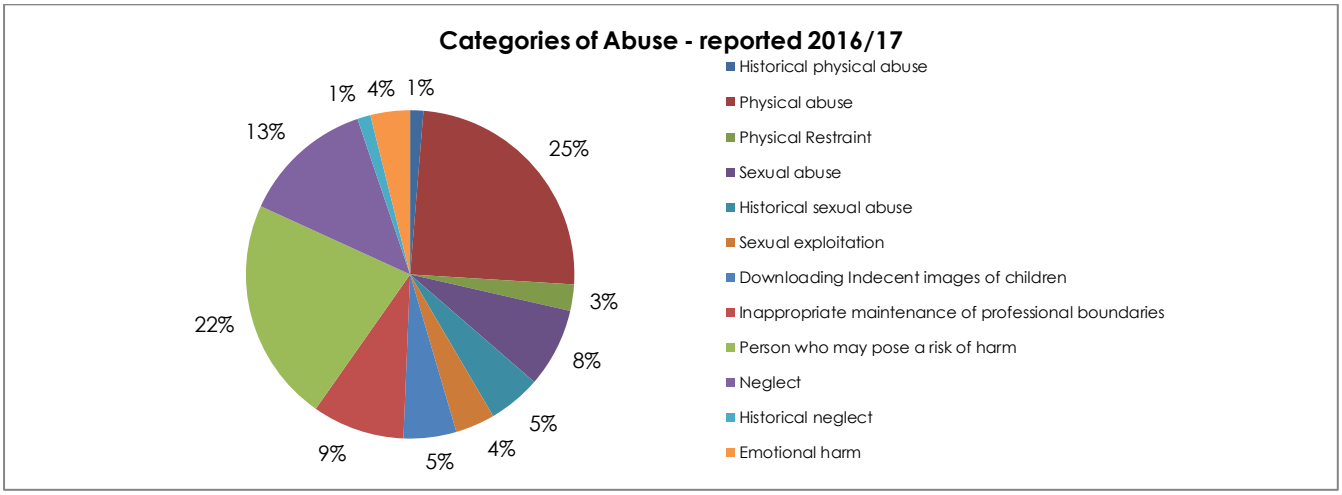
The new LADO procedure has been signed off and went live to all partners in April 2017. This procedure strengthens the interface between LADO and MASH. All referrals and contacts are screened and progress through MASH and the definition of LADO thresholds is strengthened.

During the year 1st April 2016 – 31st March 2017, 206 enquiries to the LADO were recorded. This represents a slight decrease in volume from the previous year (2015-2016) when 233 enquiries were recorded. In addition to these, there were a number of other queries which did not fit the LADO criteria or required intervention from another Local Authority LADO. An additional 73 of this type of query were taken in the year but they lacked the detail or content to be formally recorded.



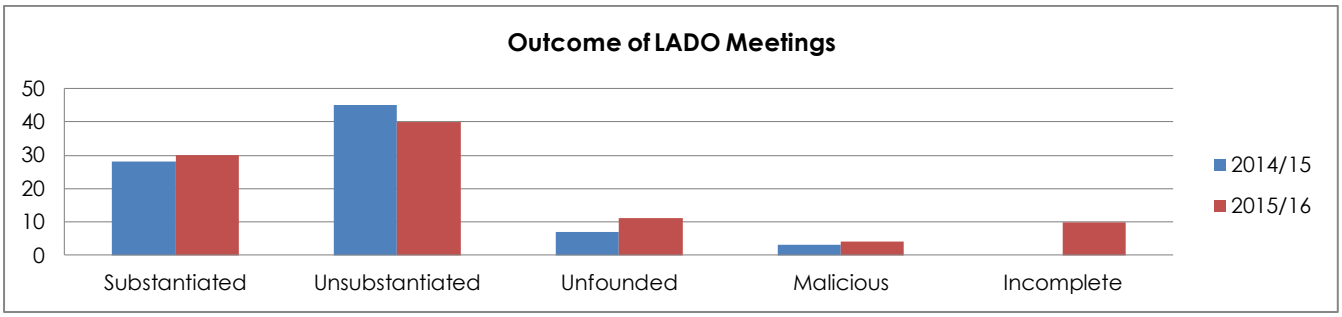
Of the 206 recorded enquiries, 129 were dealt with by way of provision of advice and guidance only and 77 progressed to a full LADO investigation. This is a slight decrease on the figures for 2015-2016 when 83 allegations were progressed into the full LADO investigations.

Of the 77 enquiries that progressed to a full LADO investigation, the nature was as follows:



Of the 77 investigations that took place during the year, 24 were conducted jointly by Police and Social Care under S47- a decrease on the figures for 2015-2016, when there were 34. 22 of the children concerned were in the care of the Local Authority, 6 more than last year.

Of the 77 enquiries that progressed to Allegation Management Meeting, the outcome of the investigations were as follows:



Within this current reporting year, there are 20 incomplete outcomes. The majority of cases referred were completed in year. There are however 20 cases in which the investigation is still on-going. This is generally due to the length of time taken for police investigations to be progressed and/ or for decisions to be made by the CPS regarding whether criminal prosecution will take place.

There is good engagement across the partnership with the allegations processes in terms of referrals and employer action. There is however a lack of clarity and consistency around attendance at allegations meetings which should be addressed by the revised procedures.

8 Appendices

Appendix 1 – Board Member attendance 2016-17

Agency Attendance at RLSCB	Jun	Sep	Dec	Mar	% Attendance
Independent Chair	D	✓	✓	✓	100%
Adult Services, RMBC	✓	X	✓	✓	75%
CAFCASS	✓	✓	Aps	Aps	50%
Rotherham Clinical Commissioning Group	✓	✓	✓	✓	100%
Councillor – Cabinet member CYPS	Aps	Aps	✓	Aps	25%
CYPS Voluntary Services Consortium	✓	✓	✓	✓	100%
Children & Young Services, RMBC	✓	✓	✓	✓	100%
Housing, RMBC	Aps	Aps	D	Aps	25%
Lay Members	✓	✓	Aps	Aps	50%
NHS England	✓	✓	D	✓	100%
Probation Service	Aps	✓	✓	Aps	50%
Public Health England	✓	D	✓	✓	100%
Rotherham & Doncaster and South Humber NHS Foundation Trust (RDaSH)	✓	✓	✓	✓	100%
Schools & Colleges Representative	✓	✓	✓	✓	100%
Sodexo Justice (Community Rehabilitation Company)	✓	Aps	✓	✓	75%
South Yorkshire Fire & Rescue	Aps	X	Aps	✓	25%
South Yorkshire Police	✓	D	✓	D	100%
The Rotherham NHS Foundation Trust (TRFT)	✓	✓	✓	D	100%
Yorkshire Ambulance Service	Aps	X	-	-	- *
Youth Offending Service, RMBC	✓	✓	✓	✓	100%

Key	
x	Agency is not invited or does not have a current representative
Aps	Apologies were tendered with no deputy attending
✓	Attended
D	Deputy attended

*membership now delegated via CCG

Appendix 2 – Financial Statement 2016-17

Budget Statement 2016/17 Outturn	Funding Formula	Budget 2016/17	Outturn 2016/17
	%	£	£
Income			
Annual Contributions			
Rotherham MBC	55.80%	162,231	162,231
Rotherham CCG	25.90%	75,315	75,315
South Yorkshire Police & Crime Commissioner	15.30%	44,475	44,475
South Yorks Probation & South Yorks Community Rehabilitation Company	2.70%	7,849	1377
CAFCASS	0.30%	830	550
Other Contributions			
Surplus / Deficit from previous year		0	0
Rotherham CCG - L&D contribution		22,000	22,000
Rotherham MBC - L&D contribution		22,000	22,000
Rotherham MBC – Printing contribution		1,200	1,200
Total Income		335,900	329,148
Expenditure			
LSCB Salaries *		238,150	226,419
Public Liability Insurance		800	1,541
IT & Communications		900	1,233
Printing		2,900	2,682
Stationery and Equipment		50	40
Learning & Development		49,800	31,515
Independent Chair		39,800	35,125
Software licences & maintenance contracts		3,500	13,500
Memberships		0	2,500
Miscellaneous		0	4,593
Total Expenditure		**335,900**	**319,148**
Surplus / Deficit		**0**	**10,000**

Appendix 3: Glossary

BME	-	Black and Minority Ethnic
BTEC	-	Business and Technology Education Council
CAADA	-	Coordinated action Against Domestic Abuse
CAF	-	Common Assessment Framework
CAFCASS	-	Children and Family Court Advisory and Support Service
CDOP	-	Child Death Overview Panel
CIN	-	Children in Need
CLAS	-	Children Looked After and Safeguarding
CP Plan	-	Child Protection Plan
CSC	-	Children's Social Care Services
CSE	-	Child Sexual Exploitation
CQC	-	Care Quality Commission
CYPS	-	RMBC Children & Young Peoples Services
DBS	-	Disclosure & Barring Service
DfE	-	Department for Education
FNP	-	Family Nurse Partnership
IDVA	-	Independent Domestic Violence Advocate
LAC	-	Looked After Children
LADO	-	Local Authority Designated Officer
LSCB	-	Local Safeguarding Children Board
MARAC	-	Multi Agency risk Assessment Conference
MARF	-	Multi-Agency Referral Form
MASH	-	Multi-Agency Safeguarding Hub
MOU	-	Memorandum of Understanding
NCA	-	National Crime Agency
NPS	-	National Probation Service
NSPCC	-	National Society for the Prevention of Cruelty to Children
OFSTED	-	The Office for Standards in Education, Children's Services & Skills
ONS	-	Office for National Statistics
RDASH	-	Rotherham, Doncaster and South Humber NHS Foundation Trust
RHI	-	Return Home Interview
RLSCB	-	Rotherham Local Safeguarding Children Board
SCR	-	Serious Case Review
SYFR	-	South Yorkshire Fire & Rescue
SYP	-	South Yorkshire Police
TRFT	-	The Rotherham NHS Foundation Trust
WRAP	-	Workshop to Raise Awareness of Prevent

Appendix 4: Contact details

Rotherham LSCB

Independent Chair: Christine Cassell,

Vice Chair: Rob Odell

LSCB Business Unit (Tel: 01709 254925 / 01709 254949)

Emails to: CYPS-SafeguardingBoard@rotherham.gcsx.gov.uk

Rotherham Metropolitan Borough Council
Where Everyone Matters

Brieifng Note prepared for Health and Wellbeing Board on RMBC's current position with respect to implementing the Ethical Care Charter

Title: 'Time to Care' and UNISON's Ethical Care Charter

Date: 2 November 2017

1. Background:

1.1 In June/July 2012 UNISON commissioned 'Time to Care' a national survey of homecare workers. The objective of the survey was to gather information on the day to day reality of being employed as a homecare worker. A report on the findings of the survey was published in October 2012 entitled 'Time to Care, A UNISON Report into Homecare'.

As a consequence, UNISON drew up an Ethical Care Charter, which aims to *'establish a minimum baseline of safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels'*.

https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf

UNISON has called for Councils to commit to becoming Ethical Care Councils by adopting the Charter and only commissioning homecare services which adhere to the Charter. They have suggested that implementation of the Charter be conducted in three stages and have produced guidance for Councils and providers, both are detailed in the above mentioned report.

2. The following gives a summary of:

2.1 Rotherham MBC's Independent Living and Support Service (ILS), Strategic Commissioning and its contracted home care providers' current position against the UNISON's suggested three stages of implementing the Charter

3. Current position against the three stages

3.1 Implementing the Charter - Stage 1

Requirement:

- *The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients.*

- *The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients*

RMBC Current Position:

ILS staff currently assess a person's eligible needs and draw up a support plan which indicates the outcomes that are to be achieved. A weekly block of hours of care are purchased that enable those outcomes to be met and to utilise the envelope of time as agreed with the service user. Some outcomes may be achieved in a visit that lasts 15 minutes, however personal care outcomes are not usually expected to be met in visits of this length. If necessary for service to provide care beyond the allocated time period due to customer needs changing this is permitted and the services authorised to exercise discretion. We do not operate a minute by minute billing policy.

Requirement:

- *Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones*

- *Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time*

RMBC Current Position:

Organisations are contractually obliged to pay for travel time and travel expenses in addition to contact time with Service Users.

RMBC's tender process requires that all competitive price submissions demonstrate the ability to pay staff appropriately for travel time in both rural and urban areas. Contracted home care operators are allocated to geographic areas to ensure they prioritise care delivery in a specific geographic area to reduce the time care workers spend travelling. This reduces the pressure on homecare workers travelling between clients.

Our contract monitoring processes identify issues of non-compliance through for example scrutiny of staff rotas, complaints and reported contract concerns which are addressed with each organisation.

Requirement:

- *Those homecare workers who are eligible must be paid statutory sick pay*

Current Position:

All contracted providers pay statutory sick pay to eligible staff.

3.2 Implementing the Charter - Stage 2

Requirement:

- *Clients will be allocated the same homecare worker(s) wherever possible*

- *Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing*

- *All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)*

- *Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation*

Current Position:

Organisations are contractually obliged to:

identify a regular group of care workers that are to provide care for a service user, that will allow for cover if a primary team member is on holiday or on sick leave or training.

have a range of processes that allow for care workers to report issues they have encountered in the day, this includes communication policies and procedures, operational policy and procedures which include the completion of daily logs using what is commonly known as a 'record and report' procedures, and robust safeguarding policies and procedures.

train management and homecare staff to levels that comply with best practice guidance issued by Skills for Care and in specialist areas of care such as dementia.

robustly induct workers into the organisation and ensure workers complete the Care Certificate before providing personal care without supervision.

maintain an up to date training matrix/schedule of mandatory and specialist training needs and produce evidence of achievement.

ensure workers receive support from their colleagues through regular team meetings, supervision and opportunities to meet with their colleagues at their branch office.

In addition to this Rotherham MBC Learning and Development Team support homecare organisations to access training opportunities free of charge with some funding available to pay for the costs of backfill to cover scheduled care. A workforce development forum supports the social care workforce to keep updated on current training opportunities and developments in training policy

RMBC Contract Compliance Officers monitor compliance against all contractual obligations and if necessary can require Organisations to take remedial action if breaches of contract occur.

Requirement:

- *Zero hour contracts will not be used in place of permanent contracts*

Current Position:

RMBC currently does not contractually preclude organisations from employing home care workers on zero hour contracts.

3.3 Implementing the Charter - Stage 3

Requirement:

- *All homecare workers will be paid at least the UK Living Wage. If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract*

- *All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.*

Current Position:

RMBC requires that contracted Organisations pay at least the National Living Wage – currently set at £7.50 per hour. Contracted organisations are regularly requested to complete and submit cost workbooks to the Strategic Commissioning Team to enable scrutiny of the pay rates of their care staff.

Currently only one contracted provider has an occupational sick pay scheme that is offered to care workers after 2 years' service.

4. Care Provider Perspective

Care Providers were asked their view on implementing the Charter at two recent meetings, the first with Directors and Regional Managers and the second with Branch Managers. Both advised that current funding levels would not allow payment of the UK Living Wage – currently set at £8.45 per hour. They also advised that paying care workers this rate meant that the hourly rate for snr care workers would also have to rise to enable career progression and seniority of roles to be recompensed accordingly.

They also advised that most care workers requested zero hours contract as they liked to be able to choose when they worked and flex their hours up and down as they wished.

In addition to this, offering occupational sick pay would not be tenable as they considered this would make sickness rates rise to unmaintainable levels.

5. Financial Implications for the Council/Adult Care and Housing

Increasing hourly rates paid to providers to enable them to pay care workers the UK living wage is not affordable for the coming financial year in light of the savings the Directorate is required to make. Work is currently being undertaken to determine what, if any, uplift on their hourly rates will be offered to home care providers for the financial year 2018/19. This uplift may not cover the predicted rise in National Living Wage for £7.50 to £7.90 in April 2018.

A tender process being undertaken in 2018 for a jointly commissioned service with Rotherham CCG, to commence in April 2019, may give rise to the opportunity to commission a service that would enable the Council and Rotherham CCG to fully commit to the 3 stages of the Charter over a period of time if funding was made available to allow payment of the UK Living Wage at whatever rate it may be at the time.

For further information contact

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Rotherham Metropolitan Borough Council

Private Report

Summary Sheet

Council Report:
Health & Well-Being Board Report 15th November 2017

Title:
Voice of the Child Lifestyle Survey 2017

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
Sue Wilson, Head of Service, Performance & Planning

Ward(s) Affected:
All

Executive Summary:
The report covers key findings from the 2017 Borough Wide Lifestyle Survey Report and the pilot report for Newman Special School.

The Lifestyle Survey was open to schools throughout May to July 2017.

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 & Well Being Board, from the overall 2017 Lifestyle Survey report are sections:

- Section 4 A Little Bit About Me
- Section 5 Healthy Eating & Exercise
- Section 6 Feelings
- Section 9 Safeguarding
- Section 10 Young Carers
- Section 11 Smoking, Alcohol & Drugs
- Section 12 Relationships and Sexual Health

The Health & Wellbeing Lifestyle summary report, details the findings from these specific areas.

Recommendations:

That Health & Well-Being Board:

- Note the report and consider its content;
- Identify actions to address key areas of what we are worried about, in particular measures that are relevant to Health & Well-Being and discuss actions to address any key issues.

List of Appendices Included:
Appendix 1 – 2017 Final Borough Wide Report
Appendix 2 – 2017 Health & Wellbeing Summary Report

Background Papers:
Rotherham Secondary School Lifestyle Survey 2016

Health & Wellbeing Strategy Action Plan

Consideration by any other Council Committee, Scrutiny or Advisory Panel:
Children's Commissioner Decision making meeting
Senior Leadership Team
Improving Lives Scrutiny Panel

Council Approval Required:
No

Exempt from the Press and Public:
Restricted currently – to be made public in January, 2018

Title:
Voice of the Child Lifestyle Survey 2017

1. Recommendations

1.1 That the Health & Well-Being Board:

- Note the report and consider its content;
- Identify actions to address key areas of what we are worried about, in particular measures that are relevant to Health & Well-Being and discuss actions to address any 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 the aims to be a child friendly town, which are:

- Having things to do (entertainment/parks/green spaces etc.)
- Safe and welcoming places
- Cleanliness of places
- Voice of the child and young person (i.e. we listen but don't always act/feedback)

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 10 years. In the past 5 years 17,324 young people have shared their views about their health and wellbeing through this survey.

2.3 This annual consultation is the only opportunity regularly given to young people to have their say about their health, well-being, their future, their thoughts about Rotherham and their local community. The sample of 3811 young people, who participated in 2017, is 58% of the relevant population.

2.4 The Lifestyle Survey was offered to pupils at a special school for the first time in 2017. Newman school offered to pilot the survey on behalf of all special schools with the aim it will be offered to all special schools in 2018.

2.5 Each educational establishment receives a pack of information to support them with 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.

2.6 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.

2.7 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.

2.8 The 2017 Lifestyle Survey saw 11 out of 16 secondary schools in Rotherham participating. The 5 schools that did not participate were Rawmarsh, Wickersley, Clifton, Saint Bernards and Thrybergh.

3. Key Issues

3.1 The findings from the results in the 2017 survey that show what's working well are as follows:

- There has been a 1% decrease in the number of pupils saying they have a diagnosed medical condition.
- 3515 (93%) of pupils said they visit the dentist at least once per year.
- There has been almost a 5% increase in the number of pupils eating the recommended 5 portions of fruit and vegetables per day, the % has gone up to 18.2% in 2017 from 13.5% in 2016.
- There has been a 2% increase in the number of pupils who said they have breakfast. This has improved to 81% (3068) from 79% in 2016.
- There has been a 3.5% increase in the number of pupils who said they participate in regular physical activity. This has improved to 83.5% (3159) from 80% in 2016. There has also been a 1.5% decrease in the number of pupils who said they never do any exercise. This has improved to 4.5% (173) from 6% in 2016.
- There has been a reduction in the number of pupils who said they are worried about their weight. This has improved to 25.7% (1050) from 28.5% in 2016.
- There has been a 5% improvement in the number of pupils who feel their weight is about the right size. This has improved to 64% (2315) from 59% in 2016.
- There has been an improvement in pupils' perception of Rotherham and recommending Rotherham as a place to live. Overall there has been a 10% reduction in the % of pupils who said they would definitely not recommend Rotherham as a place to live. This has improved to 20.5% (775) from 31.7% in 2016. Overall pupils who said they would definitely recommend Rotherham as a place to live has improved by 11% to 26.1% (990) in 2017 from 14.8% in 2016.
- The number of pupils who say they would still like to remain living in Rotherham in 10 years' time has also improved. Overall there has been a 10% reduction in the number of pupils who said they would not like to be living in Rotherham in 10 years' time. This has improved to 27.2% (1030) from 37.5% in 2016. Overall pupils who said they would definitely like to be living in Rotherham in 10 years' time has also improved to 17.5% (661) compared to 13.5% in 2016.
- There has been a 7% increase in the number of pupils who said they regularly visit Rotherham town centre. This has improved to 33% (1251) from 26% in 2017.
- Fewer pupils rate the fear of protests and marches in the town centre as a reason for feeling unsafe in the town centre, in 2016 pupils rated this as the 3rd highest risk this has moved to the 9th rated risk in 2017.
- There has been a decrease in the % of pupils who said they have been either cyber bullied or bullied by inappropriate sexual touching/comments or actions. Overall this reduced to 9.2% from 11.9% in 2016.

- Overall there is a continued decline in the number of young people who have obtained cigarettes from a local shop. This has reduced to 17% (43) of those who said they smoked from 19% in 2016.
- There has been an increase in the % of pupils in Y10 who said they have never tried an alcoholic drink. This has increased to 32.3% (526) from 30.2% in 2016.
- There has been a % increase of pupils in Y10 who said they have never tried drugs. This has increased to 87% (1416) from 84.5% in 2016.
- The % of Y7 pupils who have been taught about child sexual exploitation has improved to 72.5% (1562) from 61.2% in 2016.
- There has been a reduction in the % of Y10 pupils who said they have had sexual intercourse. In 2017, 14.3% (233) pupils in Y10 said they have had sex, compared to 19.2% in 2016.

3.2 The findings from the results in the 2017 survey that show what we are worried about are as follows:

- There has been an increase of 3% in the number of pupils saying they consume 2 or more high sugar drinks each day and also an increase of 2% of the number of pupils saying they consume high energy drinks, (in particular boys).
- There has been a 3% reduction in the number of pupils who aspire to go to university. Overall 42% (1592) said they aspire to go to university in 2017 results from 45% in 2016.
- There has been a 6.6% reduction in the number of pupils who said they always feel safe in Rotherham town centre. Overall 18% (683) pupils said they always feel safe, compared to 24.6% in 2016. There is a similar pattern with Rotherham bus station, overall 18% (693) said they always feel safe, compared to 23.6% in 2016 and for Rotherham train station, and overall 15% (556) said they always feel safe, compared to 17% in 2016.
- There has been a 3% increase of pupils saying they have been bullied out of school time. The number of pupils saying they have been bullied is a similar % to 2016. More pupils of those who have been bullied said they have been bullied out of school time, 12.8% (124) said this in 2017, compared to 9.3% in 2016.
- There has been a decrease of 6.7% of young people who have identified themselves as a young carer who have heard of the Rotherham Young Carers service. 37.3% (267) said they had heard of this service in 2017, compared to 44% in 2016.
- There has been a decrease of 4.7% of homes identified as smoke-free homes. In 2017 59.3% (2243) said their home was smoke-free, compared to 64% in 2016.
- There has been a decrease of 3.5% of Y7 pupils who said they have never tried an alcohol drink. This has decreased to 76.3% (1643) from 79.8% in 2016.
- There has been an increase in the % of pupils in Y10 who said they did not use contraception when having sexual intercourse, this has increased to 27.5% from 20%, and this increase is more prevalent with boys.
- There has been a % decrease with pupils who said they knew who their school nurse was. Overall 39.7% (1501) pupils in 2017 said they knew who their school nurse was, compared to 43% in 2016.

3.3 What are we going to do next?

Emerging themes from the survey will be shared with key stakeholders for them to action as part of their service / business plans. There will be specific reports produced to for each stakeholder to highlight areas that we are worried about which will include the relevant trend data for their area / service

4. Options considered and recommended proposal

4.1 That Health & Well-Being Board:

- Note the report and consider its content;
- Identify actions to address key areas of what we are worried about, in particular measures that are relevant to Health & Well-Being and discuss actions to address any key issues.

5. Consultation

5.1 The results from the 2017 will be shared with the Health & Well Being Board, Child Friendly Rotherham Board. Partners will receive specific trend data in relation to their specific service, to all them to take actions and address any issues.

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

- Public Health
- Healthy Schools Consultant – Kay Denton
- Safer Neighbourhood Partnership
- South Yorkshire Police
- South Yorkshire Passenger Transport Executive
- Health and Well Being Board
- Neighbourhood Crime Manager
- Young Carers Provider – Barnardos
- Locality Team(s)
- School Nursing
- Families for Change
- Youth Cabinet
- Children & Young People's Partnership
- Voice & Influence Voluntary Sector
- Regeneration & Environment
- Communications Team

6. Timetable and Accountability for Implementing this Decision

Date	Meeting	Officer
30th October 2017	DLT CYPS	Bev Pepperdine
9th November	Culture & Leisure Senior Management Team	Sue Wilson
15th November 2017	Health and Well Being Board	Bev Pepperdine
12th December 2017	Child Friendly Rotherham Board	Bev Pepperdine

13th December 2017	Children and Young People's Partnership	Bev Pepperdine
23rd January 2018	Improving Lives Scrutiny	Bev Pepperdine

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, their views of Rotherham town centre and the leisure services that are on offer to young people. 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 About Me 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.

Rotherham Metropolitan Borough Council

Rotherham
Voice of the Child
2017
Summary Report
Health & Wellbeing Board

Contents

Acknowledgements
We would like to express our thanks to all staff at all educational establishments who have supported the delivery on the 2017 Lifestyle Survey
Also thank you to the 3811 pupils participated and shared their views by taking part in this years' survey.

1. Background Information

This report presents a summary of findings from lifestyle survey results on the questions representing pupils' views of areas about their health and wellbeing.

The survey is open to all pupils in Y7 and Y10 at secondary schools and pupil referral units, pupils are 11/12 years and 14/15 years of age. The survey was open from Tuesday 2nd May 2017 and closed Wednesday 19th July 2017. Overall in this age range in 2017 there were 6540 young people attending a secondary school or pupil referral unit.

This survey is open annually to young people in Rotherham and the sample group this is offered to, is the only opportunity regularly given for young people to have their say about their health, well-being and their future. The sample of 3811 young people, who chose to participate in 2017, is 58% of the relevant population. In 2017 a pilot of the survey was also open to pupils at Newman School in year 7 through to year 12. 30 pupils from this school participated in the survey.

The health and wellbeing board has objectives to the meet the 5 aims for children and young people in Rotherham

- Aim 1 All children get the best start in life
- Aim 2 Children and young people achieve their potential and have a healthy adolescence and early adulthood
- All Rotherham people enjoy he best possible mental health and wellbeing and have a good quality of life
- Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing
- Rotherham has healthy, safe and sustainable communities and places

The lifestyle survey can support these aims with some specific measures.

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 10th year that the survey has been run in Rotherham.

Overall 3811 young people from Rotherham have had their voice heard through participating in the Lifestyle Survey. These 3811 pupils are 58% of the relevant population.

Participation results show that:

- 1628 Y10 participated
- 2153 Y7 participated
- 30 from Newman school participated

Out of these volumes

- 1892 (49.6%) were male and 1919 (50.4%) were female.

2. Executive Summary

There are 16 secondary schools in Rotherham who were all offered the survey. Out of the 16 schools, 11 participated in the survey in 2017. 3 schools indicated that they would not participate in the survey and a further 2 schools had changes in staffing resources that had impact on the survey being offered to pupils.

There are questions within the survey that support the aims and objectives for health and wellbeing, the results detailed in this summary represents those measures.

The results detailed in this report represent those measures.

2.1 What results show what's working well?

- The results in the 2017 Lifestyle survey show that far more young people from Rotherham say they visit their dentist at least once per year. 3515 (93%) of pupils said they visit their dentist, which is significantly higher than the national picture where during national smile month statistics show that it could be as many as 40% of children who do not regularly visit their dentist.

- There have been improvements in some healthy eating and physical activities which could possibly be attributed to the work of Change for Life project supporting young people in school with the delivery of free fruit and promoting healthy eating. 5% more young people said they are eating the recommended 5 fruit and vegetables each day, more young people said they have breakfast in a morning and 3.5% more young people said they participate in regular physical activity. More young people participating in regular activity may have contributed to the reduction in the % of pupils saying they are worried about their weight, the 2017 results show that 3% less pupils are worried about their weight and there has been a 5% increase in the % of pupils who feel their weight is about the right size.

- It is positive to see that far more Y7 pupils have received education about child sexual exploitation; this has improved by 11%. It is worth noting that the overall % of pupils who have received education on this subject has increased over past 3 years, this does raise awareness in young people, so this could contribute to young people saying they do not feel safe in some locations, in particular town centre locations. It is also positive to see there has been a 5% reduction in the number of Y10 pupils who said they have had sexual intercourse.

2.2 What results show what we are worried about?

- It is positive to see that there have been improvements in results for areas of health, there are also some results in this area that need to be addressed. There has been an increase in the % of pupils that are consuming high sugar drinks and high energy drinks. Each educational establishment have been asked to look at their individual results and compare them to their 2016 results. Action has already been taken by three schools, one to ban the sale of these drinks, one to change their policy on the sale of these drinks in their dining hall and one school added a new display about the risks of these drinks.

- The lifestyle survey results have continuously shown that there are more pupils identifying themselves as young carers than the Rotherham census figure shows, this could be attributed to pupils who take a brother or sister to school saying they are a young carer. There is a service available to support young carers, but the 2017 results show that there has been a decrease of young carers who said they have heard of this

service. Barnardo's Young Carers Service on working on a project Theory of Change and will be visiting schools to promote the young carers service.

- The results have shown that there was a 5% reduction in the number of Y10 pupils who said they have had sexual intercourse, but there has been an increase in the % of pupils in Y10 who said they did not use contraception in particular the increase was more prevalent with boys. This data will be highlighted to the appropriate relationship and sexual health lead for the health and wellbeing board.

3. Participation Table

This table shows the 11 schools, 3 Pupil Referral Units, Electively Home Educated and Newman Special School that participated in the survey and the volume of pupils who completed the survey from each school.

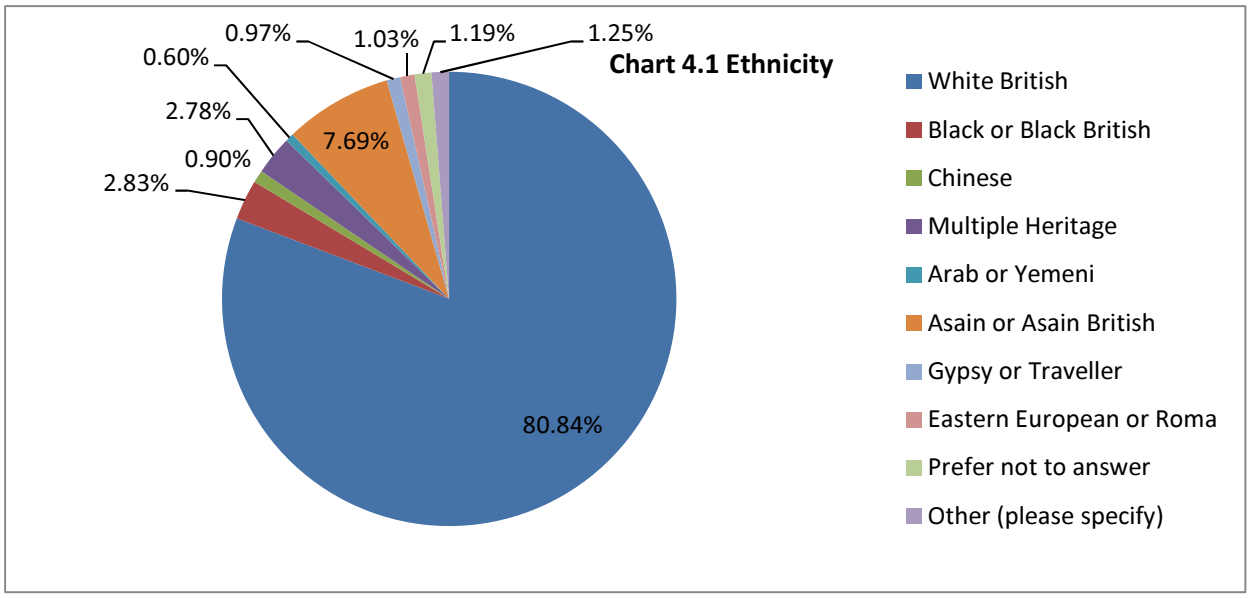
School	No. of Y7 Pupils	No. of Y10 Pupils
Aston	350	189
Brinsworth	242	122
Dinnington	108	140
Maltby	187	175
Oakwood	83	74
Saint Pius	127	46
Swinton	158	118
Wales	275	169
Wath	294	256
Wingfield	98	91
Winterhill	218	217
Pupil Referral Units		
Rowan Centre	1	1
Riverside Aspire	1	6
Swinton Lock	4	4
Home Educated	4	10
Newman School Pilot	Survey Offered to all pupils, in total 30 pupils participated	

4. A Little Bit About Me

Of the pupils that completed the 2017 survey 1919 (50.35%) were female and 1892 (49.65%) were male. 2153 (57%) were in Year 7 and 1628 (43%) were in Year 10.
The results from the 30 pupils in Newman school that participated in the pilot survey are confidential to that school, as are all individual school results. The aim is to roll out the survey to all special schools in 2018.

4.1. Ethnic Origin

Overall 3,062 (80.8%) of pupils described themselves as White British (84% in 2016).
622 (16.8%) of pupils described themselves as from a Minority group (11.5% in 2016).



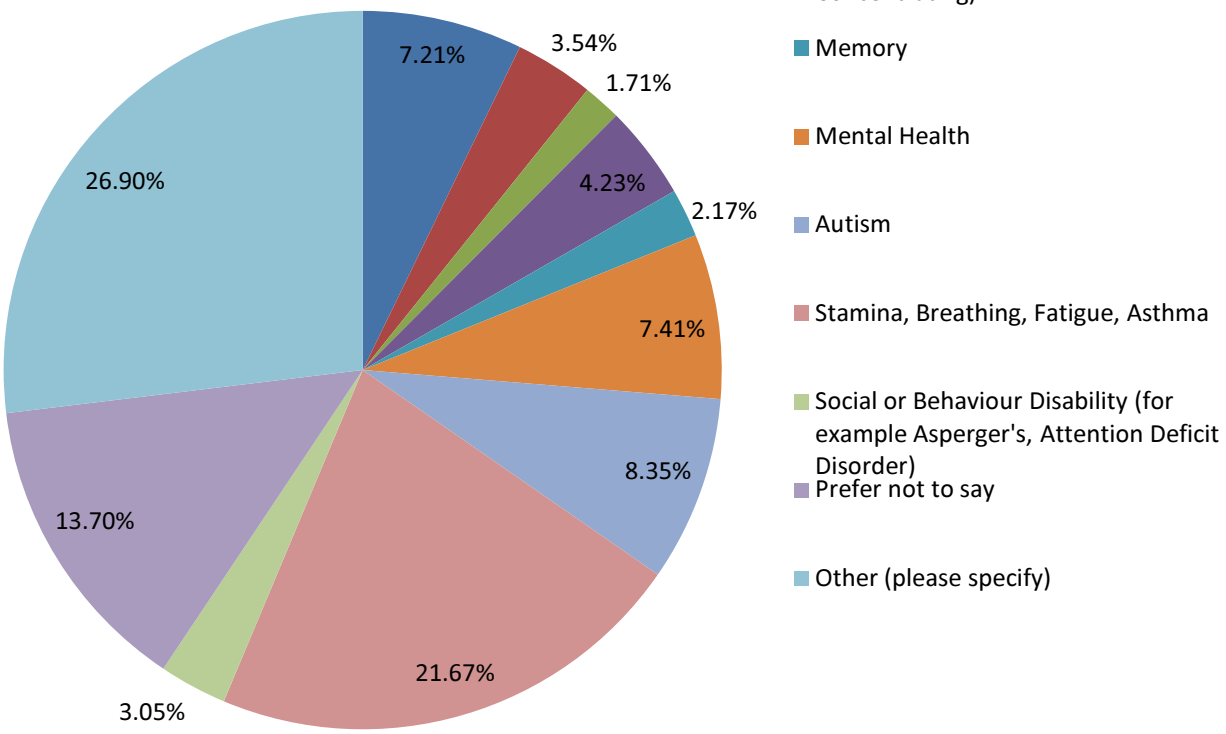
4.2 Health - Disabilities

Pupils were asked if they had a diagnosed long term illness, health problem, disability or medical condition. 20.9% (796) of pupils said they had a diagnosed condition (compared to 21.9% (616) in 2016). A higher % of Y7 pupils said they had a diagnosed medical condition. A slightly higher % of girls said they had a diagnosed medical condition compared to boys.

Out of the 796 (20.9%) who said they had a diagnosed condition, the % breakdown is detailed in Chart 4.2 below.

Analysis of data in the 'other' option showed that the majority, pupils reported conditions, such as Diabetes, Skin Condition, Kidney Infections, Hay Fever and Heart Murmur.
There has been a decrease from the 2016 results in the % of pupils saying they have diagnosed condition in sensory, mobility, learning, memory and mental health categories.
There has been an increase from the 2016 results in the % of pupils saying they have diagnosed condition is stamina, breathing, fatigue, asthma and autism, social behaviour categories.

Chart 4.2
Disability Diagnosis



4.3 Oral Health

The results in the Rotherham lifestyle survey for 2017 show that 3513 (93%) of pupils said they go to the dentist at least once per year. 2977 (79%) said they visit every 6 months. 137 (3.6%) visit the dentist less than once per year and 131 (3.5%) said they have never visited the dentist.

What's working well?

Oral Health Foundation published information from their consultation carried out in May 2017, this was national smile month. Their results showed that nationally roughly 40% of children
do not visit their dentist at least once per year.

The results for Rotherham are significantly better than this, with 93% of pupils saying they visit the dentist at least once per year.

5. Healthy Eating & Exercise

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

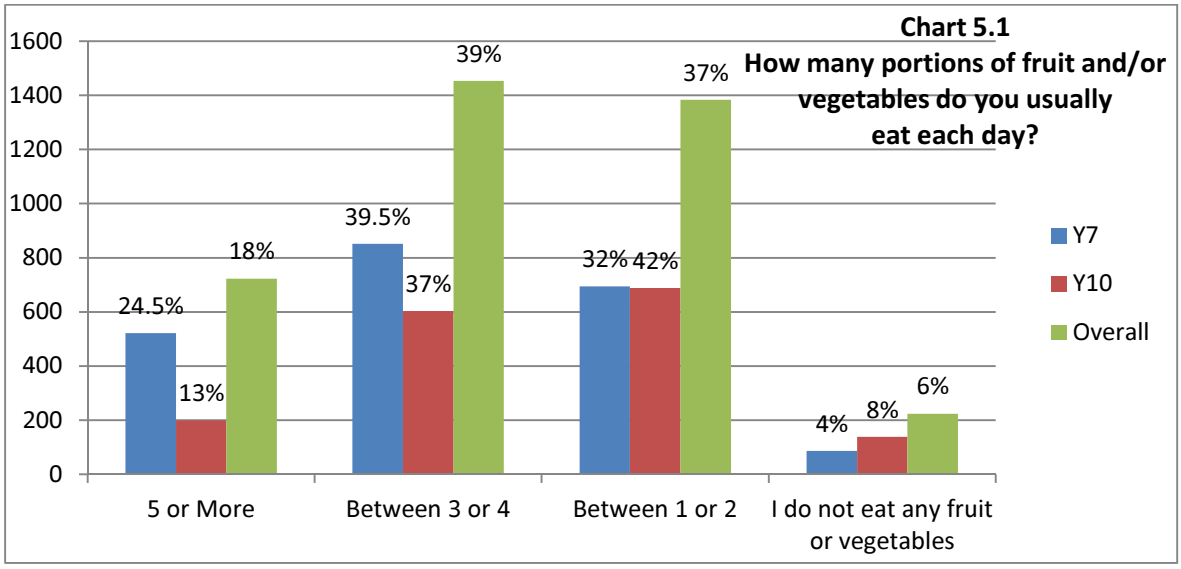
The results from 2017, show that there has been an increase in the number of pupils having the recommended 5 or more portions of fruit and vegetables each day, this has increased to 18.2% (723) in 2017 from 13.5% (378) in 2016.

There has also been a decrease in the number of pupils who said they do not eat any fruit or vegetables down from 7% in 2016 to 6% (224) in 2017. Y7 pupils only 4% (86) said they did not eat any fruit or vegetables. The 'Change for Life' initiative in Y6 primary school could be a contributing factor to what's working well.

What's working well?

'Change for Life' resources have been promoting in Primary Schools with the delivery of free fruit and vegetables, to encourage and promote healthy eating.

Chart 5.1 below shows the breakdown of 2017 results.



Analysis of the data shows that Y7 are more likely to eat 5 or more portions of fruit and vegetables per day. Y10 pupils are more likely not to consume any fruit or vegetables compared to Y7.

Girls in Y7 are the most likely to eat 5 portions of fruit and vegetables each day and for Y10 it is boys who said they are most likely to eat the recommended 5 portions.

5.2 Water

When asked about how many glasses of water they drank a day, 76.5% (2454) of pupils responded that they drank 1 to 5 glasses of water (72.6% in 2016), 18.29% (692) said they had 6-10 glasses, this is a decrease in the number of young people consuming the recommended amount of water per day, compared to (19.75% in 2016). There has been an improvement in

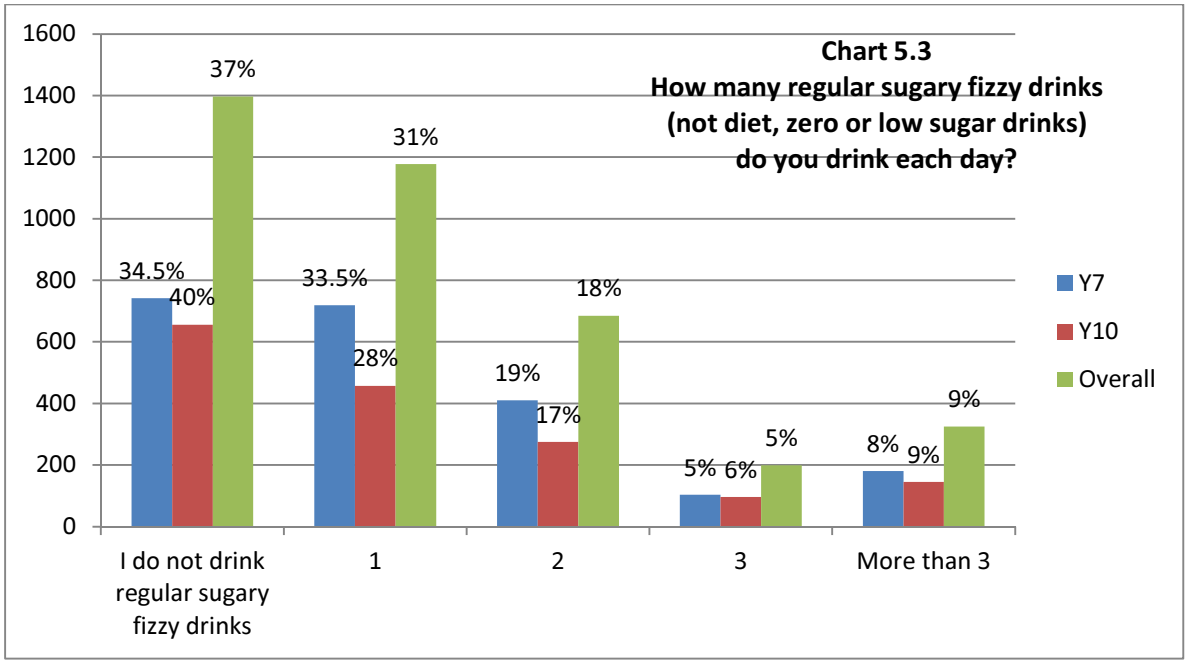
the number of pupils who responded that they drank no water at all; this has reduced to 6.1% (234) from 7% in 2016.

More year 7 pupils said that they drank the recommended 6-10 glasses of water each day 21.86% (471) of Y7, compared to 13.55% (220) of Y10. A higher % of Y10 pupils said that they drank no water at all 7.29% (120) of Y10 compared to 5.33% (114) of Y7.

What's working well?
One establishment has had a campaign about caffeine consumption.
This school has recognised an increase in pupils requesting water. (Rowan Centre)

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. The results from 2017 show a % increase in the number of pupils who are consuming 2 or more high sugar drinks each day. 68% (2574) of pupils said they didn't drink any or only drink 1 high sugar drink each day; this has decreased from 71% in 2016. The overall responses for Y7 & Y10 are detailed in Chart 5.3 below.



The analysis shows that Y10 pupils are far more likely not to consume higher sugar drinks than Y7. 40% (655) of Y10 pupils said they never consume high sugar drinks, compared to 34.5% (741) of Y7 pupils.

What are we worried about?
Over 65% (1412) of Y7 pupils consuming 1 or more high sugar drinks each day.

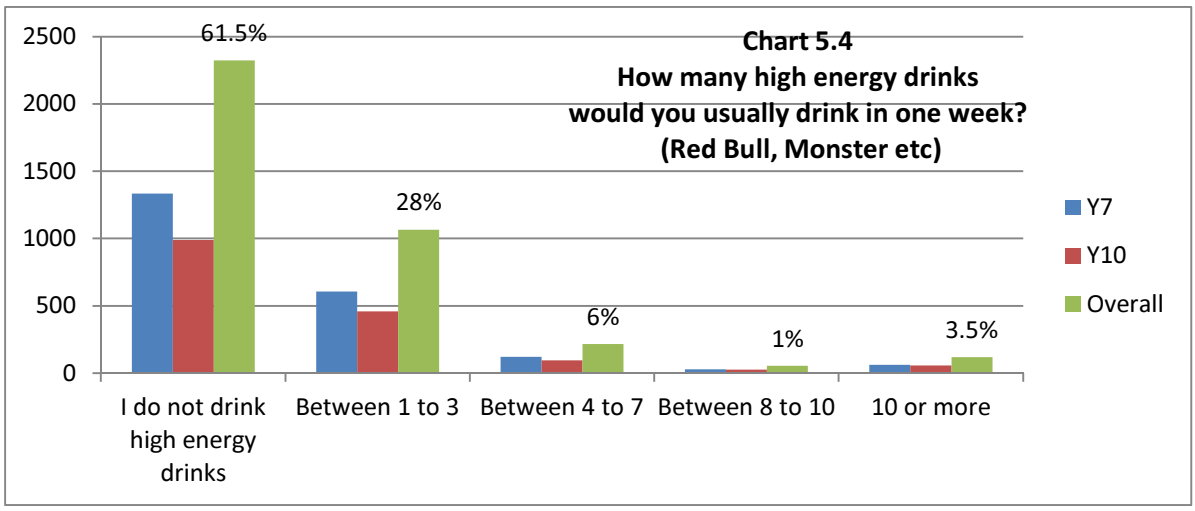
What do we need to do next?
Promote through 'Change for Life' resources healthy options for drinks, compared to the high sugar drinks.

What's Working Well?
A Secondary school has banned the sale of high sugar drinks in their school (Winterhill)
A Secondary School have told us they have put up a new display board about showing comparisons of sugar in certain drinks (Dinnington)
A Secondary school has changed their sale of fizzy/high sugar drinks in dining hall (Wales)

5.4 High Energy Drinks

There has been an increase in 2017 of the number of pupils who said they are consuming high energy drinks. Overall 61.51% (2326) of pupils said they do not consume high energy caffeinated drinks, in comparison to 63% in 2016.

Chart 5.4 below shows the overall results for the consumption of high energy drinks.



Y7 pupils are more likely to not consume any high energy drinks 62% (1335) compared to Y10 61% (990).

Girls are less likely to drink high energy drinks; overall 68% (1309) of girls said they did not consume high energy drinks. Overall 53% (1018) of boys said they did not consume high energy drinks.

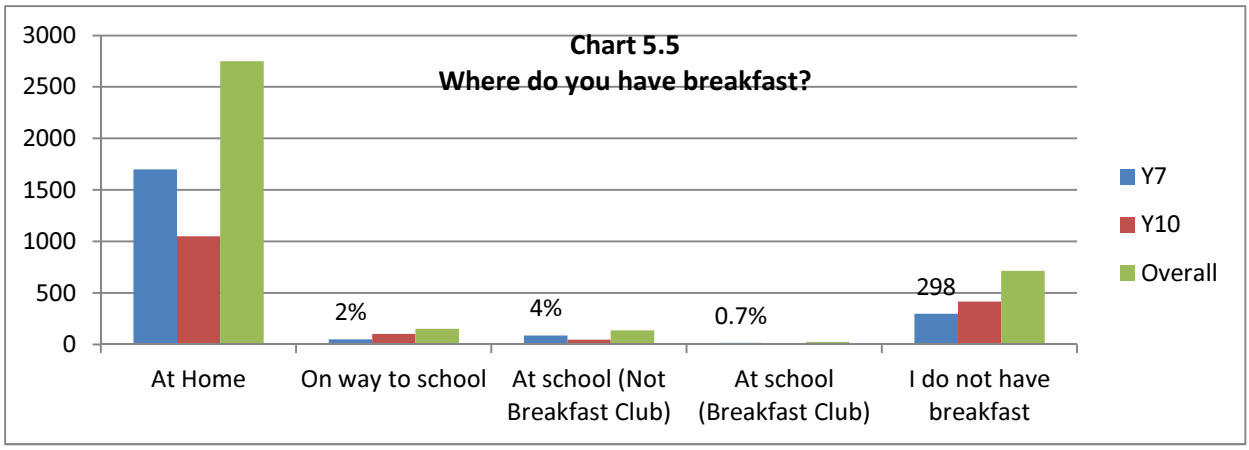
What are we worried about?
Increase in the consumption of high energy drinks, in particular with boys

What do we need to do next?
Promote through 'Change for Life' resources the issues around high energy drinks, promote healthier options for drinks
Highlight to schools this increase, ask each school to look at their results and promote healthier drinks

5.5 Breakfast

Pupils who said they have breakfast has improved to 81% (3068) compared to 79% (2238) in 2016. The pupils who said they have breakfast 89.6% (2751) said they have their breakfast at home, which is a similar % to 2016. Y7 pupils are more likely to have breakfast at home compared to Y10 pupils. 4% (154) have their breakfast on the way to school; 3.5% (136) have their breakfast at school; 0.7% (27) have their breakfast at a breakfast club at school. 18.9% (715) said they skip breakfast. Girls are far more likely to skip breakfast than boys, 453 girls said they skipped breakfast, compared to 262 boys. Chart 5.5 shows the overall results for the consumption of breakfast.

The national picture from studies carried out show that girls are more likely to skip breakfast with the main reason given, it will help them lose weight. Boys gave the main reason, they didn't have time.



What's working well?

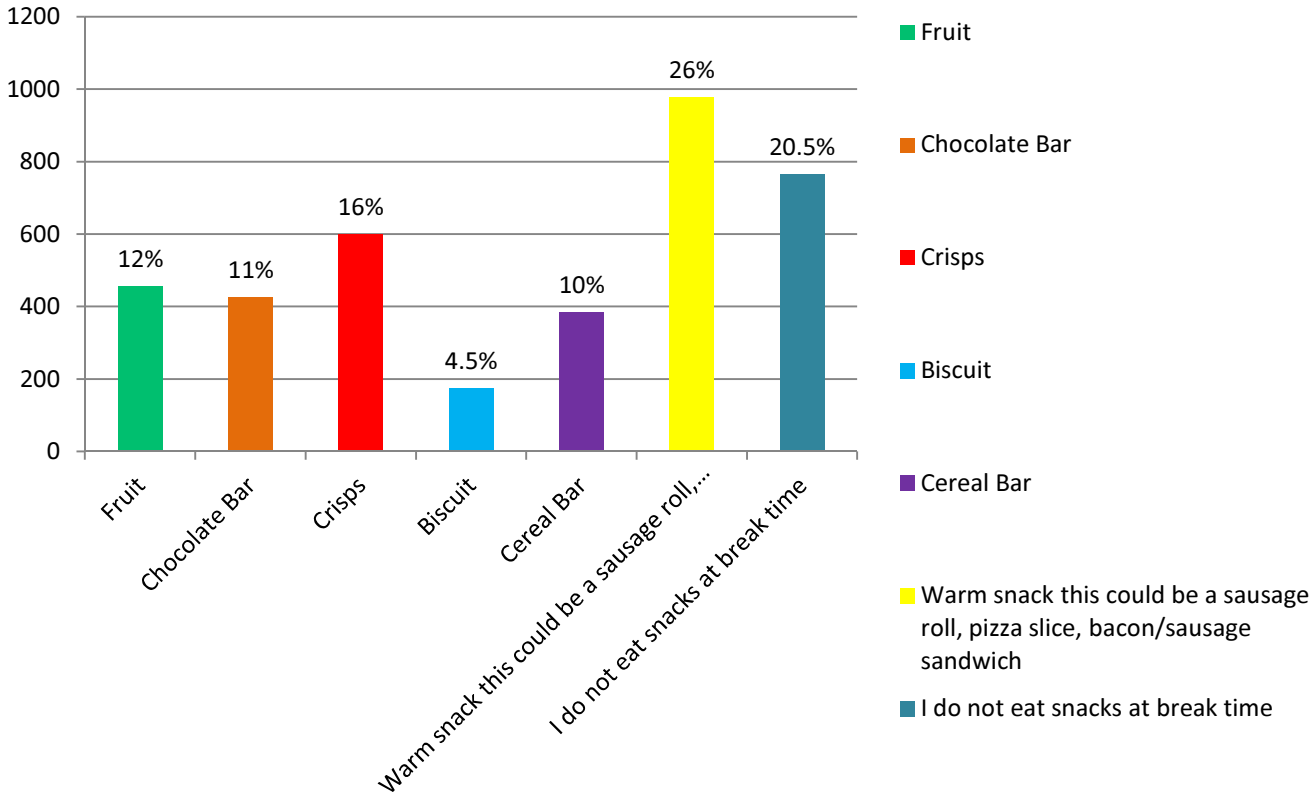
A number of national studies have shown that between 25% to 32% of children of school age, go to school without breakfast

Rotherham 2017 Lifestyle Survey results show that 81% of pupils in Y7 & Y10 are having breakfast, this is an improvement on 79% from past 2 years.

5.6 Snacks

There has been an increase in the number of young people who said they have a snack at break time, 79.7% (3017), compared to (76% in 2016). The 2017 results show that a warm snack is the most popular choice; this choice was amended to include warm snacks following the consultation with young people, this replaced sausage roll or pastry as an option. Crisps are 2nd most popular choice and fruit is 3rd choice. Fruit has moved up to 3rd choice from being 5th most popular choice in 2016. Out of the 3017 young people who said those chose to have a snack at break time, their choices are shown in chart 5.6 below

Chart 5.6
Please choose what would be your main snack, if you have one, during your break time at school



Y7 pupils are far more likely to choose fruit as a snack option than Y10. Y10 pupils are far more likely to choose chocolate as a snack option. More Y10 pupils choose not to have a snack at break time compared to Y7.

Girls are more likely to choose fruit as a snack option, boys are more likely to choose chocolate as a snack option and boys are more likely not to have a snack a break time at all.

5.7 Lunch

When asked where they mainly eat lunch 49.7% (1880) said that they have a school meal, the 2016 results were almost identical at 49.2%. Year 7 pupils are more likely to have a school meal with 58.6% (1263) saying they have a school meal compared to 37.9% (617) of Y10. 38% (1441) of pupils brought a packed lunch; this is a similar % to 2016. 2.2% (84) of pupils go home for lunch; this has increased slightly from 1.4% in 2016. 4.6% (176) visit a local shop to buy lunch; this is similar to 4.8% in 2016.

There has been a positive small % decrease in the number of pupils who said they did not have a meal at lunch time; this has reduced to 5.2% (200) in 2017 from 6% in 2016. Y10 pupils are more likely to skip lunch compared to Y7, 8.4% (137) of Y10 pupils said they skip lunch, compared to 2.95% (63) of Y7. Girls are more likely to skip lunch compared to boys, in both Y7 and Y10.

5.8. Exercise, Health & Weight.

There has been an increase in the number of pupils who said that they regularly take part in sport or exercise, 83.5% (3159) compared to 80% in 2016. Y7 pupils are more likely to exercise regularly 88.4% (1905) compared to 77% (1254) of Y10. Boys 86.6% (1621) are more likely to exercise regularly compared to girls 80.4% (1538).

There has been an improvement in the frequency of times per week that pupils are exercising. Out of the 3610 number of pupils that said they do some sport/physical activity the frequency results are:

- 23.4% (885) exercise 6 to 7 times per week, 5% improvement from 2016 (18%)
- 28.4% (1076) exercise 4 to 5 times per week, 1% improvement from 2016 (27%)
- 37.3% (1413) exercise 1 to 3 times per week, 3.5% decrease from 2016 (41%)
- 6.1% (234) exercise less than once per week, 2% decrease from 2016 (8%)
- 4.5% (173) said they never did any exercise 6%, 1.5% decrease from 2016 (6%)

What's working well?
It is recommended that children and young people should engage in moderate to vigorous exercise/sport activity on a regular basis.
The 2017 results show that 83.5% (3159) of all pupil said they do, this has improved from 80% in 2016.

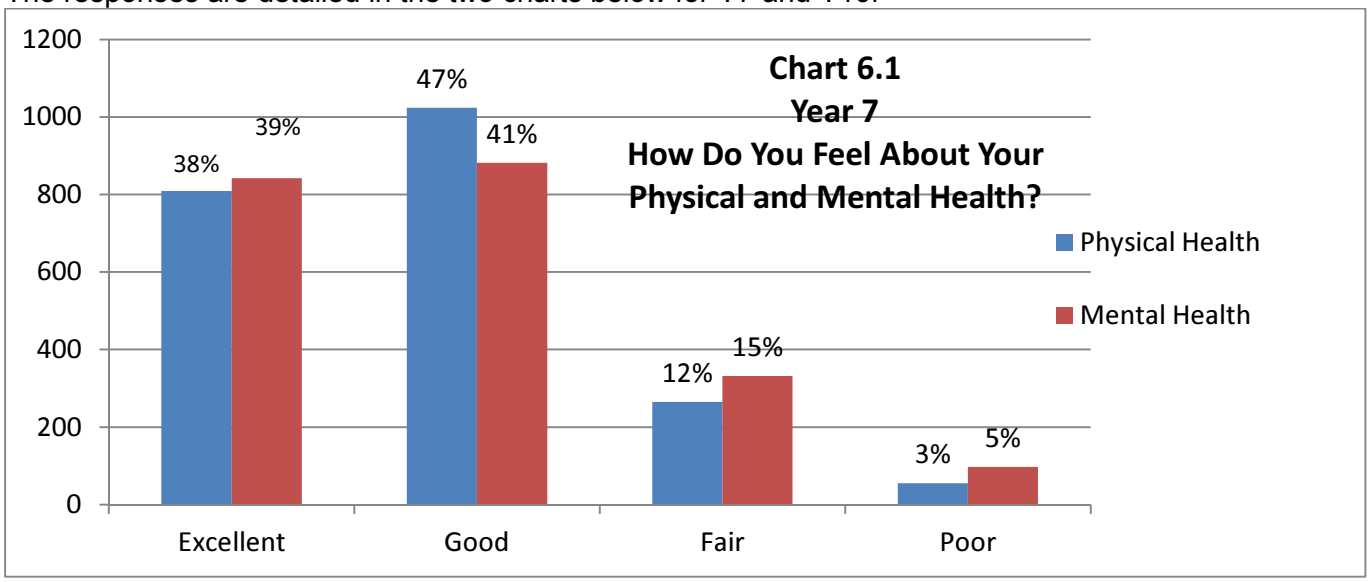
The Health & Wellbeing Board have objectives to increase opportunities for people in Rotherham to use outdoor space for improving their health and wellbeing.
Specific activities have included:
Active for Health Programme and Promoting One You campaign

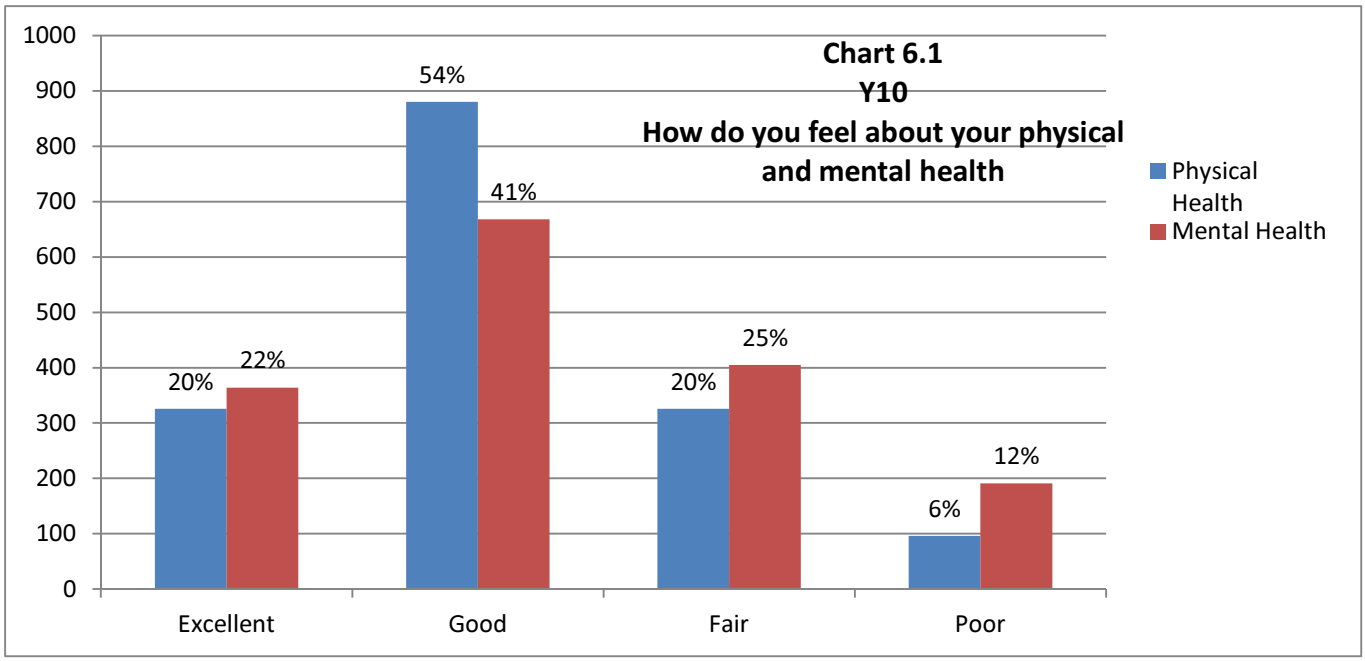
6.

6.1 Feelings Physical & Mental Health

The question around general health has changed this year; young people requested the question to be changed. They wanted to be able to express their feelings about their physical and mental health; these changes were approved by Health and Wellbeing Board and Director Leadership Team.

The responses are detailed in the two charts below for Y7 and Y10.





More pupils in Y7 rated both their physical and mental health as excellent, compared to Y10.
Overall 4% (151) pupils rated their physical health as poor (96, Y10 and 55, Y7) and 7.6% (288) rated their mental health as poor 191, Y10 and 97, Y7).
Girls are more likely to rate their physical and mental health as poor,

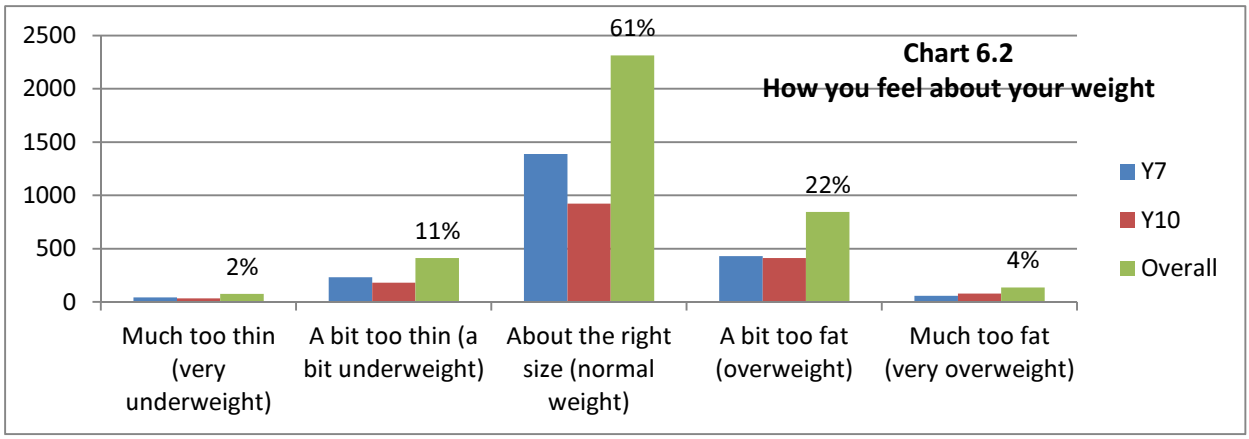
What's working well?
Health & Wellbeing Board have an aim to help all Rotherham people to enjoy the best possible mental health and wellbeing and have a good quality of life.
There are specific objectives to reduce the occurrence of common mental health problems and reduce the risk of self-harm and suicide among young people.

Specific activities have included:
Young people's mental health campaign
Specific mental health training for 100 front line workers

6.2 Feelings and Weight
Pupils are asked to share their feelings about their weight. The 2017 results show that 25.7% (1050) said they were worried about their weight, compared to 28.5% in 2016.

Girls in both Y10 and Y7 are more likely to be worried about their weight compared to boys.
In Y7 31.9% (346) girls said they were worried, compared to 19.5% (209) boys and in Y10 39.6% (328) girls said they were worried, compared to 20.8% (167) boys.

Chart 6.2 details how pupils overall feel about their weight.



Overall pupils who said they felt their weight was about the right size is 64% (2315), this is an improvement from 59% who said their weight was about right in 2016 results.

Key overall findings from Y7 & Y10 results:

Category	2017 Result	2016 Result
Feel they are very overweight	2.7% (136)	3.65%
Feel they were are overweight	20% (844)	24%
Feel they are very underweight	1.96% (75)	1.75%
Feel they are underweight	10.8% (413)	11.4%

What's working well?

Public Health NHS Outcomes Data states that for Rotherham the prevalence of overweight including obesity is 35.8% for Y6.
Lifestyle Survey results for 2017 show that in Y7 23% feel they are overweight or very overweight and in Y10 30% feel they are overweight or very overweight.

Health & Wellbeing Board have an aim that children and young people will achieve their potential and have a healthy adolescence and early adulthood
There are specific objective to reduce the number of young people who are overweight and obese.
Specific activities have included:
Review obesity services and consult on the children's obesity pathway is being carried out

6.3 How Pupils 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. Home Life
2. Friendships
3. Myself
4. The Future
5. Relationships
6. Schoolwork

7. How I look

Overall Y7 pupils said they most felt good about:-

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

28% (603) of Y7 pupils said they did not feel good about the way they look and 43% (695) of Y10 pupils said the same. These are similar results to 2016.

6.4 Feelings and Talking About Problems

Pupils are given a follow-up question about feelings and what they feel good about and asked to say who they would most likely discuss their problems with. Overall the number one choice for someone to discuss a problem with is an adult at home, although Y10 said they would first choose a friend.

Overall the results show

- Adult at home 35.4% (1098)
- Family member 30.4% (1056)
- Friend 21.2% (1086)
- Other 7.6% (288)
- I do not have anyone I could talk to 3.2% (123)
- Member of staff at school 1.7% (83)
- Youth worker 0.44% (20)
- Social worker 0.44% (20)
- School nurse 0.24% (6)
- Health professional e.g. GP 0.1% (3)

Analysis of the comments input into the 'other' option showed in the majority, pupils said they would talk to either boyfriend/girlfriend.

There has been a small reduction in the number of pupils who said they would not have anyone they could talk to, if they had a problem. Overall 3.2% (123) this reduced from 3.5% in 2016. In 2017 boys are more likely not to have anyone they could talk to, which is reverse of 2016 results.

7. Safeguarding

7.1 Your Local Community

Pupils were asked which statement best describes the way in which people from different backgrounds get on with each other in their local community. The highest % of pupils said that everyone mixes well together with very few problems, 33.1% (1283) said this, compared to 29.5% in 2016. The overall results show that:

- 33.14% (1283) everyone mixes well with very few problems (29.5% in 2016)
- 32.46% (1224) people generally mix well, but there has been some problems (31.2% in 2016)
- 19.36% (717) different groups keep themselves to themselves but there are not many problems (12.9% in 2016).
- 11.11% (410) people from different groups do not get on well together, there are lots of problems (13% in 2016).

- 3.9% (147) there are no people in my area from a different background (4.4% in 2016).

7.2 Bullying

Pupils who said they have been bullied, remains the same % as 2016. 26% (981) said they have been bullied. The trend of previous years continues with Y7 pupils far more likely to say they have been bullied 30.6% (659) compared to 19.9% (322) of Y10. There has been a change in trend of who is more likely to say they have been bullied, in previous years it has been girls who are more likely to say they have been bullied, in 2017 the results show in Y7 it is almost identical with 30.4% (330) girls, compared to 30.7% (329) boys saying they have been bullied. In Y10 18.7% (155) girls said they have been bullied compared to 20.8% (167) boys.

7.2.1 Bullying Frequency

981 pupils said they have been bullied, for the follow on question when were you bullied 98.5% (967) answered the question.

- 50% of pupils said bullying occurred during school time (52.4% in 2016).
- 12.8% of pupils said bullying occurred out of school time (9.3% in 2016)
- 37.2% of pupils said bullying occurred during both of these (38.3% in 2016)

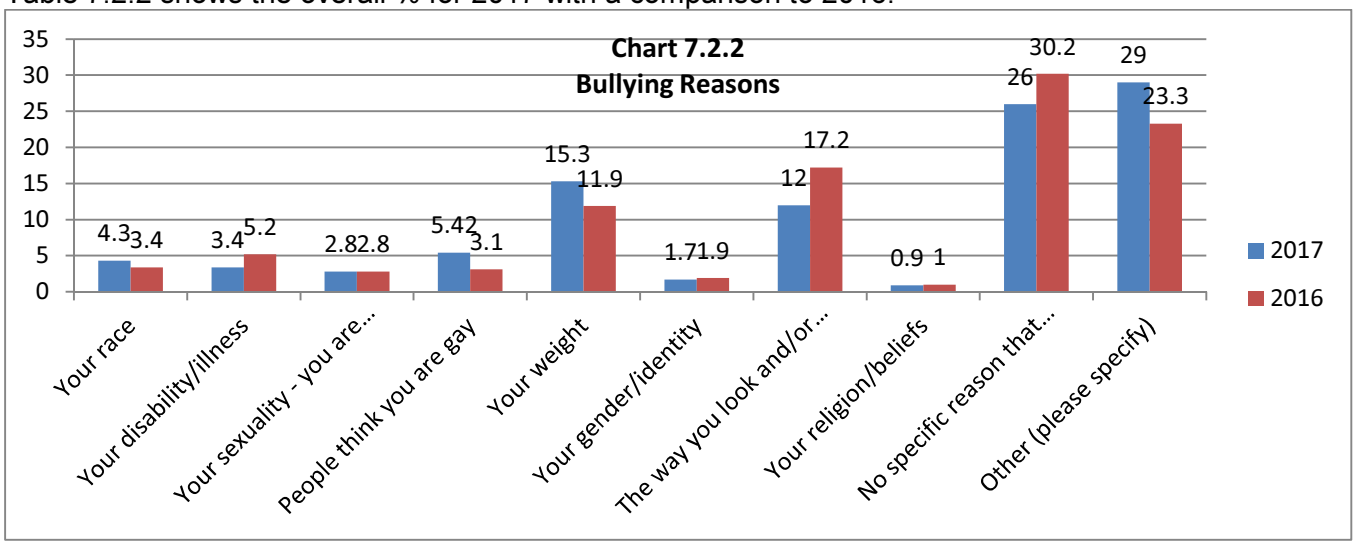
The results show there has been an increase in bullying occurring out of school time.

Pupils were asked for to say how frequent the bullying had occurred:

- 20.1% said they were bullied very frequently, almost every day (20.2% in 2016)
- 28.3% said they were bulled frequently, more than 3 times per week (27.4% in 2016)
- 31.4% said they were bullied often, between 1-2 times per week (29.4% in 2016)
- 20.1% said they were bullied infrequently between 2-3 times per month (23% in 2016)

7.2.2 Bullying Reasons

Pupils were asked to say if they knew the reason why they may have been bullied
Table 7.2.2 shows the overall % for 2017 with a comparison to 2016.



Analysis of data in the 'other' option showed in the majority pupils said they were bullied because people don't like them or multi choices of the options.
A high % of pupils could not identify a specific reason why they have been bullied.
Pupils saying they have been bullied because of their weight has had the largest % increase
Pupils saying they have been bullied because of the way they look has had the largest % decrease.

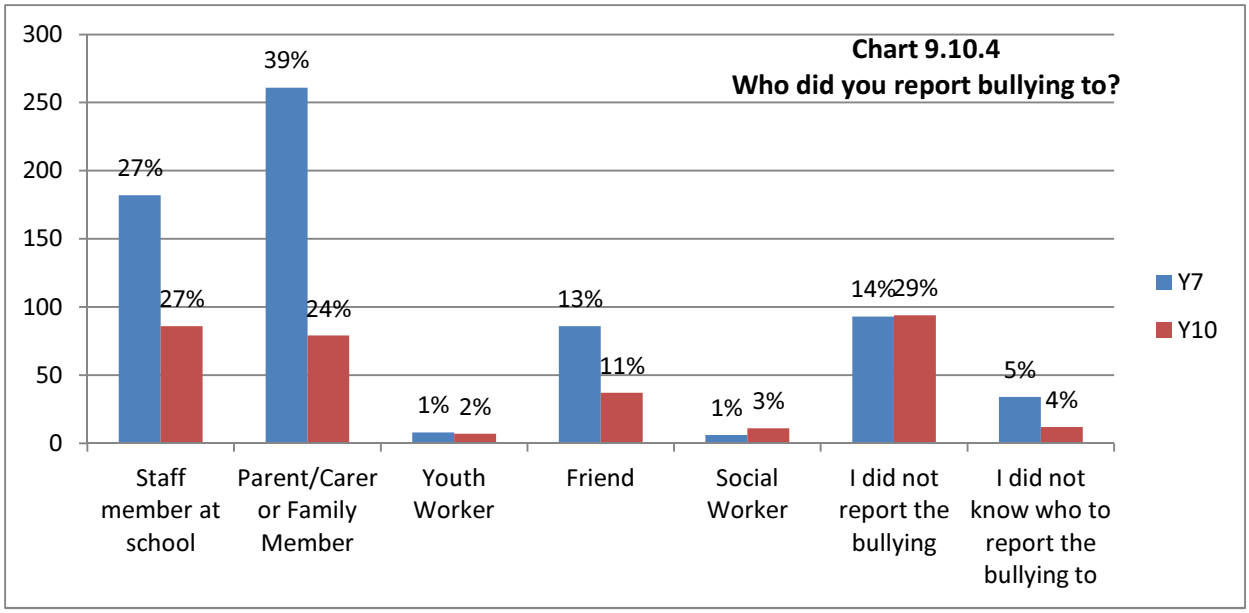
7.2.3 Types of Bullying

The pupils who said they have been bullied told us what form of bullying they have been subject to:

- Verbal bullying 64.3% (72.4% in 2016)
- Physical bullying 16.4% (10.5% in 2016)
- Being ignored 10% (5.2% in 2016)
- Cyber bullying 6.6% (8.2% in 2016)
- Sexual bullying (inappropriate touching/actions or comments) 2.6% (3.7% in 2016)

Pupils saying they have been bullied physically has had the largest % increase
Pupils saying they have been bullied verbally has had the largest % decrease
It is positive to see that both cyber bullying and sexual bullying has decreased in 2017.

7.2.4 Reporting Bullying
The 2017 results show that there has been a decrease in the % of pupils who either did not report a bullying incident or did not know who to report bullying to. This has reduced to 23.3% from 25.7% in 2016. Y7 are more likely to report bullying than Y10.



The pupils who said they had reported being bullied 61.7% said they received some help or support this has increased from 58.7% in 2016

7.2.5 Bullying Benchmarking

Ditch The Label National Bullying Charity
In 2016 they surveyed 8,850 young people aged between 12 to 20 years

50% (4425) of these young people said they had been subject to some bullying in past 12 months. Nationally this is a higher % than Rotherham Lifestyle Survey 26% of young people in Y7 and Y10 saying they have been bullied

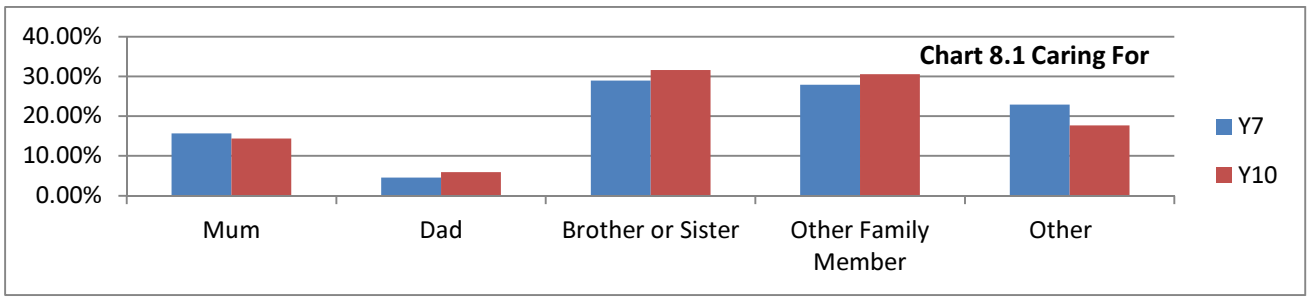
19% (840) of those who said they were bullied and bullying occurs every day. Rotherham Lifestyle Survey figure is similar with 20% saying they are bullied daily

8. Young Carers
The % of pupils who thought of themselves as a young carer has increased in 2017.
19% (715) of pupils said they are a young carer, compared to 17% in 2016.

The Rotherham census figure for 2011 shows that 12% of young people in Rotherham are a young carer, the lifestyle survey % figure is higher than this, this could be as a result of pupils saying they are a young carer, for taking a brother or sister to school.

8.1 Young Carers – Caring For

The pupils who recognised themselves as a young carer, were asked to say who they mainly care for. Chart 8.1 below shows the % of Y7 and Y10 who said they are a young carer.



The majority of both Y7 and Y10 said they are caring for a brother or sister, this could be more likely to be in a babysitting role or taking them to school, rather than a young carer's role that may need them to have some support. If the figures for caring for a brother or sister were removed from the overall figure of young carers, this would reduce the % to 12.7% which is more on par with the Rotherham census figure. Analysis of data input into 'other' options showed the majority of pupils saying they were caring for more than one person i.e. Mum and Dad or both Grandparents.

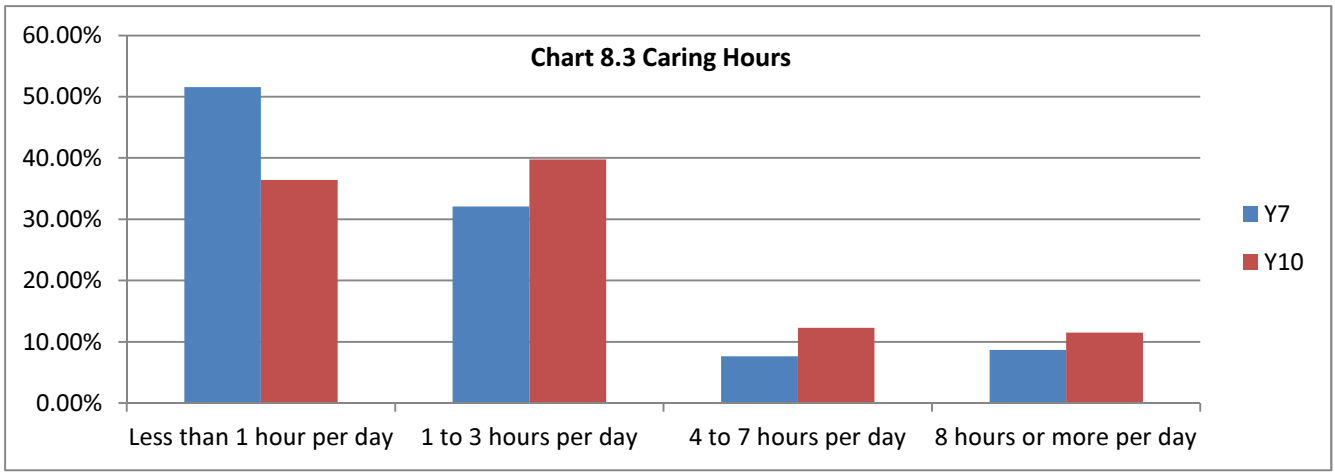
8.2 Young Carers – Caring Tasks

Pupils were asked about what tasks they help out with, they could choose more than one, if they are needed to do the tasks to help support and care. The results follow a similar trend to 2016.

- Helping around the house (56.2%)
- Keeping them company - not wanting to leave the person alone (35.2%)
- Help look after brother or sister (31.6%)
- Do the shopping (21.6%)
- Help give medicine (18.8%)
- Help read letters or mail (16%)
- Help with personal care (14%)
- Taking brother and sister to school (13%)
- Help with appointments (9%)

8.3 Young Carers – Number of Hours Caring

Pupils were asked to say on average how many hours they cared each day. Chart 8.3 below shows the % of Y7 and Y10 and the caring hours they do.



Overall pupils who said they care for more than 8 hours each day is on par with the 2016 results, around 9.5%

8.4 Supporting for Young Carers

The highest % of pupils would prefer to talk with a parent, carer or a family member if they had any issues or needed support with being a young carer. 28% said parent or carer and 21% said a family member, 13% would talk to a friend, 7% would talk to a member of staff at school, 4.8% would talk to a social or youth worker, 2.9% would talk to either their school nurse or other health professional and 1.4% would talk to Rotherham Young Carers service.

8.4.1 Rotherham Young Carers Service

Pupils who identify themselves as a young carer are asked if they are aware of the young carer's service. 37.3% of these pupils said they were aware of young carer's service, this is a decrease from 44% in 2016.

8.4.2 Young Carers Card

The % of pupils who have heard of the young carer's card has slightly increased to 18.5% in 2017 from 17.5% in 2016.

The young carer's card was introduced in 2014, for schools to work with young carers to help give them support as and when needed.

What are we worried about?

Improve communication about Young Carers Service

Less young carers in 2017 had heard of this service of the support it provides.

What we need to do next

Barnardo's are working with young carers on the project 'Theory of Change
Schools will be revisited to promote the Young Carers Service including the Young Carers Card

9. Smoking, Alcohol and Drugs

Pupils are asked to respond honestly to a series a questions, asking about smoking, drinking alcohol and drug use. For each subject they are offered links to advice sites to support young people and share information about smoking, alcohol and drugs.

9.1 Smoking

Pupils are asked to say whether their home was a smoke-free home, (this is explained that no one living in their house smokes either tobacco or electronic cigarettes).

There has been a % decrease in the number of pupils saying yes 59.3% (2243) compared to 64% in 2016. This result may be due to the increase in the use of electronic cigarettes and pupils identifying these as smokers.

There has been an increase in the number of pupils who said it is not OK for young people of their age to smoke. Overall 89.8% (3399) said it was not OK to smoke, compared to 87% in 2016. Far more Y7 said it was not OK to smoke 95.3% compared to 80.2% of Y10.

When asked if they currently smoke cigarettes, overall 93.2% (3527) said no they do not smoke, this is a slight % increase in the number of young people not smoking, compared to 92.75% in 2016.

- 97.8% (2101) of Y7 said they do not smoke, a slight improvement on 97% in 2016
- 87.5% (1424) of Y10 said they do not smoke, a slight decrease on 88.5% in 2016.

In total 3525 pupils said they did not smoke, these pupils were asked to best describe their smoking history.

2101 pupils in Y7 said they did not smoke, they described themselves

- 94.8% have never smoked, an improvement on 94.3% in 2016
- 3.2% have tried smoking once, an improvement on 4.1% in 2016
- 1.8% used to smoke sometimes, but no longer smoke, slightly more than 1.6% in 2016

.

1424 pupils in Y10 said they did not smoke, they described themselves as

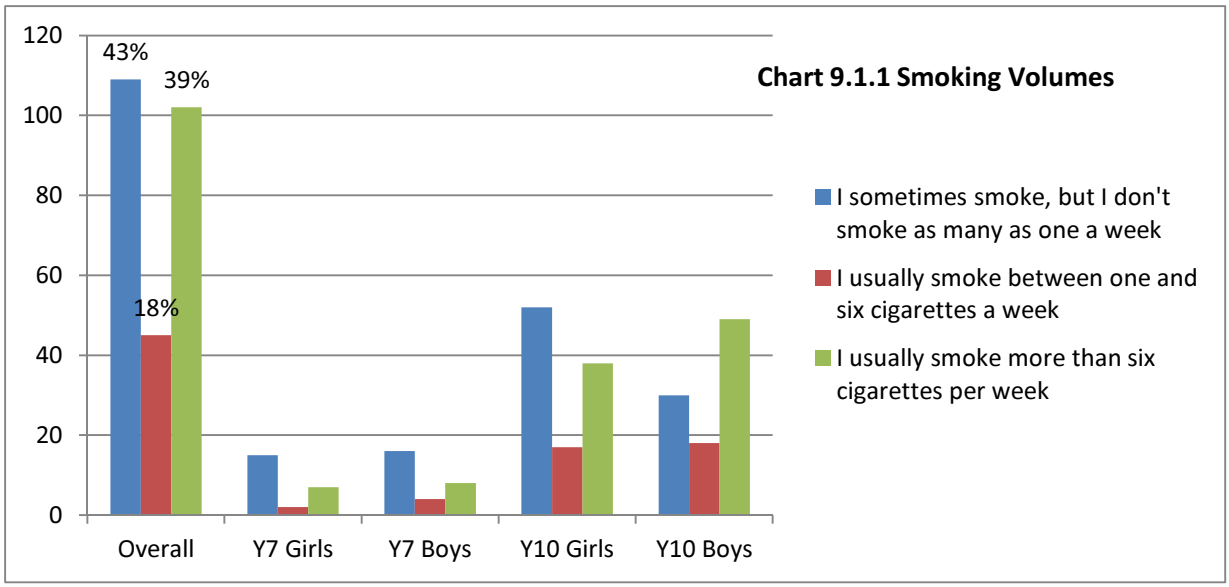
- 76.7% have never smoked, slightly less than 77.1% in 2016.
- 17.5% have tried smoking once, an increase on 14.9% in 2016
- 5.6% used to smoke sometimes, but no longer smokes, less than 8% in 2016

Overall 81.6% (3083) of all young people said they have never smoked a cigarette. This is a higher % than the national estimate for the number of young people smoking which is 76%.

Benchmarking Information
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 18% said they have smoked at least once,
therefore 82% have never smoked.
Rotherham's figure from the 2017 results is on par with the national figure.

9.1.1 Smoking Volumes

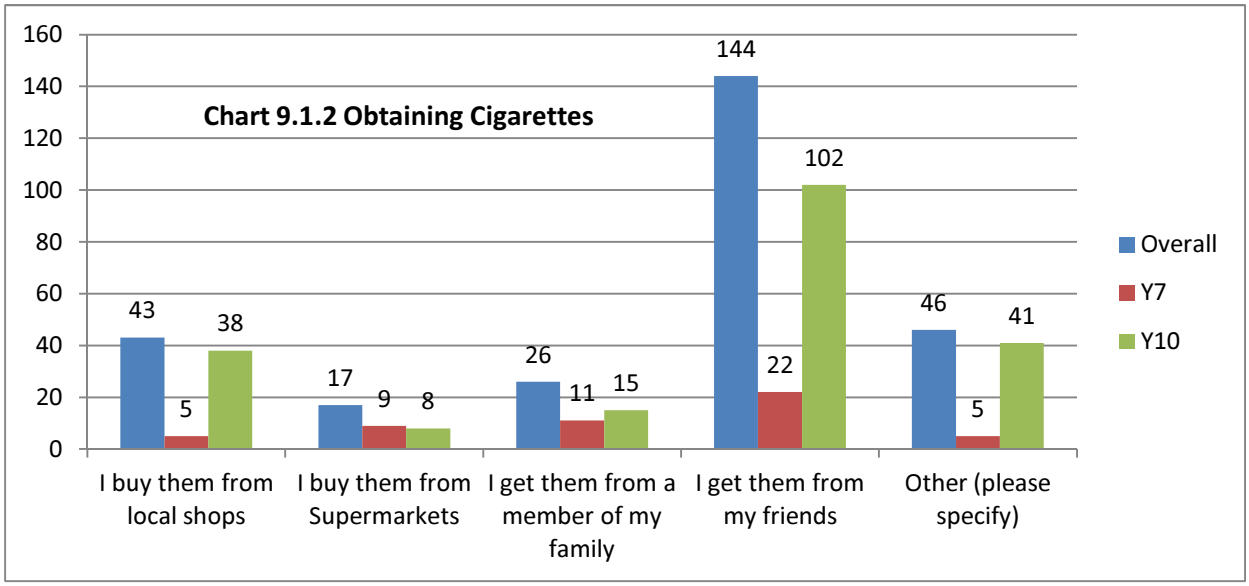
Overall the 2017 results show that 6.7% (256) pupils said they smoke cigarettes regularly, this has improved from 7.2% in 2016. Chart 9.1.1 below shows the regularity of their smoking habit.



The data shows that 52 Y7 pupils said they smoke, with slightly more boys than girls smoking and 204 Y10 pupils said they smoke and more girls than boys smoking.

9.1.2 Obtaining Cigarettes

The 256 pupils who said they were smokers, were asked to say where they mainly obtained their cigarettes from. Chart 9.1.2 shows the numbers below.



The trend in relation to pupils obtaining their cigarettes from friends as the most popular choice, has continued in 2017, same as in 2016. 56% (144) of pupils who smoked said they got them from their friends.

The trend of young people being able to obtain cigarettes from local shops has continued to decrease, 17% (43) of pupils who said they smoked, said they obtained their cigarettes from local shops, compared to 19% in 2016.

What's working well?

RMBC Trading Standards in conjunction with South Yorkshire Police and our own Licencing enforcement have carried out over 120 test purchase operations in the last 2 years as part of joint continued work to restrict and disrupt the sale of tobacco to minors.
Trading Standards act on reports and their own intelligence sources to carry out operations to restrict the selling of cigarettes and alcohol to under-age young people.
Standing fines and licence reviews along with educational initiatives are the most frequent measures put in place, but prosecutions are prepared and sought when appropriate.
There have been no prosecutions in past 2 years, but one is currently being submitted for consideration.

These actions have contributed to the continuous decline of young people being able to obtain cigarettes.

Since 2015 the results from this survey show that Y7 and Y10 pupils who said they smoked and obtaining them from local shops continues to decrease.

- 2015 – 24.5% of those who said they smoked, said they were able to obtain them from local shops, this reduced to 19% in 2016 and has further reduced to 17% in 2017.

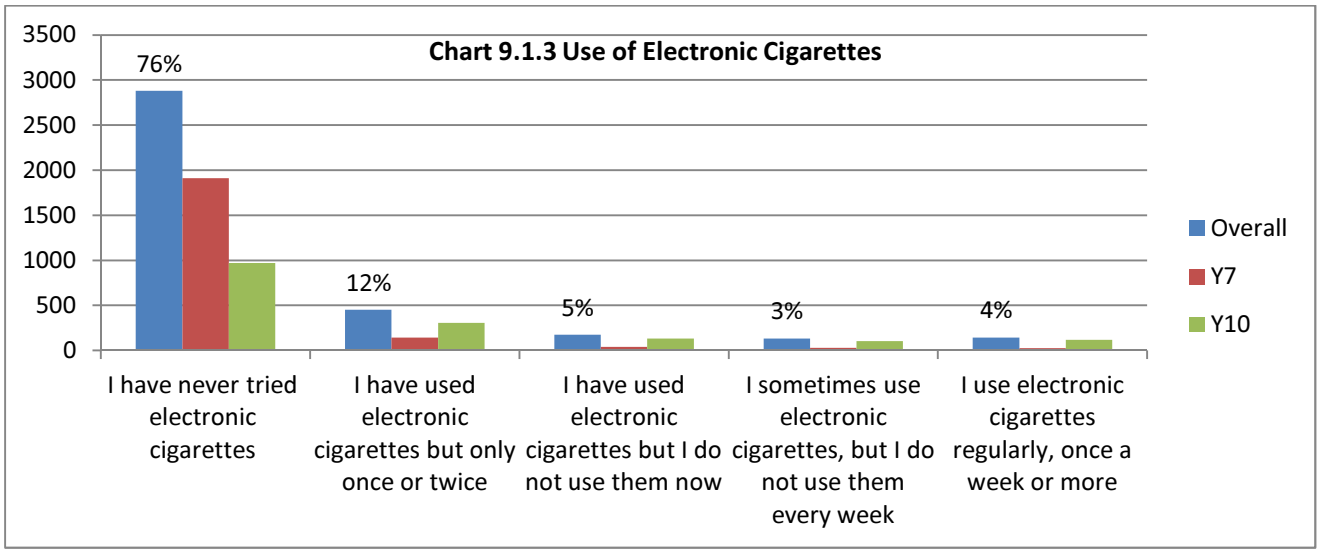
The monitoring of the sale of cigarettes to young people under age will continue with the aim this downward trend will continue.

Analysis of data input to 'other' option showed that pupils were also obtaining cigarettes from local dealers or fag house, named an actual shop or I get someone older to go into a shop

9.1.3 Electronic Cigarettes

Overall there has been an improvement in the % of pupils who said they have never tried an electronic cigarette. 76% (2881) said they have never tried one, compared to 73.2% in 2016.

Information on the use of electronic cigarettes is detailed in Chart 9.1.3 below



88.8% (1912) of Y7 pupils said they have never used an electronic cigarette, 86.6% in 2016.
59.5% (969) of Y10 pupils said they have never used an electronic cigarette, 59.7% in 2016.

Of the 23.9% (902) of pupils that said they use or have tried an electronic cigarette, the data shows that more Y10 pupils are using this form of smoking and boys are more like to smoke an electronic cigarette compared to girls.

The data shows that out of the 902 pupils who said they have tried an e-cigarette, 19% (173) are not using them now and 50% (451) said they have only used them once or twice.

Those pupils who said they have tried or are still using an electronic cigarette, were given the option to say why they may have tried or are using an e-cigarette. 45.5% (414) pupils answered the follow on question.

- 11.8% (48) use an electronic cigarette to help them stop smoking
- 16.1% (67) use an electronic cigarette and no longer smoke cigarettes
- 13.5% (56) use an electronic cigarette and smoke cigarettes
- 58.6% (243) use an electronic cigarette but have never smoked cigarettes

Benchmarking Information

Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years. These results show that 22% said they have tried an electronic cigarette.

Rotherham data from 2016 survey showed that Rotherham was higher than this national picture at 26.8%
This has improved in 2017 to 23.9%, this brings us nearer to the national picture.

9.2 Alcohol

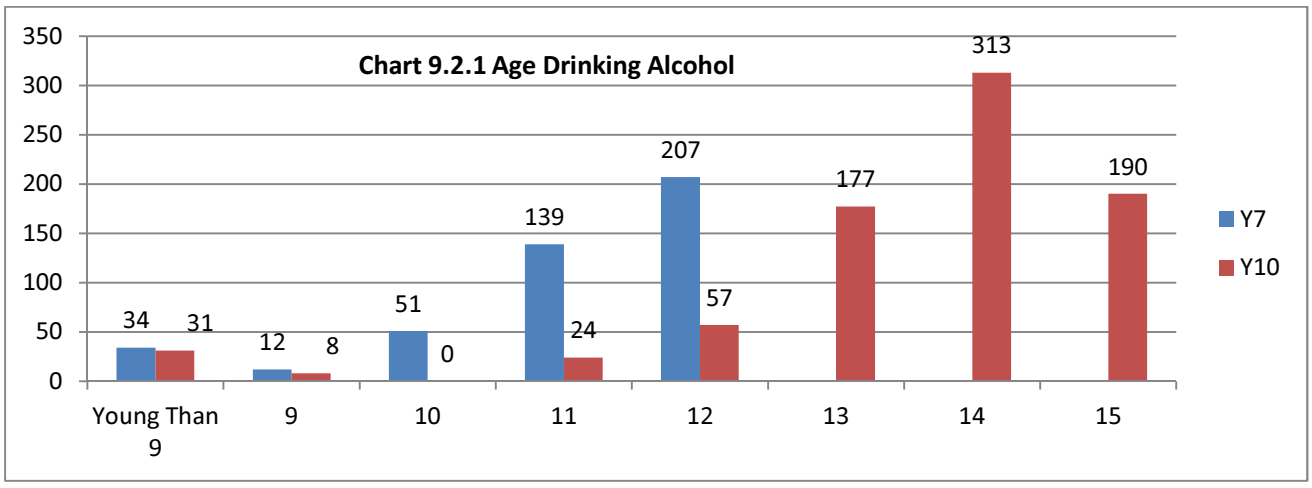
There has been an increase in the number of pupils who said it is not OK for young people of their age to get drunk. Overall 74% (2799) said it was not OK to get drunk, compared to 70.6% in 2016. Far more Y7 said it was not OK for young people of their age to get drunk, 91% compared to 52% of Y10.

Overall 57.3% (2168) of pupils said they have not had a proper alcoholic drink this has improved from 55% in 2016

- 76.3% (1643) of Y7 responded that they had not had a proper alcoholic drink, this has decreased from 79.8% in 2016
- 32.3% (526) of Y10 responded that they had not had a proper alcoholic drink, this has improved from 30.2% in 2016

9.2.1 Age Drinking Alcohol

Overall 42.7% (1613) of pupils said they have tried alcohol.
These pupils were invited to answer follow on question about drinking.
78% (1256) answered the question about what age they had their first alcoholic drink.
Chart 9.2.1 below show the responses to the question for those who said they have had an what age they had their first drink.

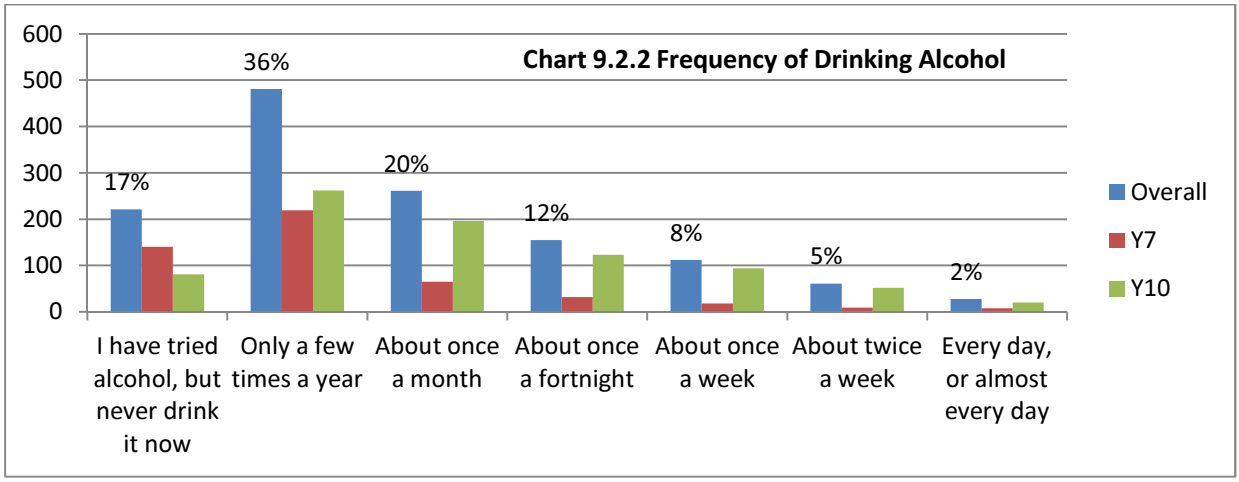


Age 14 is the most popular age for a young person to have their first alcoholic drink in Y10, this is the same as in 2016. Age 12 is the most popular age for a young person to have their first alcoholic drink in Y7, the same as in 2016.

9.2.2 Frequency of Drinking Alcohol

The question about how often a pupil drinking is alcohol was answered by 81.7 (1319) of those who said they have tried an alcoholic drink

Chart 9.2.2 below shows the frequency of those 1319 pupils who said they have tried alcohol, spilt by Y10 and Y7.



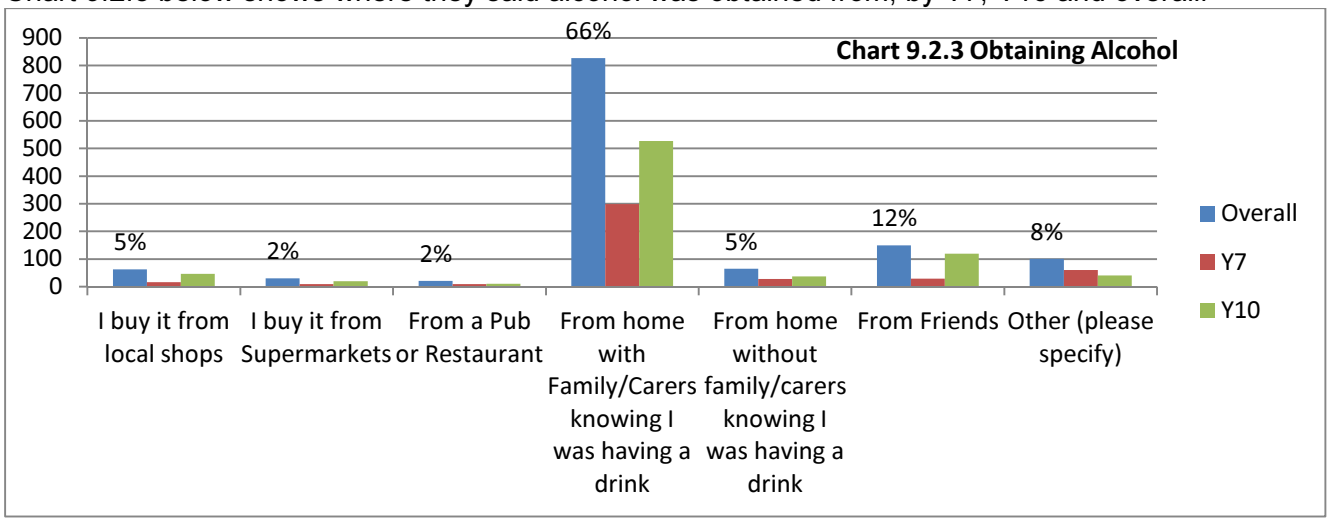
Overall

- 17% (221) of pupils have tried alcohol but no longer drink it now, compared to 13% in 2016

9.2.3 Obtaining Alcohol

The question about where young people obtain alcohol from was answered by 78% (1255) of those who said they drink alcohol.

Chart 9.2.3 below shows where they said alcohol was obtained from, by Y7, Y10 and overall.



The trend as in previous years as followed with the majority of both Y7 and Y10 obtaining alcohol from a family member with their knowledge. There has been a reduction in the % of young people obtaining their alcohol from supermarkets or local shops down to 7% in 2017 from 8.2% in 2016. The place where the least number of pupils obtain alcohol from is restaurants and pubs

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.

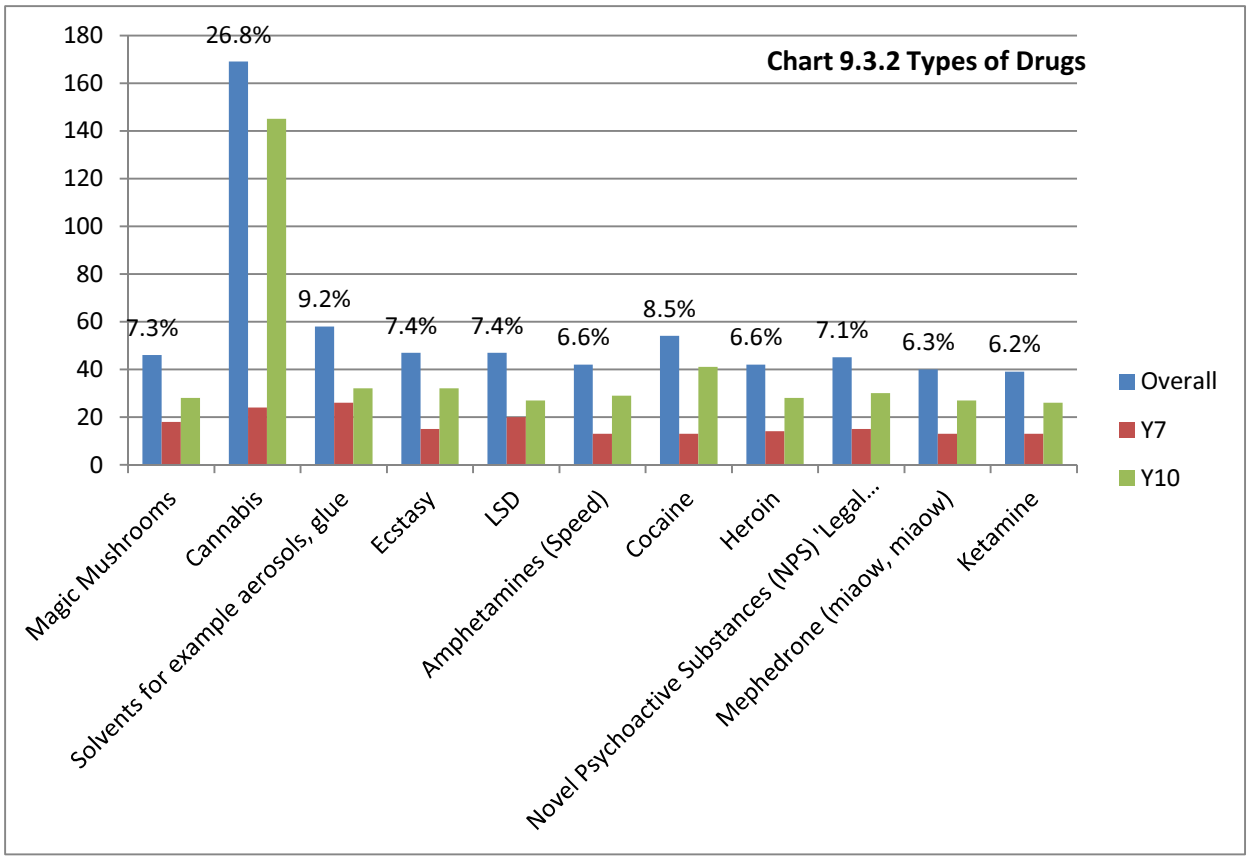
Benchmarking Information
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 38% said they have tried alcohol,
therefore 62% have not tried alcohol
Rotherham's figure from the 2017 results is higher than this result with 42.7% saying they have tried alcohol, but an improvement on 2016 results when 45% said they have tried alcohol.

9.3 Drugs
Overall 94.2% (3560) said it was not OK to use drugs, compared to 93.5% in 2016. This is a positive increase and could indicate than young people are not giving into peer pressure to try drugs. Far more Y7 said it was not OK to try drugs 97.5% compared to 89.8% of Y10.

9.3.1 Using Drugs
Overall 92.4% (3498) of pupils said they have never tried any drug which is almost identical to 2016, when 92% said they have never tried any drug.

- 87% (1416) of young people in Y10 said they have never tried any type of drug; this has improved from 84.5% in 2016.
- 97% (2082) of young people in Y7 said they have never tried any type of drug; this is almost identical to 97.1% in 2016.

9.3.2 Types of Drugs
7.4% (283) pupils answered yes, they have tried some type of drugs.
Out of the overall 283 pupils who said they have tried some type of drug 76% (214) of these answered the follow on question about types of drug they have tried.



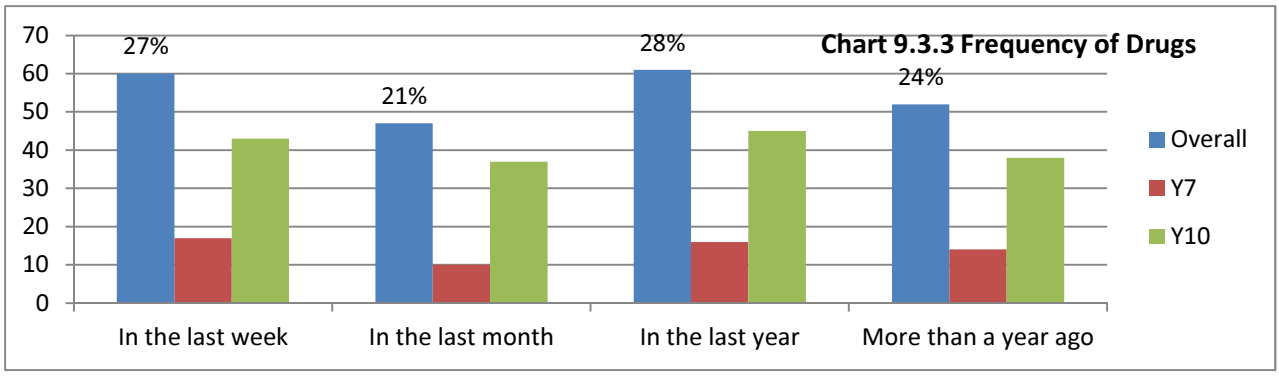
The results show that overall cannabis is the drug tried by more pupils 169 pupils said they have tried cannabis, 145 of these are in Y10 and 24 in Y7. Overall out of the 169 pupils who said they have tried cannabis, 77 % of these were girls and 92 % were boys.

Cannabis was not the most popular choice of drug tried by Y7 pupils this was solvents with 26 pupils saying they have tried solvents, closely followed by cannabis with 24 pupils in Y7 saying they have tried this drug. Out of the 26 pupils in Y7 that have tried solvents, 35% (9) were girls and 65% (17) were boys and for cannabis 41% (10) were girls and 59% (14) were boys.

Cannabis is the most popular choice of drug tried by Y10 pupils, overwhelmingly with 145 pupils in Y10 saying they have tried cannabis, out of these 46% (67) were girls and 54% (78) were boys. Ecstasy and Solvents were the next most popular choices for drugs dried by Y10 with 32 pupils saying they have tried these. Out of the 32 pupils in Y10 who have tried solvents, 31% (10) were girls and 69% (22) were boys and for ecstasy, 25% (8) were girls and 75% (24) were boys. Legal highs has moved down to 4th most popular with Y10 pupils from 2nd in 2016, 30 pupils in Y10 said they have tried legal highs, 23% (7) were girls and 77% (23) were boys.

9.3.3 Frequency of Drugs

Out of the overall 283 young people who said that they have tried some type of drug, 77.7% (220) answered the follow on question about when they last tried any one of the drugs. Chart 9.3.3 details the responses by Y7 and Y10.

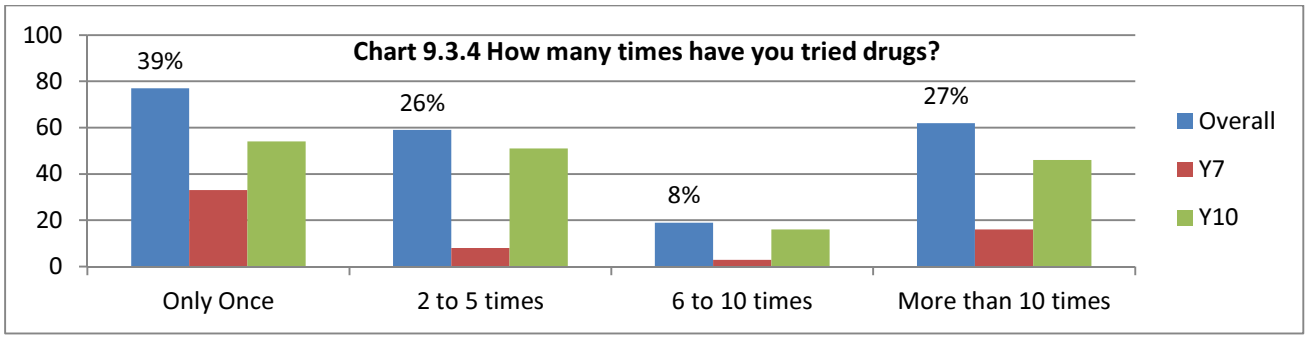


The results show that overall:

- 27% (60) said they had tried drugs in the last week, decreased from 32.7% in 2016, fewer pupils trying drugs more frequently.
- 21% (47) said they had tried drugs during in last month, increased from 20.6% in 2016
- 28% (61) said they had tried drugs in the last year increased from 16.6% in 2016
- 24% said it was more than a year ago since they had tried drugs, decreased from 30.1% in 2016.

9.3.4 Drug Use

Out of the overall 283 young people who said that they have tried some type of drug, 80.2% (227) answered the follow on questions about how many occasions have they tried drugs. Chart 9.3.4 shows the result by Y7, Y10 and overall.



The results show there has been an increase in the % of pupils who have tried drugs only once, therefore this could be imply they are not regularly using drugs.

- 55% (33) of Y7 pupils said they have only tried drugs once, compared to 44% in 2016
- 32.3% (54) of Y10 pupils said they have only tried drugs once, compared to 31.3% in 2016.

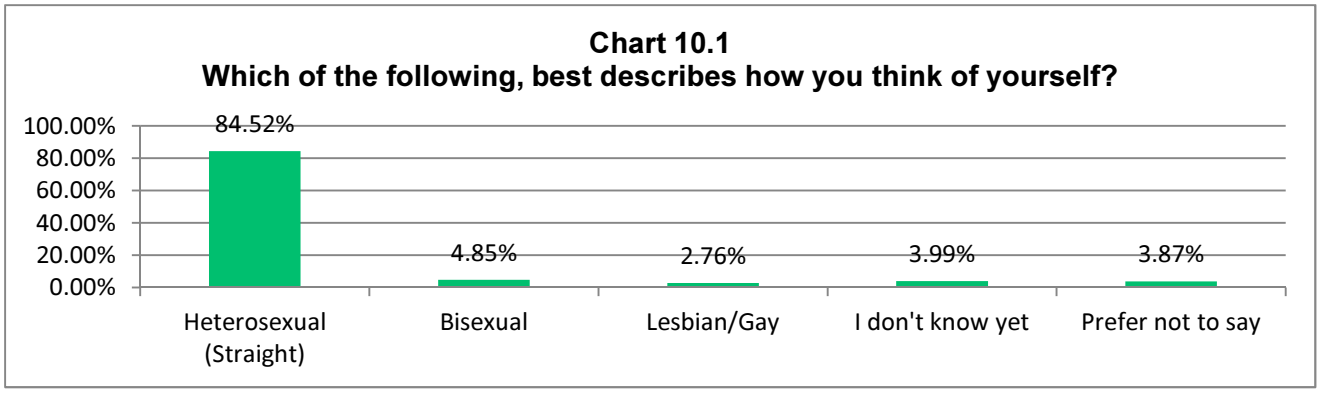
What's working well?
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 15% said they have tried drugs,
therefore 85% have not tried drugs
Rotherham's figure from the 2017 results is higher than this national picture with 92.5% saying they have not tried drugs

10. Sexual Health& Relationships

Pupils are asked a series of questions about sexual health and relationships. A number of these questions are age appropriate questions, therefore they are specific for Y10 pupils only

10.1 Y10 Sexuality

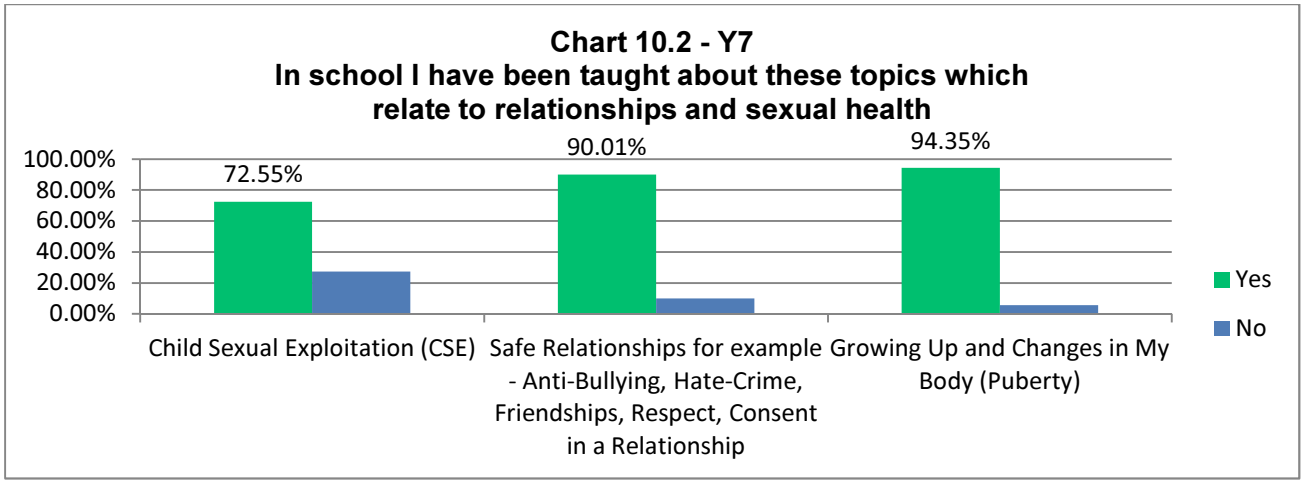
Y10 pupils are asked to say how they describe their sexuality. Chart 10.1 shows the responses by %.



The results show that out of the 84.5% (1376) of pupils who described themselves as straight, 50.2% (692) of girls described themselves as straight, compared to 49.8% (684) boys.
More girls described themselves as bisexual, preferred not to say, or they don't know yet.
More boys described themselves as gay.

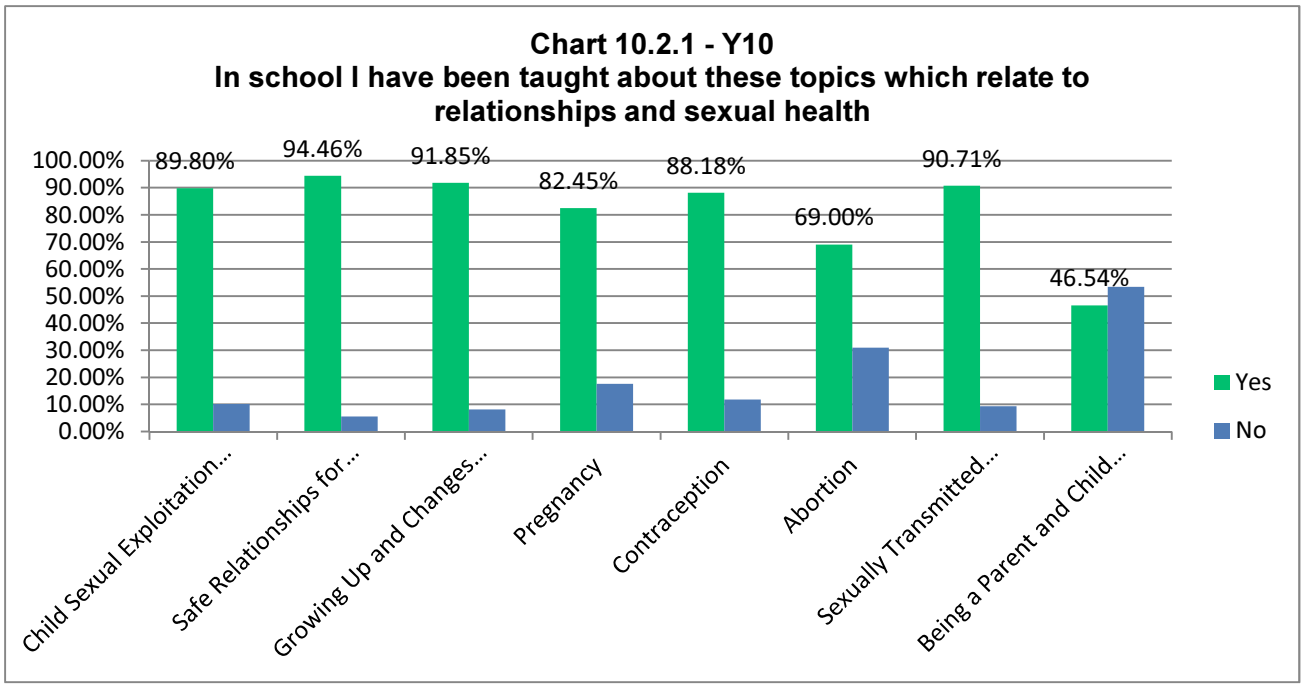
10.2 Sexual Health and Relationships Education

Pupils are asked to say what they have been taught at school as part of their personal, social and health education in relation to sexual health and relationships.
Chart 10.2 details the % results for Y7.



The results show that there has been an increase in the % of pupils in Y7 that have been taught about child sexual exploitation, 72.55% (1562), compared to 61.2% in 2016. There is an increase in the % of pupils who have been taught about safe relationships and a small decrease in the % who have been taught about growing up.

Chart 10.2.1 show the % results for Y10.



The results show that there has been a decrease in the % of pupils in Y10 that have been taught about the subject child sexual exploitation, 89.8% (1461), compared to 91.5% in 2016.

There has been an increase in the % of pupils in Y10 who have been taught about safe relationships, growing up and being a parent and child care. There has been a decrease in the % of pupils who said they have been taught about pregnancy, contraception, abortion and sexually transmitted infections.

10.3 Sexual Relationships Y10

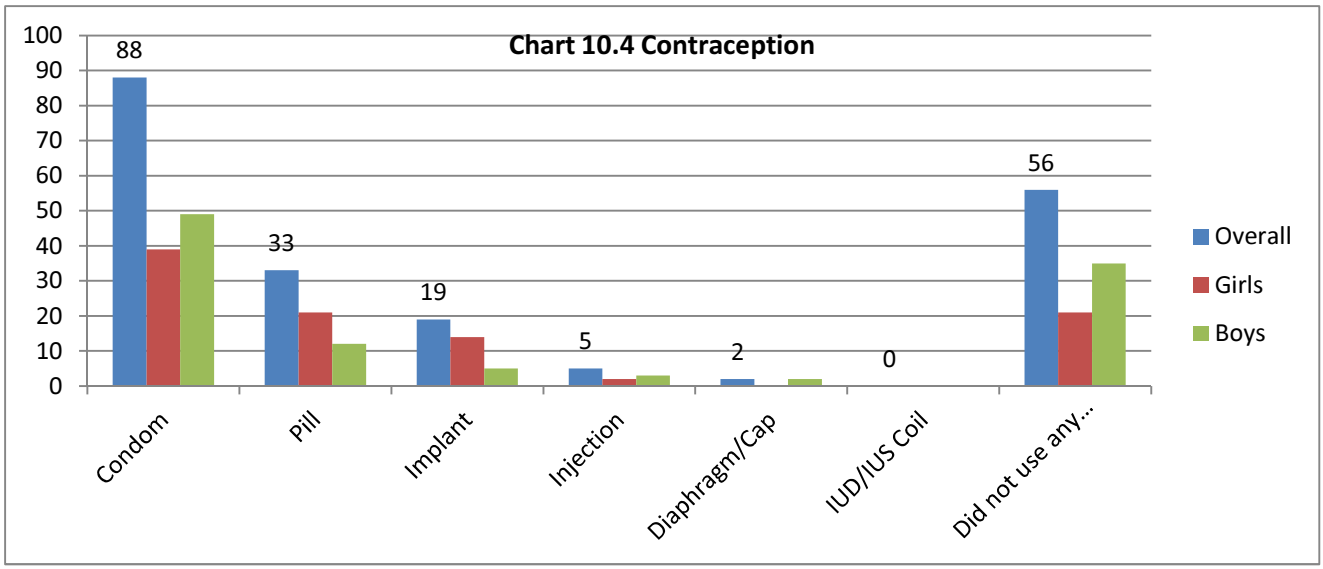
Pupils in Y10 were asked if they have had sexual intercourse

14.3% (233) of pupils in Y10 said yes they have had sex, this had reduced from 19.2% in 2016. In 2016 9.7% said they preferred not to answer this question, slightly more pupils in 2017 chose this option, 10.29% (167). More girls said yes they have had sexual intercourse, 52% (120) girls compared to 48% (113) boys. This is the same trend as 2016.

The results show 15.3% (36) Y10 pupils said they have had sexual intercourse after drinking alcohol and/or taking drugs, this is a decrease in % from 24% in 2016 who responded this way.

10.4 Contraception

Out of the 14.% (233) pupils who said they have had sexual intercourse, 87.1% (203) answered the follow on question on what type of contraception they have used. Chart 10.4 details the responses by male/female.

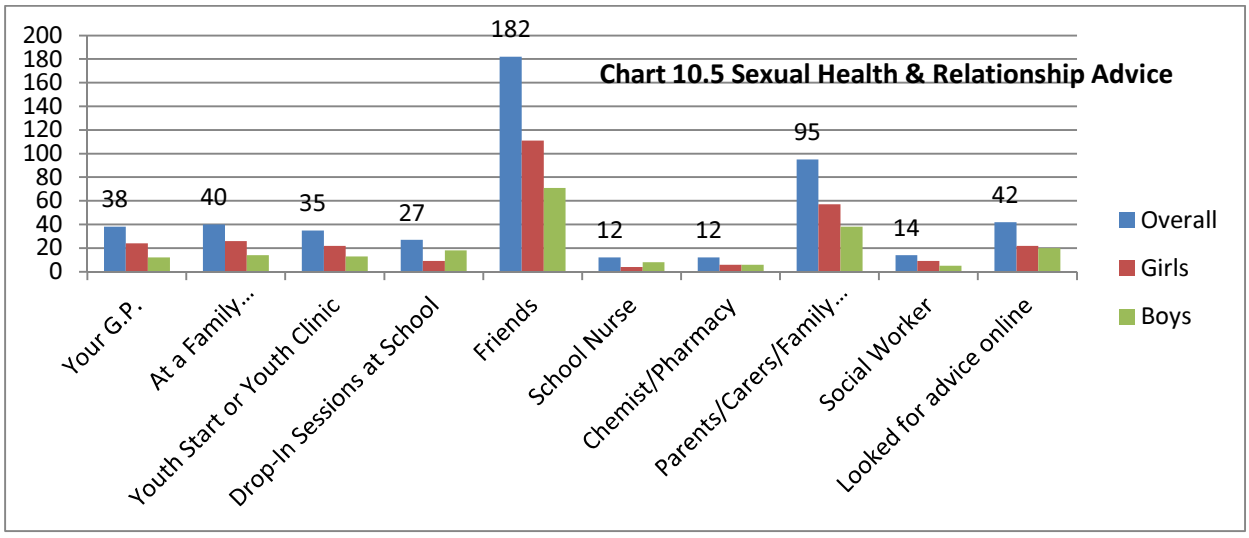


The results show that the % of pupils who said they did not use any form of contraception has increased, 27.5% (56) pupils gave this response, compared to 20% in 2016. More boys said they did not use any form of contraception compared to girls.

10.5 Sexual Health Advice

Pupils in Y10 were asked to say where they would go for sexual health and relationship advice. 80.5% (1311) of Y10 pupils answered this question, out of these 1311 Y10 pupils, 62% (814) said they have not sought any advice, they have never had the need for this type of advice.

38% (497) of pupils said where they would prefer to go for advice, the results are detailed in Chart 10.5

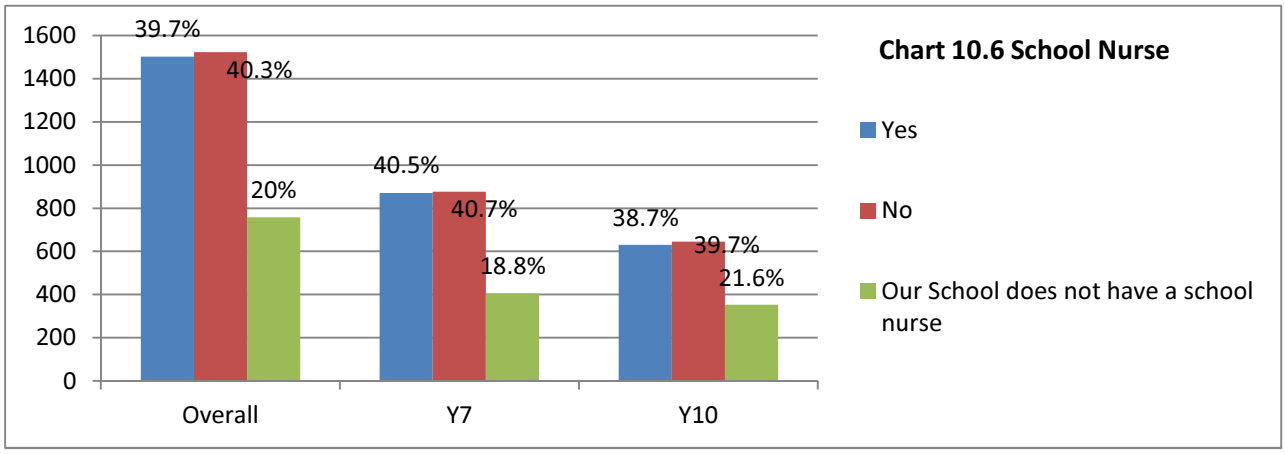


The results follow a similar trend to the 2016 results, the most popular choice for someone to talk to about sexual health would be friend, followed by parents/carers or family member. More young people would choose to go to family planning or their G.P. than in 2016 and less going to a youth centre. Girls are more likely to go to their G.P. or family planning and boys more likely to visit a drop-in at school or speak with a school nurse.

10.6 School Nurse

Pupils were asked to say if they knew who their school nurse was. There was an extra option added to the choice this year, pupils had the option to say whether their school had a school

nurse.



The results show overall 39.7% (1501) said yes they knew who their school nurse was, this has decreased from 43% in 2016. Overall 16.6% (630) pupils said their school did not have a school nurse.

Rotherham Metropolitan Borough Council

Rotherham Voice of the Child Lifestyle Survey 2017

Borough Wide Report

Contents

Acknowledgements
We would like to express our thanks to all of the Head teachers and staff at schools who co-ordinated the completion of the Lifestyle Survey for 2017.

In 2017, 11 out of 16 secondary schools in Rotherham participated in the survey along with 3 pupil referral units. In 2017 the survey was also offered to students who are electively educated at home and Newman Special School, who have piloted the survey on behalf of special schools, with the aim that the survey will be rolled out to all special schools in 2018. 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, safety and their views about Rotherham and their local areas.

Also thank you to the 3811 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 2017 Lifestyle Survey.

The survey is open to all pupils in Y7 and Y10 at secondary schools and pupil referral units, pupils are 11/12 years and 14/15 years of age. The pilot of the survey with pupils at Newman Special School was open to all years Y7 to Y12, this covered pupils age 11 to 16 years. The survey was open from Wednesday 26th April 2017 and closed Wednesday 19th July 2017. Overall in this age range in 2017 there were 6540 young people attending a secondary school, a pupil referral unit, Newman special school or home educated.

This survey is open annually to young people in Rotherham and is the only opportunity regularly given for young people to have their say about their health, well-being and their future. The sample of 3811 young people, who chose to participate in 2017, is 58% of the relevant population.

In the past five years, 17,324 young people have chosen to share their views about their health and well-being through this survey. This sample of relevant population gives a 95% confidence interval of +/- 1.38% so the lifestyle survey has continued to provide data with a high statistical significance.

Rotherham's aim is to be a child friendly town; creating a place where all children and young people want to grow up in, work and play. The Lifestyle survey can provide an insight into the experiences of children and young people living in the borough and a series of measures to monitor the progress of this aim.

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 10th 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. "*

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 the Y7 survey or in the pilot survey for pupils at Newman special school.

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.

The 2017 lifestyle survey went through a series of consultation exercises with children, young people, partners and voluntary sector, to review the questions with the aim to make

improvements for the survey to be a child friendly survey and enable the survey to contribute measures for the vision for Child Friendly Rotherham and the Health & Wellbeing Strategy. The changes to the 2017 survey include questions to ascertain if a young person is a looked after child; if young people are using youth centres, libraries and leisure facilities in Rotherham and if so what are their views about these services; do young people visit the dentist regularly and young people were asked to give their views on how they feel about their mental health.

2. Executive Summary

In total 3811 pupils participated in the 2017 lifestyle survey out of a possible 6540 young people who live in the borough in this age range. This is an overall 58% participation rate.

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

5 schools chose this year not to participate in the 2017 lifestyle survey. 3 schools had initially indicated they did not wish to participate so this excluded 1340 pupils, 2 further schools had a changeover in staff and the new staff in post did not have sufficient time to plan for the survey, this excluded a further 470 pupils.

Participation in the survey varied widely between individual schools, the variances ranged between 38% to 100% participation rates for secondary schools and pupil referral units.

2.1 What is working well?

The results of the 2017 Lifestyle survey show that there have been improvements in specific areas, in particular health, perceptions of Rotherham, areas of safeguarding, areas of smoking, alcohol, drugs, relationships and sexual health. The full list of the results that show what is working well can be found in Appendix 1.

The results in the 2017 Lifestyle survey show that far more young people from Rotherham say they visit their dentist at least once per year. 3515 (93%) of pupils said they visit their dentist, which is significantly higher than the national picture where during national smile month statistics show that it could be as many as 40% of children who do not regularly visit their dentist.

There have been improvements in some healthy eating and physical activities which could possibly be attributed to the work of Change for Life project supporting young people in school with the delivery of free fruit and promoting healthy eating. 5% more young people said they are eating the recommended 5 fruit and vegetables each day, more young people said they have breakfast in a morning and 3.5% more young people said they participate in regular physical activity. More young people participating in regular activity may have contributed to the reduction in the % of pupils saying they are worried about their weight, the 2017 results show that 3% less pupils are worried about their weight and there has been a 5% increase in the % of pupils who feel their weight is about the right size.

Pupils perception of Rotherham appears to be improving, pupils are asked to say if they would recommend Rotherham as a place to live and whether they would like to be living in Rotherham in 10 years' time, a significantly higher % of pupils gave positive responses to recommending and continuing to live in Rotherham and there has been a 7% increase in the number of pupils who said they regularly visit Rotherham town centre. The fear factor of protest and marches does not appear to be as significant to pupils now, this is rated far lower than in previous years as a risk that impacts on them visiting town centre.

It is positive to see that far more Y7 pupils have received education about child sexual exploitation; this has improved by 11%. It is worth noting that the overall % of pupils who have received education on this subject has increased over past 3 years, this does raise awareness in young people, so this could contribute to young people saying they do not feel safe in some

locations, in particular town centre locations. It is also positive to see there has been a 5% reduction in the number of Y10 pupils who said they have had sexual intercourse.

2.2 What are we worried about?

The results of the 2017 Lifestyle survey show that there are areas that need action to address what pupils' are telling us, in specific areas, health, aspirations, areas of safeguarding, young carers, relationships and sexual health. The full list of the results that show what is we are worried about can be found in Appendix 2.

It is positive to see that there have been improvements in results for areas of health, there are also some results in this area that need to be addressed. There has been an increase in the % of pupils that are consuming high sugar drinks and high energy drinks. Each educational establishment have been asked to look at their individual results and compare them to their 2016 results. Action has already been taken by three schools, one to ban the sale of these drinks, one to change their policy on the sale of these drinks in their dining hall and one school added a new display about the risks of these drinks.

There are fewer pupils who said they aspire to go to university than in the previous year. More pupils said they prefer going to college, but then moving into employment rather than university and more pupils said they have not yet made a decision.

Safeguarding in particular pupils feeling safe in and around the town centre has declined this year, less pupils said they always feel safe, although there was a slight % decrease in the number of pupils who said they never feel safe in the town centre, it should be noted that far more pupils have received education around child sexual exploitation, therefore young people have greater awareness.

The lifestyle survey results have continuously shown that there are more pupils identifying themselves as young carers than the Rotherham census figure shows, this could be attributed to pupils who take a brother or sister to school saying they are a young carer. There is a service available to support young carers, but the 2017 results show that there has been a decrease of young carers who said they have heard of this service. Barnardo's Young Carers Service on working on a project Theory of Change and will be visiting schools to promote the young carers service.

The results have shown that there was a 5% reduction in the number of Y10 pupils who said they have had sexual intercourse, but there has been an increase in the % of pupils in Y10 who said they did not use contraception in particular the increase was more prevalent with boys.
This data will be highlighted to the appropriate relationship and sexual health lead for the health and wellbeing board.

3. Participation Table 2016

This table shows the 11 schools, 3 Pupil Referral Units, Electively Home Educated and Newman Special School that participated in the survey and the volume of pupils who completed the survey from each school.

School	No. of Y7 Pupils	No. of Y10 Pupils
Aston	350	189
Brinsworth	242	122
Dinnington	108	140
Maltby	187	175
Oakwood	83	74
Saint Pius	127	46
Swinton	158	118
Wales	275	169
Wath	294	256
Wingfield	98	91
Winterhill	218	217
Pupil Referral Units		
Rowan Centre	1	1
Riverside Aspire	1	6
Swinton Lock	4	4
Home Educated	4	10
Newman School Pilot	Survey Offered to all pupils, in total 30 pupils participated	

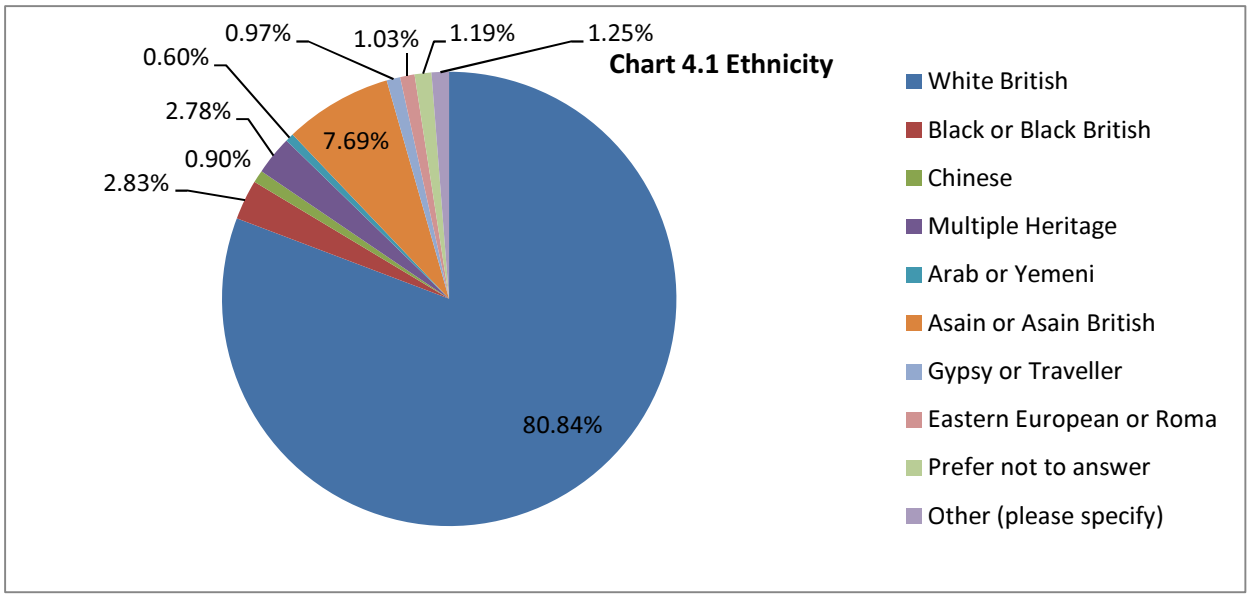
4.

Of the pupils that completed the 2017 survey, 1919 (50.35%) were female and 1892 (49.65%) were male. 2153 (57%) were in year 7 and 1628 (43%) were in year 10.
The results show that 30 pupils in the Newman School Pilot participated in the survey across all years in the school; a separate report has been produced to show Newman School results.

4.1 Ethnic Origin

When asked about their ethnicity, 80.8% (3,062) of pupils described themselves as White British (compared to 84% in 2016). 16.8% (622) described themselves as from Black or Minority Ethnic group (BME) (this compared to 11.5% 2016). 1.19% (47) preferred not to say and 1.25% (50) 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 Looked After Children

Pupils were asked to say if they are a looked after child and had the option to miss this question if they so wished. 0.5% (19) pupils said they were looked after in a foster care placement. 0.2% (8) pupils said they were looked after in a children residential placement. 0.07% (3) pupils said they were looked after in other residential placement. Overall the results show that 0.8% (30) pupils said they were looked after. The survey was open to pupils for a period of 12 weeks in May, June, July. During this period of time our data showed that we had 55 young people who were looked after in the age range of Y7 and Y10, 54% of these young people participated in the survey.

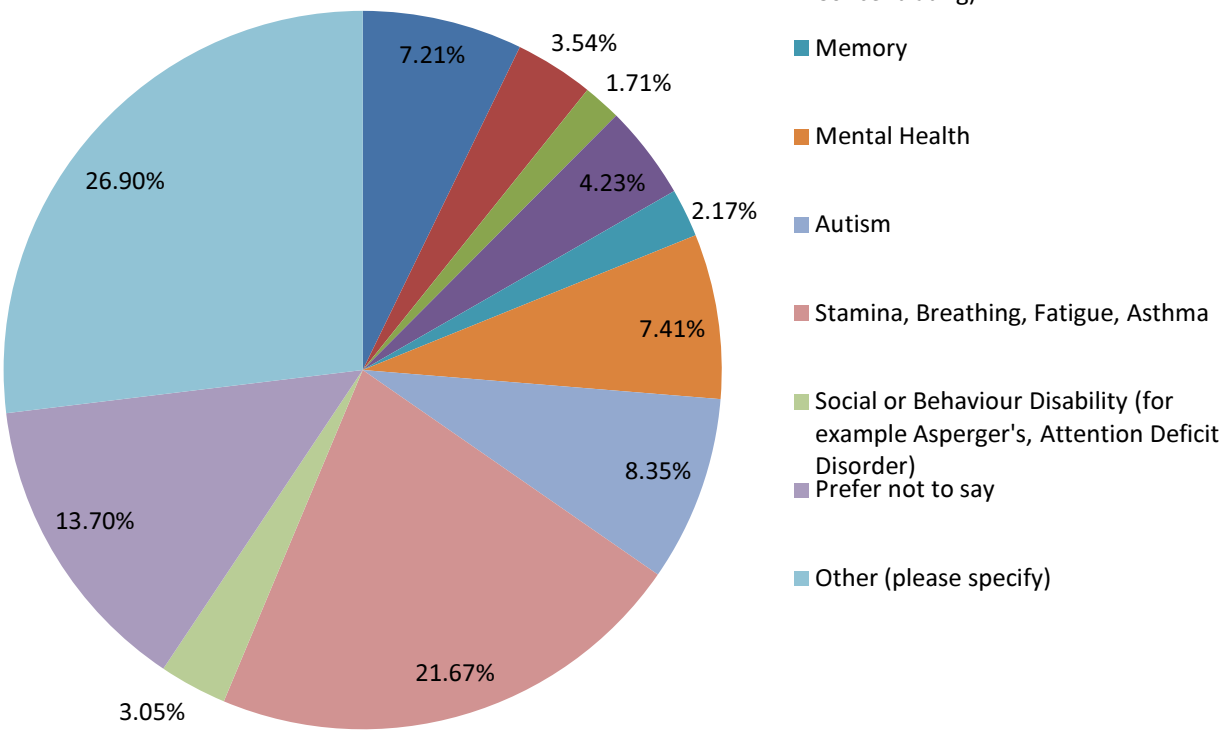
4.3 Health - Disabilities

Pupils were asked if they had a diagnosed long term illness, health problem, disability or medical condition. 20.9% (796) of pupils said they had a diagnosed condition (compared to 21.9% (616) in 2016). A higher % of Y7 pupils said they had a diagnosed medical condition. A slightly higher % of girls said they had a diagnosed medical condition compared to boys.

Out of the 796 (20.9%) 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 Diabetes, Skin Condition, Kidney Infections, Hay Fever and Heart Murmur.
There has been a decrease from the 2016 results in the % of pupils saying they have diagnosed condition in sensory, mobility, learning, memory and mental health categories.
There has been an increase from the 2016 results in the % of pupils saying they have diagnosed condition is stamina, breathing, fatigue, asthma and autism, social behaviour categories.

Chart 4.3
Disability Diagnosis



4.4 Oral Health

The results in the Rotherham lifestyle survey for 2017 show that 3513 (93%) of pupils said they go to the dentist at least once per year. 2977 (79%) said they visit every 6 months. 137 (3.6%) visit the dentist less than once per year and 131 (3.5%) said they have never visited the dentist.

What's working well?

Oral Health Foundation published information from their consultation carried out in May 2017, this was national smile month. Their results showed that nationally roughly 40% of children
do not visit their dentist at least once per year.

The results for Rotherham are significantly better than this, with 93% of pupils saying they visit the dentist at least once per year.

5. Healthy Eating & Exercise

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

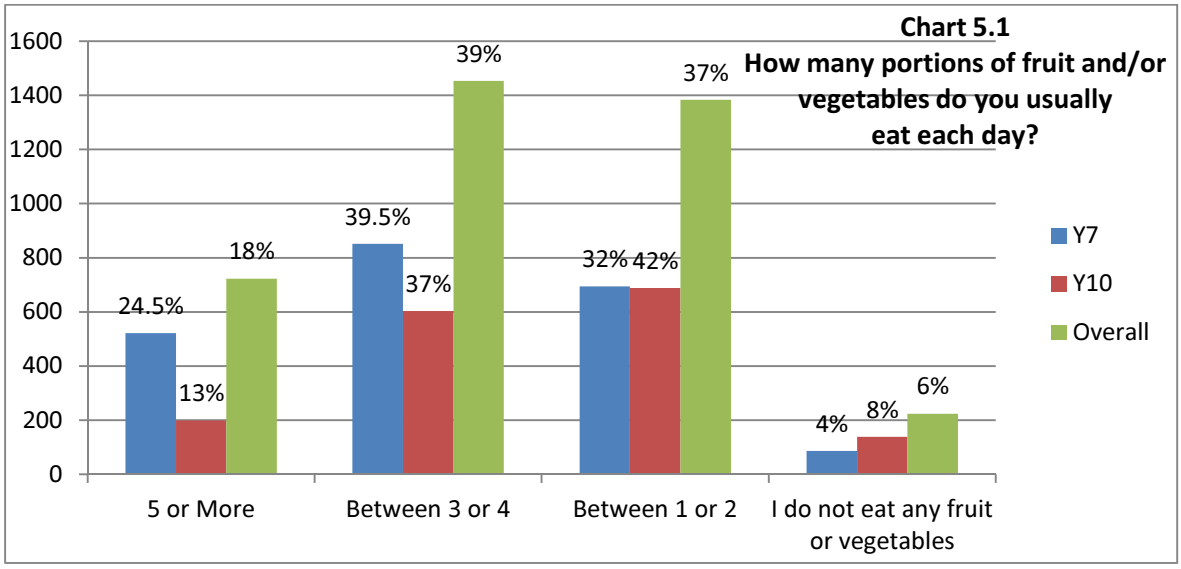
The results from 2017, show that there has been an increase in the number of pupils having the recommended 5 or more portions of fruit and vegetables each day, this has increased to 18.2% (723) in 2017 from 13.5% (378) in 2016.

There has also been a decrease in the number of pupils who said they do not eat any fruit or vegetables down from 7% in 2016 to 6% (224) in 2017. Y7 pupils only 4% (86) said they did not eat any fruit or vegetables. The 'Change for Life' initiative in Y6 primary school could be a contributing factor to what's working well.

What's working well?

'Change for Life' resources have been promoting in Primary Schools with the delivery of free fruit and vegetables, to encourage and promote healthy eating.

Chart 5.1 below shows the breakdown of 2017 results.



Analysis of the data shows that Y7 are more likely to eat 5 or more portions of fruit and vegetables per day. Y10 pupils are more likely not to consume any fruit or vegetables compared to Y7.

Girls in Y7 are the most likely to eat 5 portions of fruit and vegetables each day and for Y10 it is boys who said they are most likely to eat the recommended 5 portions.

5.2 Water

When asked about how many glasses of water they drank a day, 76.5% (2454) of pupils responded that they drank 1 to 5 glasses of water (72.6% in 2016), 18.29% (692) said they had 6-10 glasses, this is a decrease in the number of young people consuming the recommended amount of water per day, compared to (19.75% in 2016). There has been an improvement in

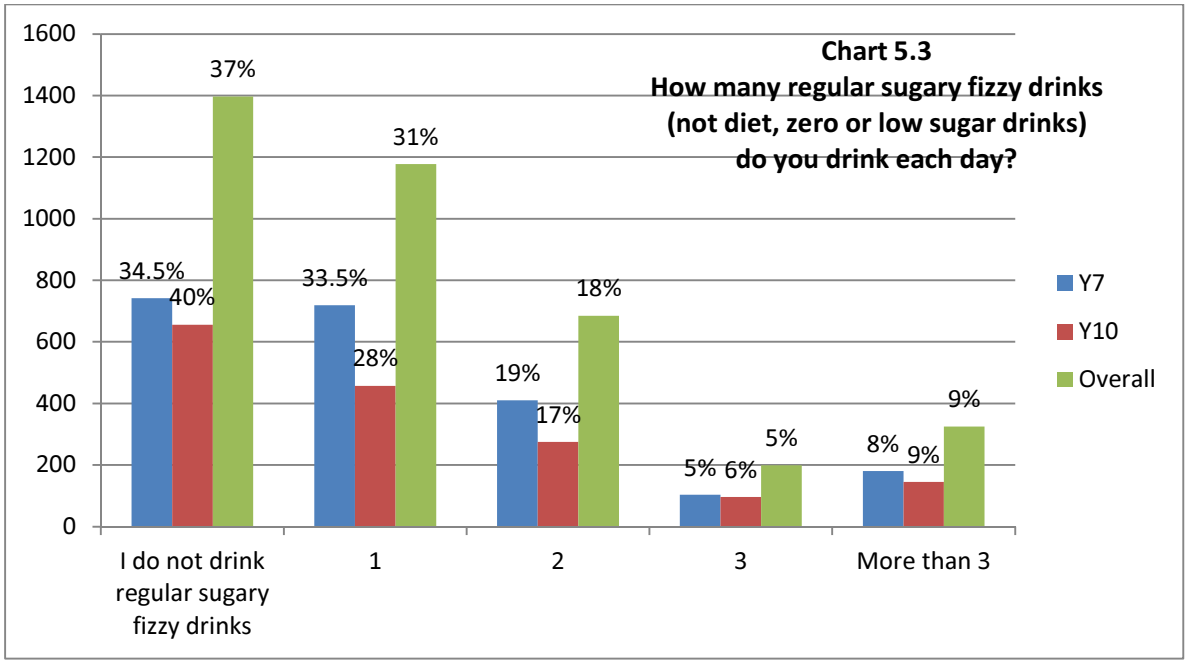
the number of pupils who responded that they drank no water at all; this has reduced to 6.1% (234) from 7% in 2016.

More year 7 pupils said that they drank the recommended 6-10 glasses of water each day 21.86% (471) of Y7, compared to 13.55% (220) of Y10. A higher % of Y10 pupils said that they drank no water at all 7.29% (120) of Y10 compared to 5.33% (114) of Y7.

What's working well?
One establishment has had a campaign about caffeine consumption.
This school has recognised an increase in pupils requesting water. (Rowan Centre)

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. The results from 2017 show a % increase in the number of pupils who are consuming 2 or more high sugar drinks each day. 68% (2574) of pupils said they didn't drink any or only drink 1 high sugar drink each day; this has decreased from 71% in 2016. The overall responses for Y7 & Y10 are detailed in Chart 5.3 below.



The analysis shows that Y10 pupils are far more likely not to consume higher sugar drinks than Y7. 40% (655) of Y10 pupils said they never consume high sugar drinks, compared to 34.5% (741) of Y7 pupils.

What are we worried about?
Over 65% (1412) of Y7 pupils consuming 1 or more high sugar drinks each day.

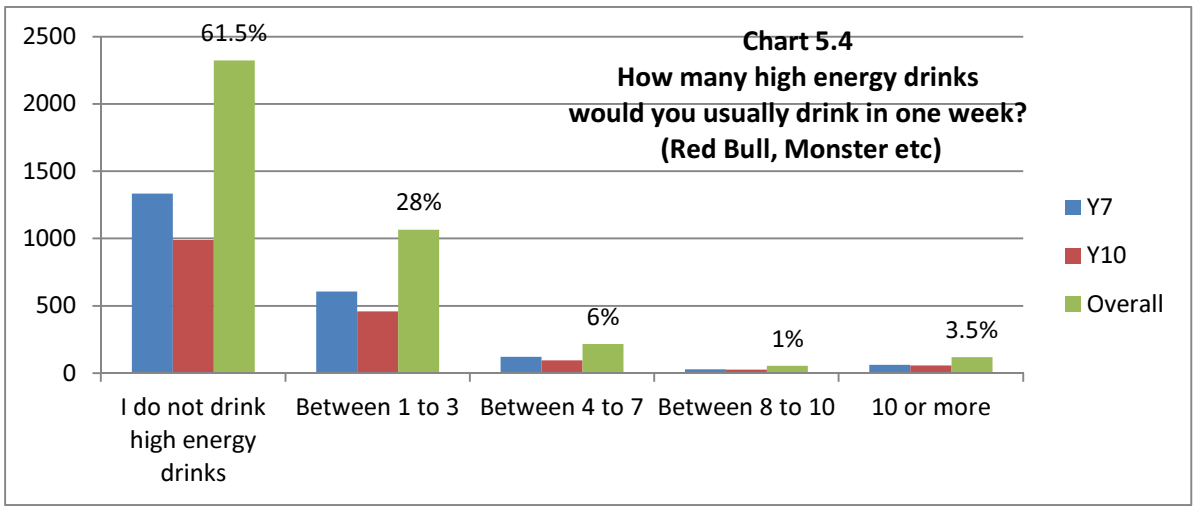
What do we need to do next?
Promote through 'Change for Life' resources healthy options for drinks, compared to the high sugar drinks.

What's Working Well?
A Secondary school has banned the sale of high sugar drinks in their school (Winterhill)
A Secondary School have told us they have put up a new display board about showing comparisons of sugar in certain drinks (Dinnington)
A Secondary school has changed their sale of fizzy/high sugar drinks in dining hall (Wales)

5.4 High Energy Drinks

There has been an increase in 2017 of the number of pupils who said they are consuming high energy drinks. Overall 61.51% (2326) of pupils said they do not consume high energy caffeinated drinks, in comparison to 63% in 2016.

Chart 5.4 below shows the overall results for the consumption of high energy drinks.



Y7 pupils are more likely to not consume any high energy drinks 62% (1335) compared to Y10 61% (990).

Girls are less likely to drink high energy drinks; overall 68% (1309) of girls said they did not consume high energy drinks. Overall 53% (1018) of boys said they did not consume high energy drinks.

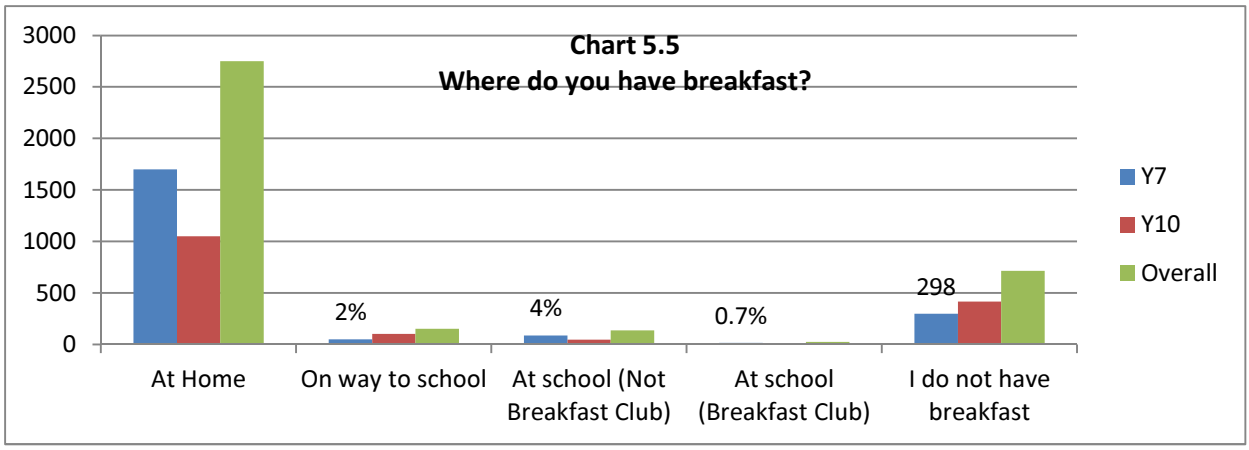
What are we worried about?
Increase in the consumption of high energy drinks, in particular with boys

What do we need to do next?
Promote through 'Change for Life' resources the issues around high energy drinks, promote healthier options for drinks
Highlight to schools this increase, ask each school to look at their results and promote healthier drinks

5.5 Breakfast

Pupils who said they have breakfast has improved to 81% (3068) compared to 79% (2238) in 2016. The pupils who said they have breakfast 89.6% (2751) said they have their breakfast at home, which is a similar % to 2016. Y7 pupils are more likely to have breakfast at home compared to Y10 pupils. 4% (154) have their breakfast on the way to school; 3.5% (136) have their breakfast at school; 0.7% (27) have their breakfast at a breakfast club at school. 18.9% (715) said they skip breakfast. Girls are far more likely to skip breakfast than boys, 453 girls said they skipped breakfast, compared to 262 boys. Chart 5.5 shows the overall results for the consumption of breakfast.

The national picture from studies carried out show that girls are more likely to skip breakfast with the main reason given, it will help them lose weight. Boys gave the main reason, they didn't have time.



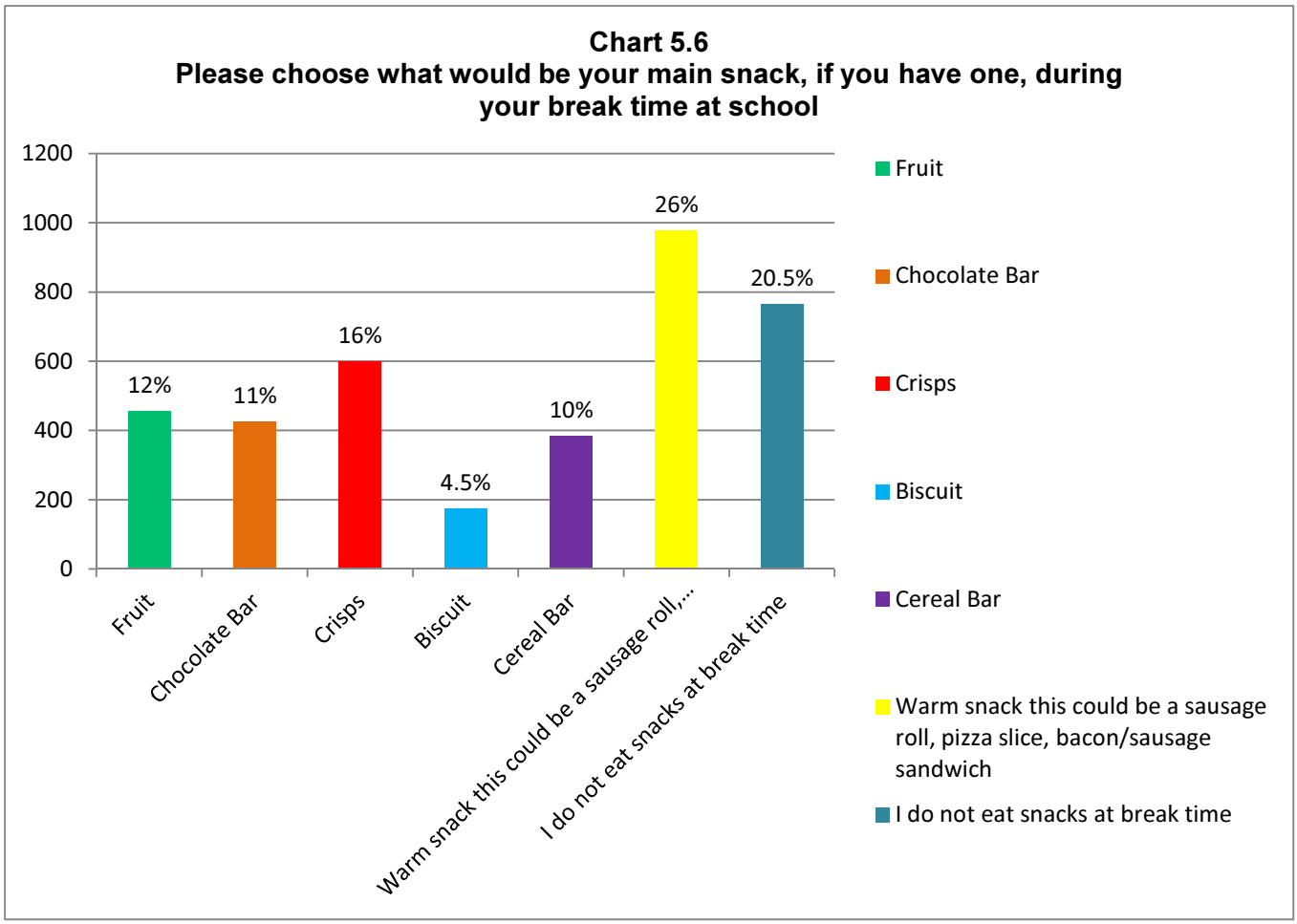
What's working well?

A number of national studies have shown that between 25% to 32% of children of school age, go to school without breakfast

Rotherham 2017 Lifestyle Survey results show that 81% of pupils in Y7 & Y10 are having breakfast, this is an improvement on 79% from past 2 years.

5.6 Snacks

There has been an increase in the number of young people who said they have a snack at break time, 79.7% (3017), compared to (76% in 2016). The 2017 results show that a warm snack is the most popular choice; this choice was amended to include warm snacks following the consultation with young people, this replaced sausage roll or pastry as an option. Crisps are 2nd most popular choice and fruit is 3rd choice. Fruit has moved up to 3rd choice from being 5th most popular choice in 2016. Out of the 3017 young people who said those chose to have a snack at break time, their choices are shown in chart 5.6 below



Y7 pupils are far more likely to choose fruit as a snack option than Y10. Y10 pupils are far more likely to choose chocolate as a snack option. More Y10 pupils choose not to have a snack at break time compared to Y7.

Girls are more likely to choose fruit as a snack option, boys are more likely to choose chocolate as a snack option and boys are more likely not to have a snack a break time at all.

5.7 Lunch

When asked where they mainly eat lunch 49.7% (1880) said that they have a school meal, the 2016 results were almost identical at 49.2%. Year 7 pupils are more likely to have a school meal with 58.6% (1263) saying they have a school meal compared to 37.9% (617) of Y10. 38% (1441) of pupils brought a packed lunch; this is a similar % to 2016. 2.2% (84) of pupils go home for lunch; this has increased slightly from 1.4% in 2016. 4.6% (176) visit a local shop to buy lunch; this is similar to 4.8% in 2016.

There has been a positive small % decrease in the number of pupils who said they did not have a meal at lunch time; this has reduced to 5.2% (200) in 2017 from 6% in 2016. Y10 pupils are more likely to skip lunch compared to Y7, 8.4% (137) of Y10 pupils said they skip lunch, compared to 2.95% (63) of Y7. Girls are more likely to skip lunch compared to boys, in both Y7 and Y10.

5.8. Exercise, Health & Weight.

There has been an increase in the number of pupils who said that they regularly take part in sport or exercise, 83.5% (3159) compared to 80% in 2016. Y7 pupils are more likely to exercise regularly 88.4% (1905) compared to 77% (1254) of Y10. Boys 86.6% (1621) are more likely to exercise regularly compared to girls 80.4% (1538).

There has been an improvement in the frequency of times per week that pupils are exercising. Out of the 3610 number of pupils that said they do some sport/physical activity the frequency results are:

- 23.4% (885) exercise 6 to 7 times per week, 5% improvement from 2016 (18%)
- 28.4% (1076) exercise 4 to 5 times per week, 1% improvement from 2016 (27%)
- 37.3% (1413) exercise 1 to 3 times per week, 3.5% decrease from 2016 (41%)
- 6.1% (234) exercise less than once per week, 2% decrease from 2016 (8%)
- 4.5% (173) said they never did any exercise 6%, 1.5% decrease from 2016 (6%)

What's working well?
It is recommended that children and young people should engage in moderate to vigorous exercise/sport activity on a regular basis.
The 2017 results show that 83.5% (3159) of all pupil said they do, this has improved from 80% in 2016.

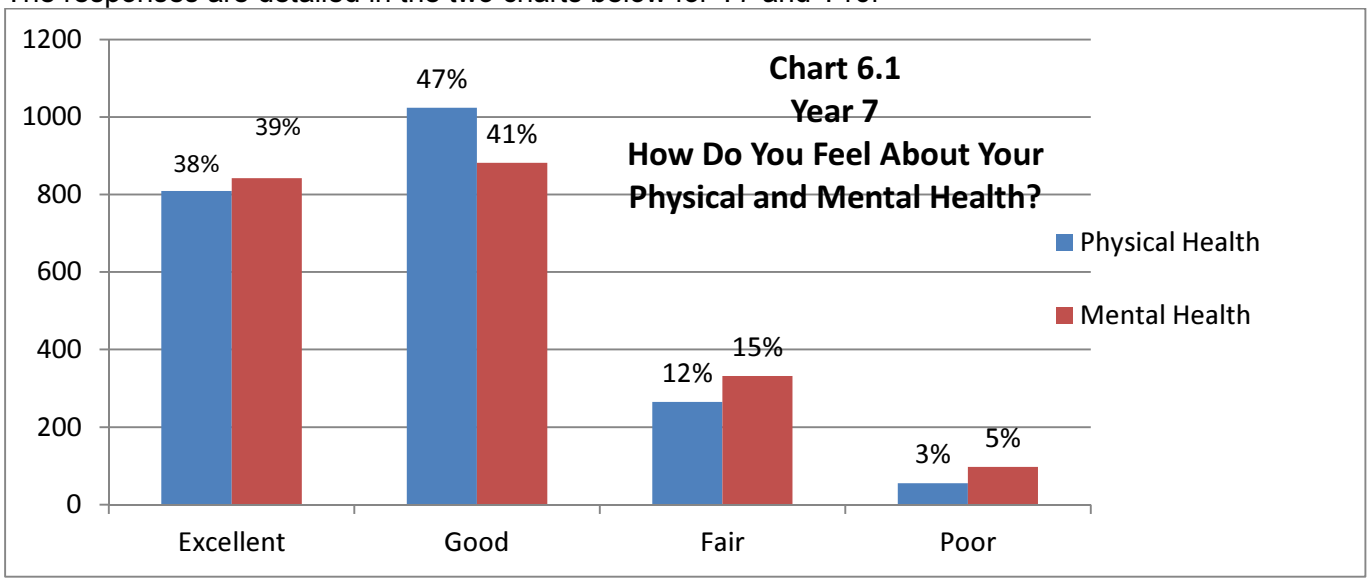
The Health & Wellbeing Board have objectives to increase opportunities for people in Rotherham to use outdoor space for improving their health and wellbeing.
Specific activities have included:
Active for Health Programme and Promoting One You campaign

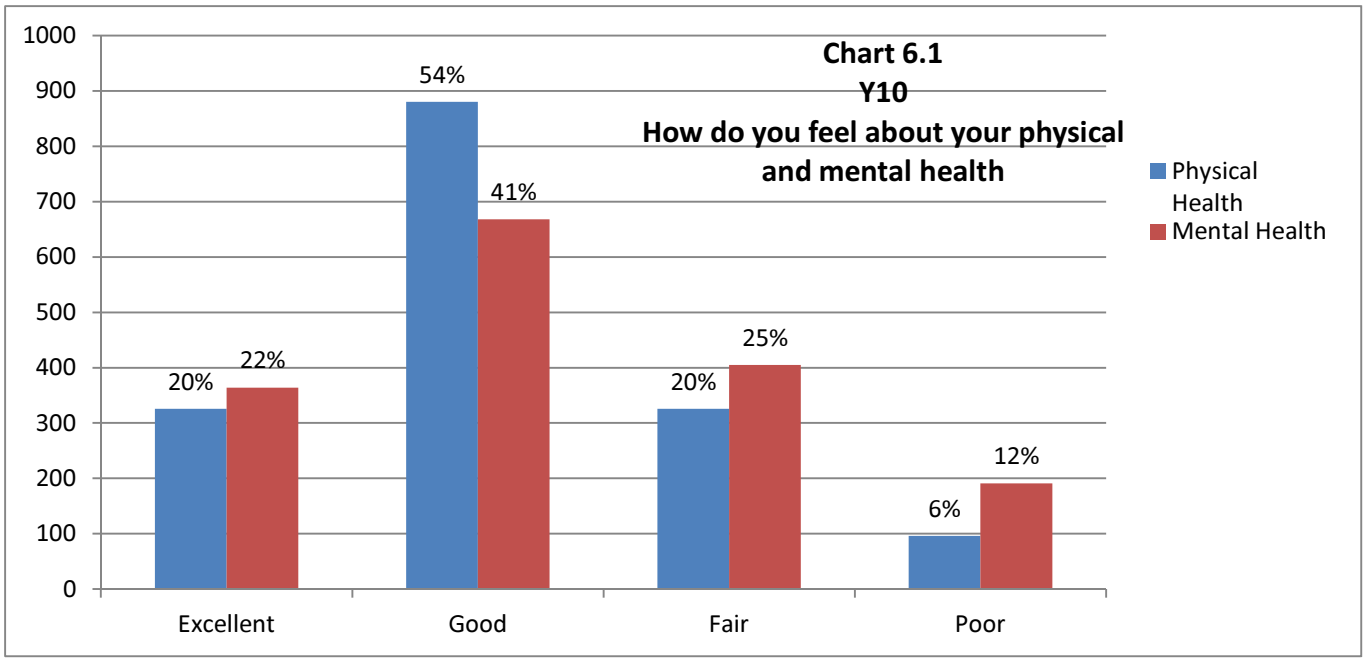
6.

6.1 Feelings Physical & Mental Health

The question around general health has changed this year; young people requested the question to be changed. They wanted to be able to express their feelings about their physical and mental health; these changes were approved by Health and Wellbeing Board and Director Leadership Team.

The responses are detailed in the two charts below for Y7 and Y10.





More pupils in Y7 rated both their physical and mental health as excellent, compared to Y10.
Overall 4% (151) pupils rated their physical health as poor (96, Y10 and 55, Y7) and 7.6% (288) rated their mental health as poor 191, Y10 and 97, Y7).
Girls are more likely to rate their physical and mental health as poor,

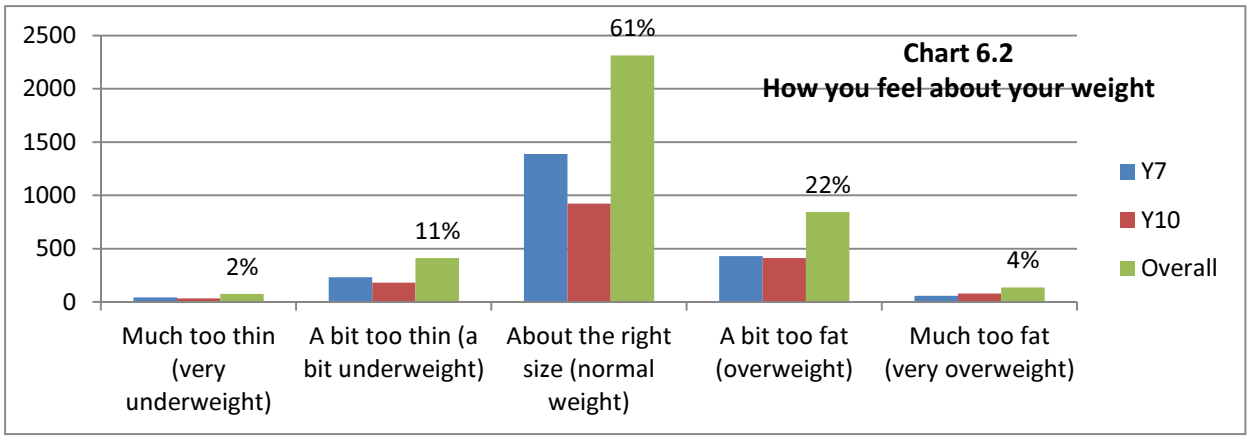
What's working well?
Health & Wellbeing Board have an aim to help all Rotherham people to enjoy the best possible mental health and wellbeing and have a good quality of life.
There are specific objectives to reduce the occurrence of common mental health problems and reduce the risk of self-harm and suicide among young people.

Specific activities have included:
Young people's mental health campaign
Specific mental health training for 100 front line workers

6.2 Feelings and Weight
Pupils are asked to share their feelings about their weight. The 2017 results show that 25.7% (1050) said they were worried about their weight, compared to 28.5% in 2016.

Girls in both Y10 and Y7 are more likely to be worried about their weight compared to boys.
In Y7 31.9% (346) girls said they were worried, compared to 19.5% (209) boys and in Y10 39.6% (328) girls said they were worried, compared to 20.8% (167) boys.

Chart 6.2 details how pupils overall feel about their weight.



Overall pupils who said they felt their weight was about the right size is 64% (2315), this is an improvement from 59% who said their weight was about right in 2016 results.

Key overall findings from Y7 & Y10 results:

Category	2017 Result	2016 Result
Feel they are very overweight	2.7% (136)	3.65%
Feel they were are overweight	20% (844)	24%
Feel they are very underweight	1.96% (75)	1.75%
Feel they are underweight	10.8% (413)	11.4%

What's working well?

Public Health NHS Outcomes Data states that for Rotherham the prevalence of overweight including obesity is 35.8% for Y6.
Lifestyle Survey results for 2017 show that in Y7 23% feel they are overweight or very overweight and in Y10 30% feel they are overweight or very overweight.

Health & Wellbeing Board have an aim that children and young people will achieve their potential and have a healthy adolescence and early adulthood
There are specific objective to reduce the number of young people who are overweight and obese.
Specific activities have included:
Review obesity services and consult on the children's obesity pathway is being carried out

6.3 How Pupils 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. Home Life
2. Friendships
3. Myself
4. The Future
5. Relationships
6. Schoolwork

7. How I look

Overall Y7 pupils said they most felt good about:-

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

28% (603) of Y7 pupils said they did not feel good about the way they look and 43% (695) of Y10 pupils said the same. These are similar results to 2016.

6.4 Feelings and Talking About Problems

Pupils are given a follow-up question about feelings and what they feel good about and asked to say who they would most likely discuss their problems with. Overall the number one choice for someone to discuss a problem with is an adult at home, although Y10 said they would first choose a friend.

Overall the results show

- Adult at home 35.4% (1098)
- Family member 30.4% (1056)
- Friend 21.2% (1086)
- Other 7.6% (288)
- I do not have anyone I could talk to 3.2% (123)
- Member of staff at school 1.7% (83)
- Youth worker 0.44% (20)
- Social worker 0.44% (20)
- School nurse 0.24% (6)
- Health professional e.g. GP 0.1% (3)

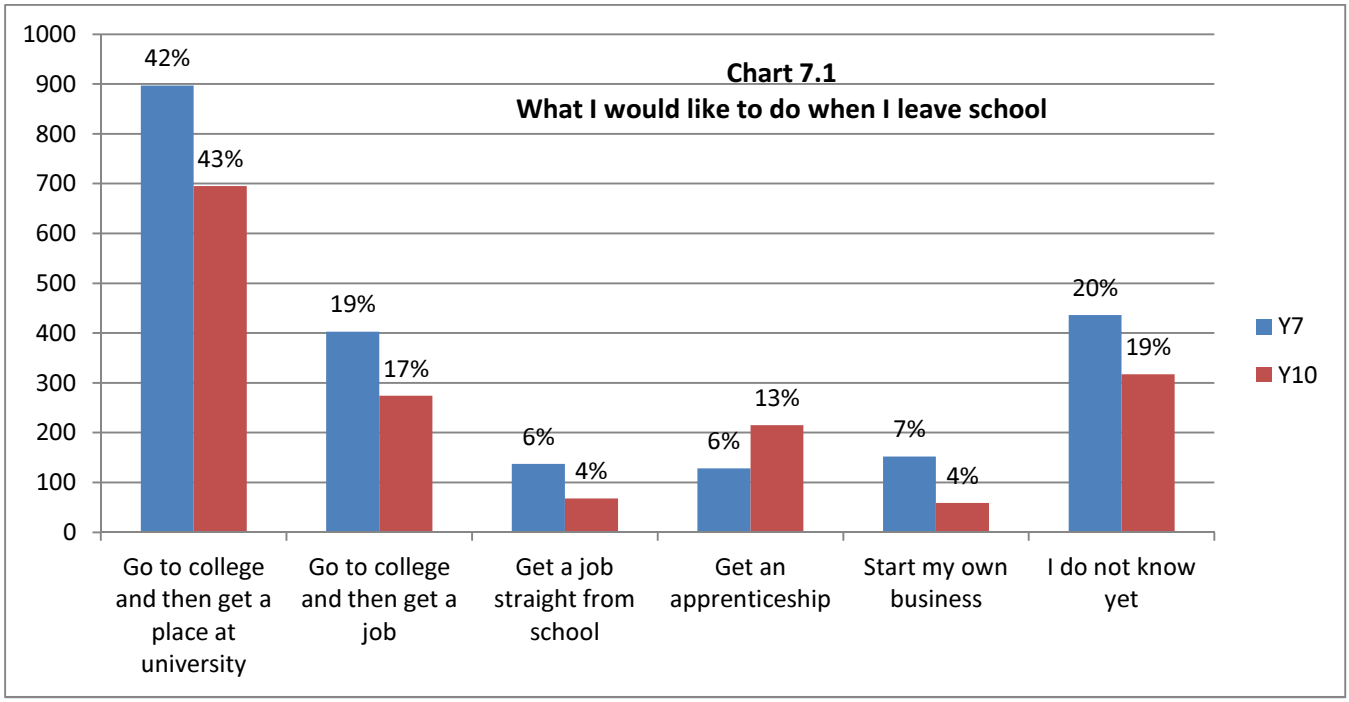
Analysis of the comments input into the 'other' option showed in the majority, pupils said they would talk to either boyfriend/girlfriend.

There has been a small reduction in the number of pupils who said they would not have anyone they could talk to, if they had a problem. Overall 3.2% (123) this reduced from 3.5% in 2016. In 2017 boys are more likely not to have anyone they could talk to, which is reverse of 2016 results.

7

7.1 Leaving School

Chart 7.1 below shows the responses from pupils when they were asked what they hope to do when they leave school.



There has been a decrease since 2016 of the number of young people overall who said they aspire to go to university. This has reduced to 42% (1592) from 45% in 2016. The biggest reduction has come from Y10 pupils.

- 42.6% (695) of Y10 down from 47% in 2016
- 41.6% (897) of Y7 identical as in 2016

More girls aspire to go to university, 57% (895) girls compared to 43% (697) boys.

5.7% (205) of pupils said they would like to get a job straight from school, this produced the exact same response as 2016.

- 4.2% (68) of Y10 chose this option, same as in 2016
- 6.3% (137) of Y7 chose this option, same as in 2016

More boys would prefer to get a job straight from school, 78.5% (161) boys compared to 21.5% (44) girls.

9.5% (343) of pupils said they would like to get an apprenticeship when they leave school, this is a similar response to 2016.

- 13.2% (215) of Y10 down from 13.5% in 2016
- 5.9% (128) of Y7 up from 4.6% in 2016

More boys would prefer to get an apprenticeship straight from school, 73.4% (252) boys compared to 26.6% (91) girls.

17.8% (677) of pupils said they would like to study at college and then move into employment, this this is similar response to 2016.

- 18.7% (403) of Y10 chose this option up from 17.1% in 2016
- 16.8% (274) of Y7 chose this option down from 17.6% in 2016

More boys would prefer to study at college and then get a job, 55.2% (374) boys compared to 44.8% (303) girls.

5.5% (211) of pupils aspire to start their own business up from 5% in 2016.

- 3.59% (59) of Y10 chose this option up from 3.2% in 2016
- 7% (152) of Y7 chose this option up from 6.8% in 2016

More boys aspire to start their own business, 7.4% (139) boys compared to 3.76% (72) girls.

20% (753) of pupils have not yet made their choice of what they would like to do when they leave school, this has increased from 18.5% in 2016.

- 19.5% (317) of Y10 up from 15% in 2016
- 20.2% (436) of Y7 down from 21.8% in 2016

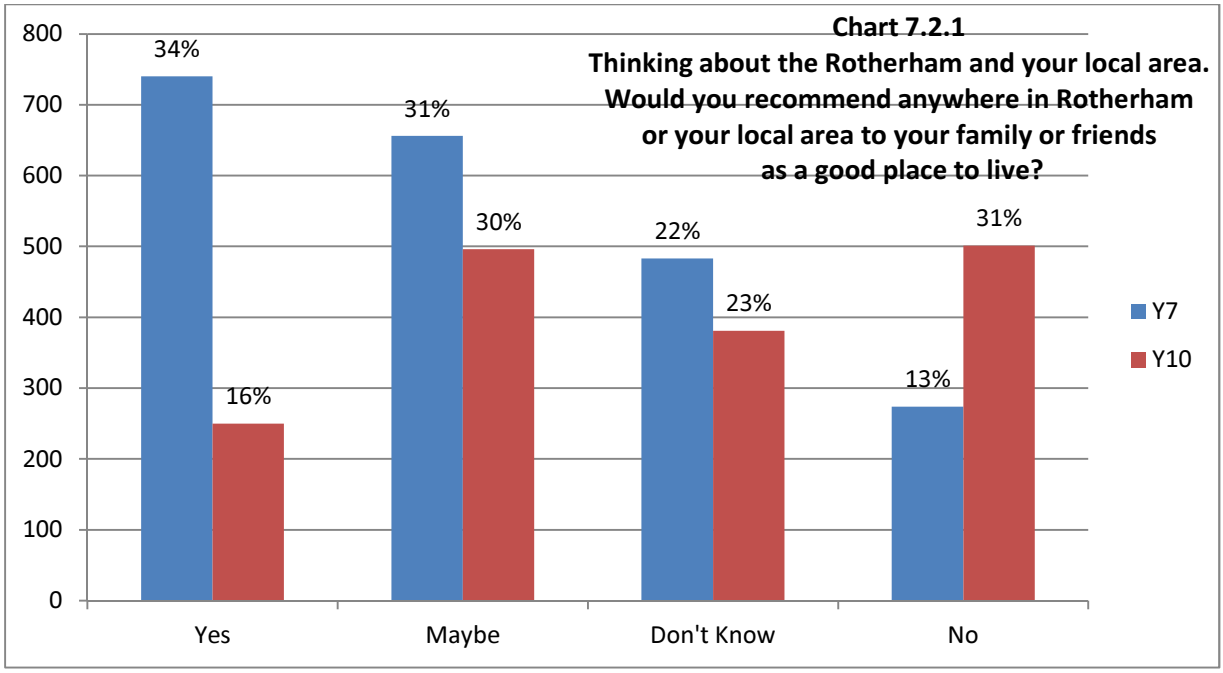
Slightly more haven't made their choice, 20.4% (382) boys compared to 19.4% (371) girls.

7.2 Rotherham and Your Local Area

The survey aims to capture the views of young people of Rotherham, how they feel about their future and living, working, learning in Rotherham

7.2.1 Recommending Rotherham as a place to live

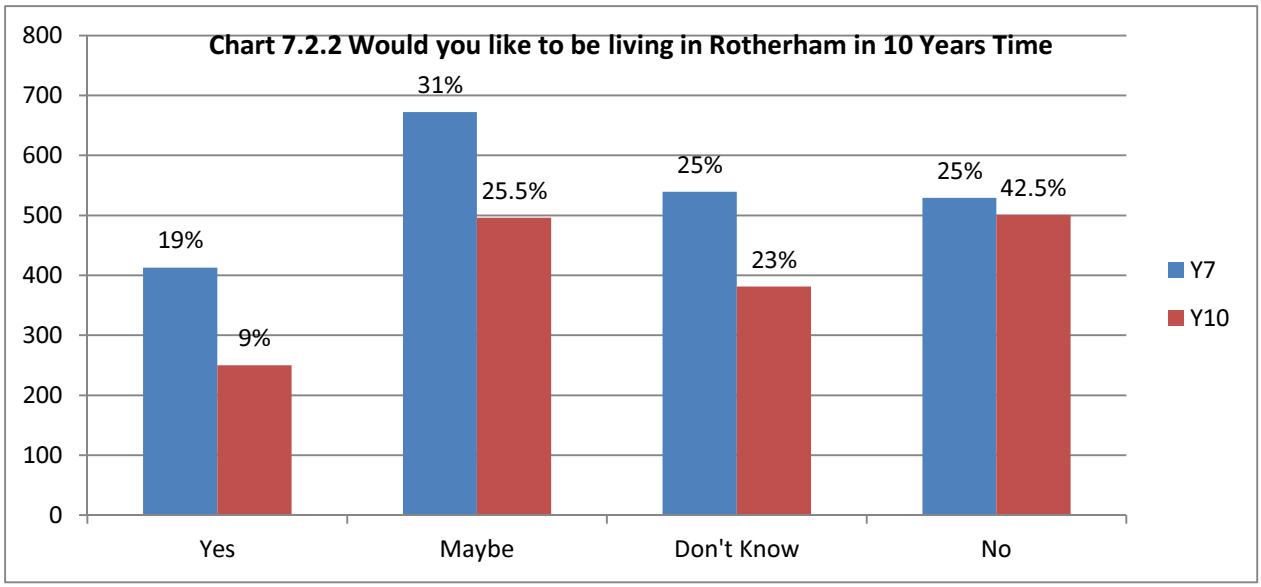
When asked if they would recommend Rotherham or their local area to their family and friends as a good place to live. Chart 7.2.1 below shows the Y7 and Y10 responses.



Overall 20.5% (775) of pupils said no, they would not recommend Rotherham as a place to live, this has reduced from 31.7% in 2016. There has been an increase in the number of pupils who would definitely recommend Rotherham as a place to live, 26.1% (990) compared to 14.8% in 2016. Pupils in Y7 are more likely to be positive about Rotherham and recommending Rotherham 34.5% (740) of Y7 said yes they would recommend Rotherham and boys are more likely to be positive 29.6% (555) said yes to recommending Rotherham compared to 22.7% (435) girls.

7.2.2 Living in Rotherham in the Future

When asked if they would like to be living in Rotherham or their local area in 10 years' time Chart 7.2.2 below shows the Y7 and Y10 responses.



Overall 27.2% (1030) gave the response that they would not like to be living in Rotherham in 10 years' time, this has improved from 37.5% saying no in 2016. There has been in an increase in the number of pupils who would definitely like to be living in Rotherham in 10 years' time 17.5% (662) said yes they would, compared to 13.5% in 2016.

Pupils in Y7 are more likely to want to continue to live in Rotherham 19.1% (413) of Y7 said yes they would recommend Rotherham, compared to 249 (15.2%) of Y10 and boys are more likely to want to remain in Rotherham 23.6% (442) said yes to staying in Rotherham compared to 11.5% (221) girls.

What's working well?
There has been improvement in the 2017 results about pupils' perception of Rotherham and recommending Rotherham as a place to live and wanting to remain in Rotherham in the future.

Young people have been given an opportunity to have their voice heard about future plans for Rotherham, through initiatives:
Different But Equal Board
The Embassy for Reimagining Rotherham
Child Friendly Rotherham Board

A follow-on question, was added to the 2017 survey about living in Rotherham in 10 years' time, pupils were asked to say what would be likely to encourage them to remain in Rotherham to live, learn and/or work past their 16th Birthday, pupils were allowed to give more than one choice if they thought this was a priority to them.

Table 7.2.3 shows the overall results and how Y7 and Y10 rated the choices.

Table 7.2.3 Living in Rotherham in 10 Years' Time				
Choices	**Overall**	**Ranking**	**Y7**	**Y10**
Make Rotherham Safer (This could be for example - improve walkways, cycle paths, road safety, police/security patrols).	2137 (56%)	1st	2nd	1st
Make Rotherham Cleaner (This could be for example - improve the cleanliness of streets, town-centre and parks).	2136 (56%)	2nd	1st	2nd
More entertainment places (This could be for example - cinema, bowling alley, skating rink, amusements, theatre).	1948 (51%)	3rd	3rd	3rd
Make Rotherham transport young person friendly, safe and have reasonable prices.	1748 (46%)	4th	6th	5th
More activities to do (This could be for example - more parks, better play areas, age appropriate activities).	1723 (45%)	5th	4th	9th
Make sure there is affordable Housing in Rotherham for when we need it.	1698 (45%)	6th	5th	8th
Stop Rotherham being seen as a negative place to be. Celebrate more and be proud of Rotherham and the good things in Rotherham.	1671 (44%)	7th	7th	7th
Make Rotherham a place where you would want to work or continue with further education (This could be for example - good job opportunities, apprenticeship opportunities, and excellent further education opportunities).	1654 (43%)	8th	9th	4th
Make Rotherham more young person friendly (This could be for example - have celebrations for young people recognising their achievements, have children champions/ambassadors, make sure information is in language children and young people will understand).	1592 (42%)	9th	8th	10th
Make Rotherham a place where there is a good range of shops.	1585 (42%)	10th	11th	6th
Make Rotherham Healthier (This could be for example - make opportunities to participate in sport and gym activities and/or competitions. Have places you can go to find out about healthy eating).	1477 (39%)	11th	10th	11th

Both Y7 and Y10 pupils chose for Rotherham to be safer, cleaner and have more entertainment places as their highest priorities. The least priorities overall were make Rotherham healthier and have a good range of shops, although having a good range of shops was a higher priority for Y10.

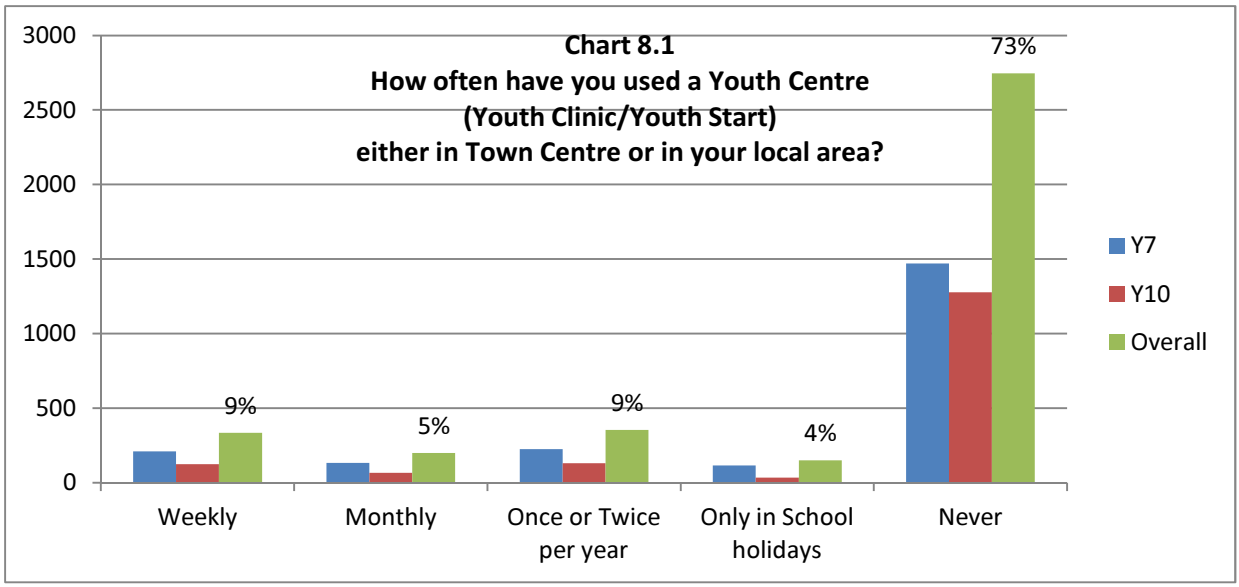
8. Rotherham and Your Local Area

Following consultation around the content of the Lifestyle Survey, questions were added to the 2017 survey, to ascertain from young people, how often they use youth centres, libraries, leisure centres, museum and the theatre in Rotherham and if they have ever used these services how they rate them.

8.1 Using Youth Centres

Overall 27.6% (1036) of pupils said they use Rotherham Youth Centres, this is an improvement compared to 23.7% in 2016

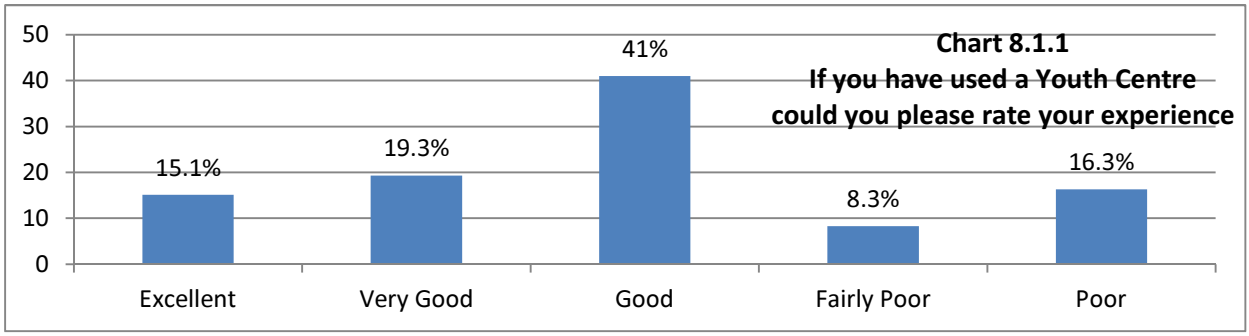
Chart 8.1 shows the frequency that pupils use the centres.



Y7 Pupils are more likely to use a youth centre compared to Y10 and girls are more likely to use a youth centre compared to boys.

8.1.1 Rating Youth Centres

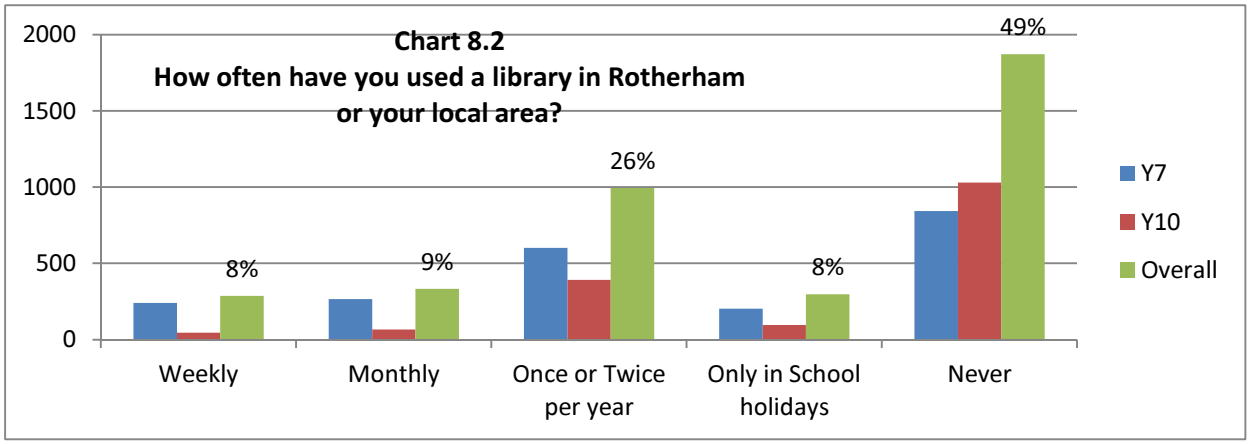
Overall 43% (1634) of pupils shared their views on rating youth centres in Rotherham.
Pupils were asked to rate the youth centres if they had ever visited one.



Overall 75% of those who have used a youth centre rated their experience good or better.

8.2 Using Libraries

Overall 51% (1911) of pupils said they use a library in Rotherham.
Although only 17% (621) use the libraries on a monthly or more frequent basis.
Chart 8.2 shows the frequency that pupils use the libraries.



8.2.1 Rating Libraries

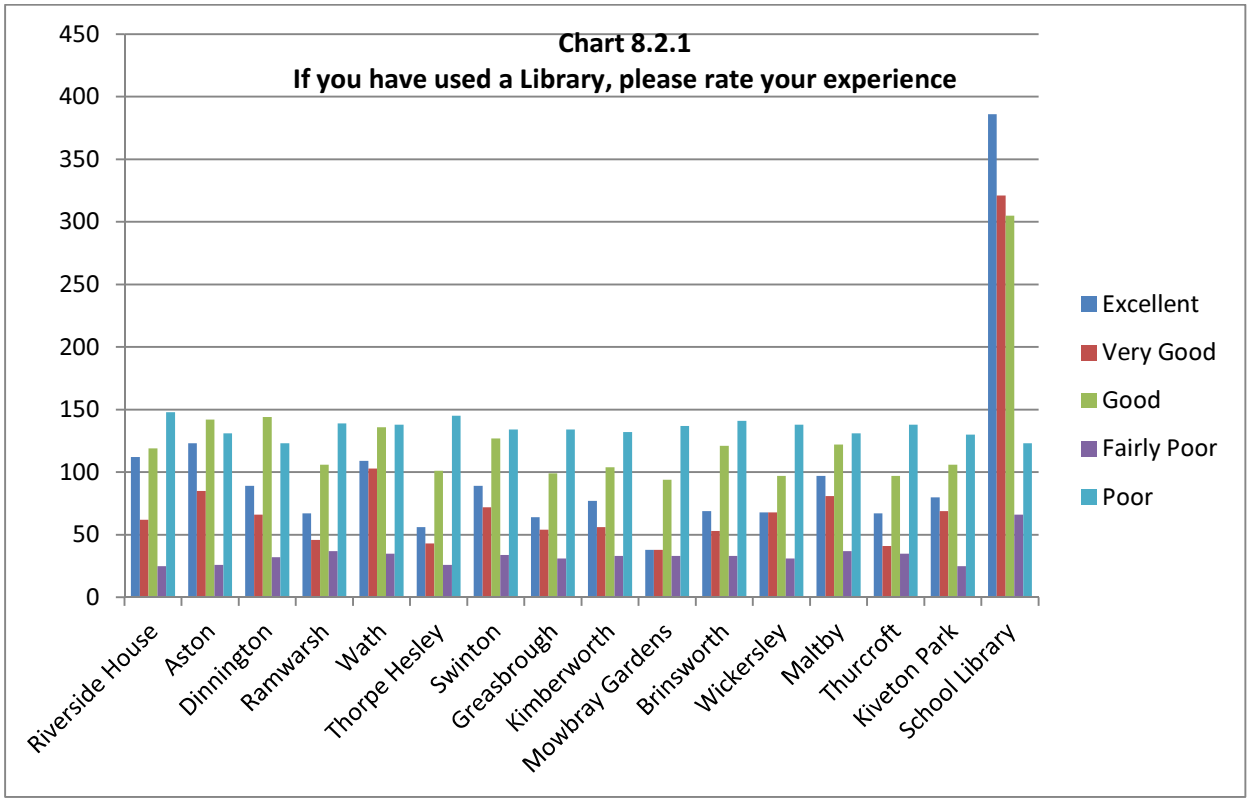
Overall 66.7% (2524) of pupils shared their views on rating libraries in Rotherham.
Pupils were asked to rate a library if they had ever visited one, they could rate more than one library if they had visited more than one.

Overall using the data from pupils who rated a library, the most popular libraries that are used are:

- School Library
- Aston
- Wath
- Riverside House
- Dinnington

The least used libraries are:

- Mowbrary Gardens
- Thurcroft
- Thorpe Hesley
- Greasbrough
- Rawmarsh



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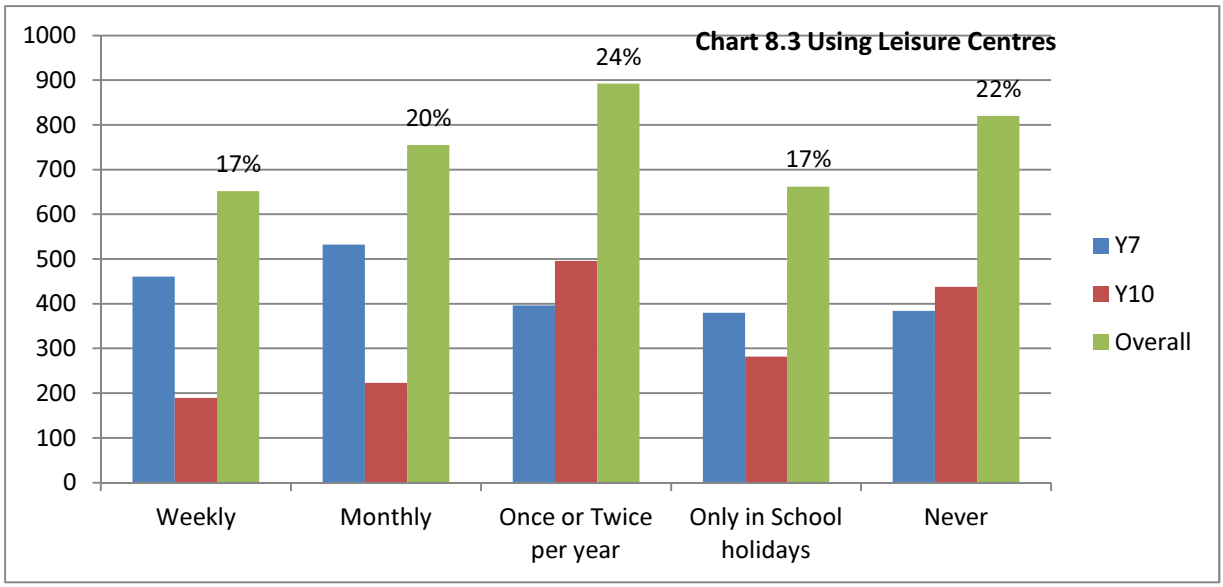
Overall 60% of those who have used a library, rated the experience good or better.

8.3 Using Leisure Centres

Overall 78% (2961) of pupils said they use Rotherham Leisure Centres.

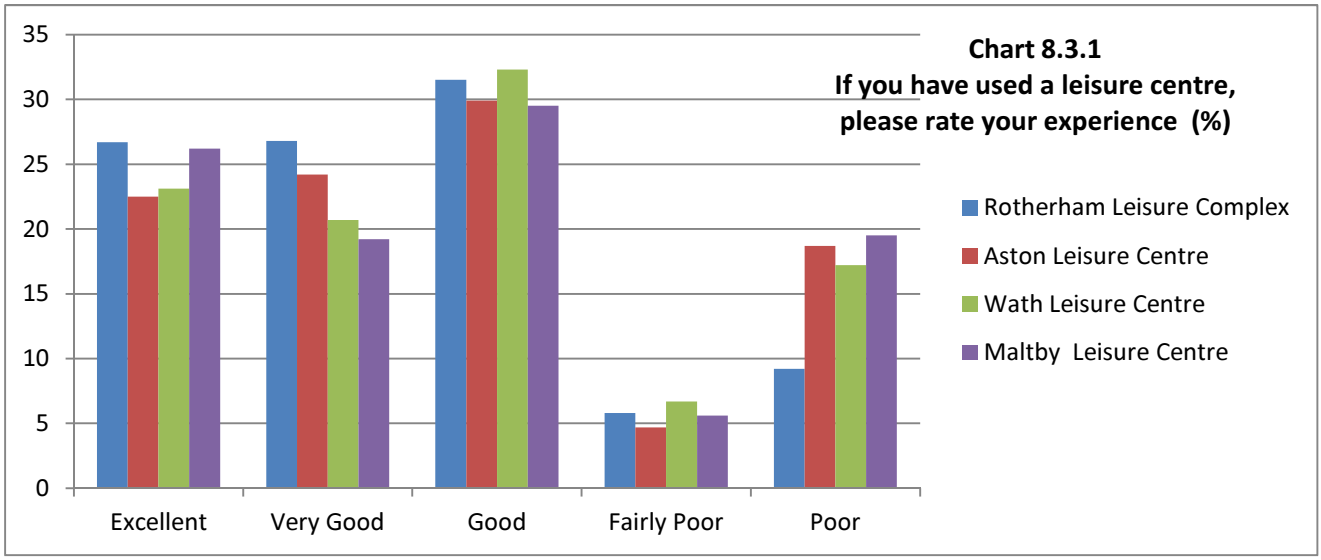


8.3.1 Rating Leisure Centres

Overall 73.8% (2793) of pupils shared their views on rating leisure centres in Rotherham, Pupils were asked to rate a centre if they had ever visited one, they could rate more than one centre if they had visited more than one.
Chart 8.3.1 show the results on how pupils rate the leisure centres in Rotherham

Overall using the data from pupils who rated a leisure centre, the most popular centres used are:

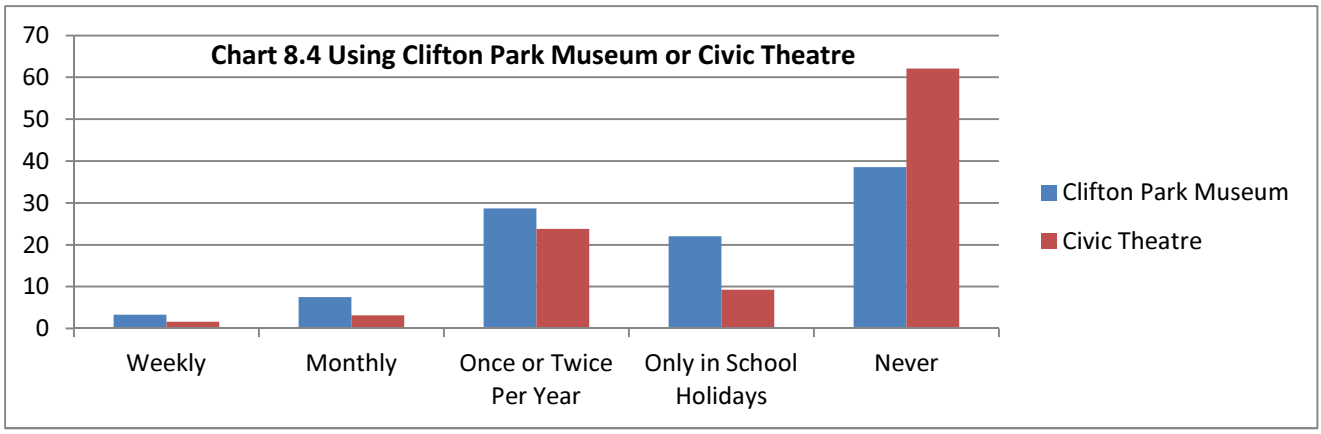
- Rotherham Leisure Complex
- Wath Leisure Centre



Overall 79% of those who have used a leisure centre, rated the experience good or better.

8.4 Using Clifton Park Museum or Rotherham Civic Theatre

Overall 61.4% (2322) of pupils said they have visited Clifton Park Museum
Overall 37.9% (1434) of pupils said they have visited Civic Theatre.
Chart 8.4 shows overall the frequency that pupils have visited either Clifton Park Museum or Civic Theatre.

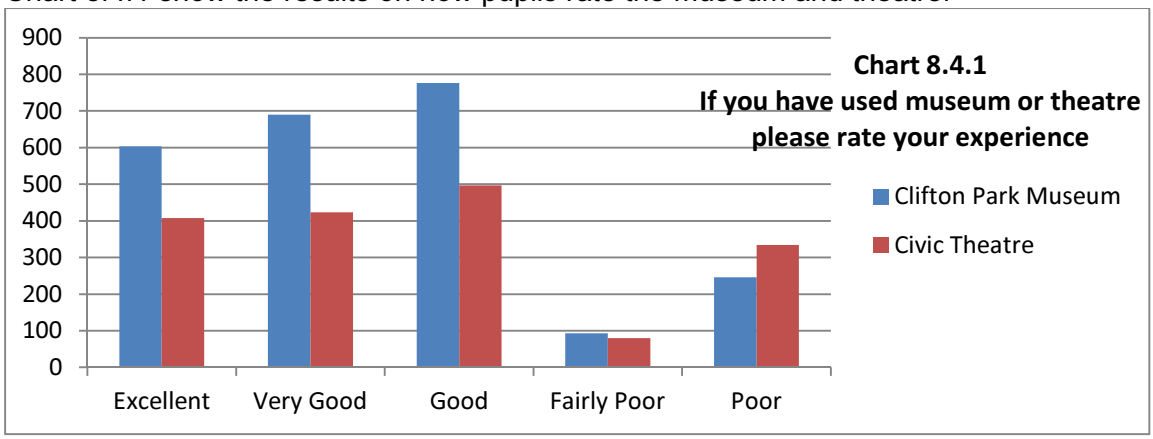


Analysis shows that Y7 pupils are more likely to use either the museum or the theatre compared to Y10

8.4.1 Rating Clifton Park Museum or Rotherham Civic Theatre

Overall 63.6% (2408) of pupils shared their views and rated Clifton Park Museum and 46% (1742) rated Civic Theatre.

Chart 8.4.1 show the results on how pupils rate the museum and theatre.

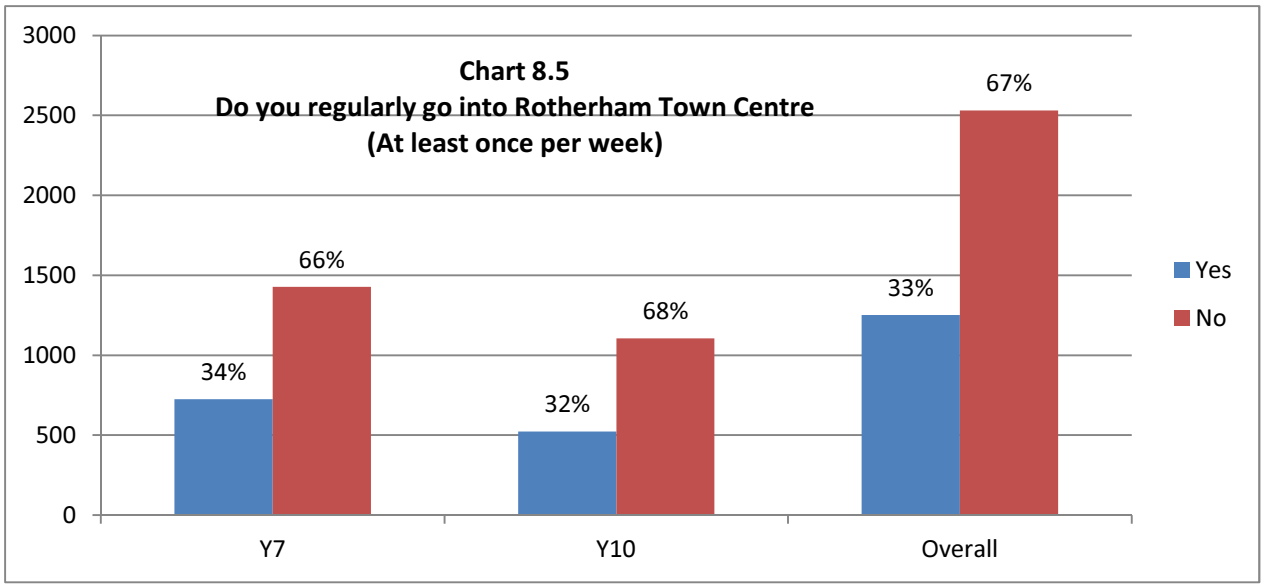


Overall 86% of those who have visited Clifton Park Museum rated the experience good or better. Overall 76% of those who have visited Civic Theatre rated the experience good or better.

8.5 Rotherham Town Centre

Pupils are asked a number of questions about visiting Rotherham town centre.

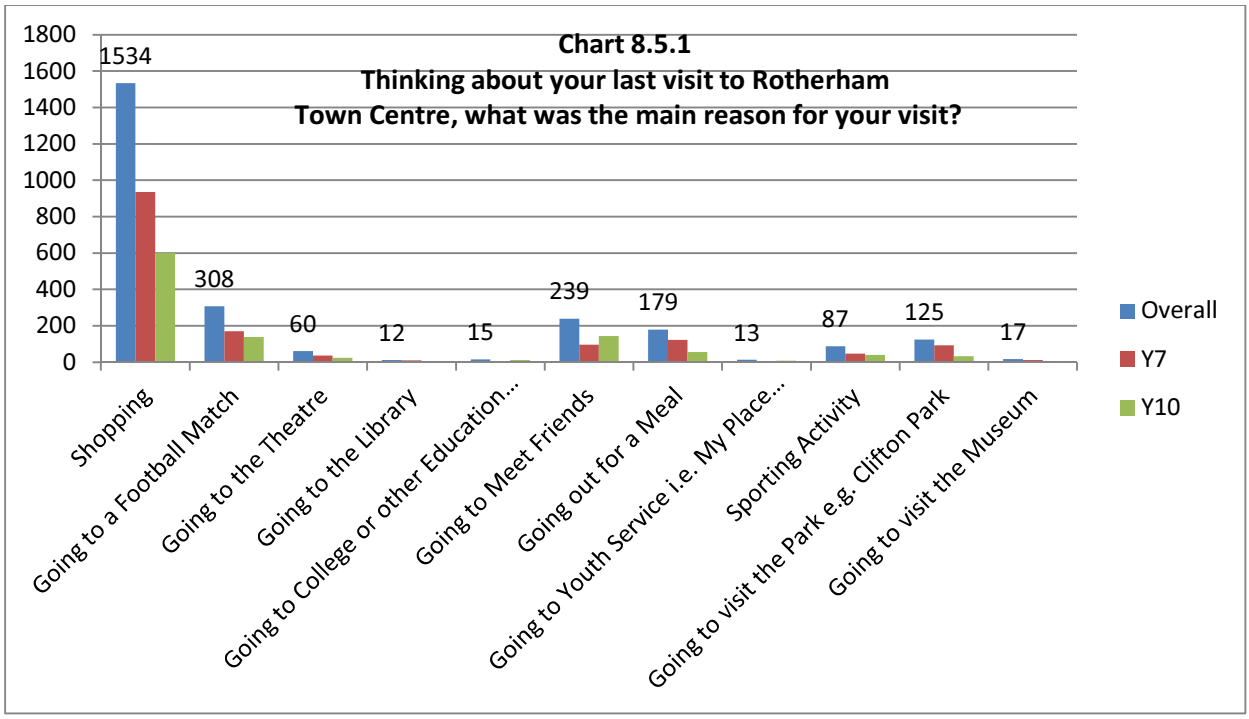
When asked if they regularly visit Rotherham town centre, chart 8.5 shows the results.



The results show that there has been an improvement in the number of pupils show said they regularly visit town centre. 33% (1251) of pupils said yes they do, compared to 26% in 2016. Slightly more Y7 pupils said they visit than Y10. In Y7 Girls are more likely to visit Rotherham town centre and in Y10 it is boys who are more likely to visit Rotherham town centre.

8.5.1 Reason for visiting Rotherham Town Centre

82.0% (3163) of pupils gave a response to this question, out of these 3163, 6.25% (198) said they have never visited Rotherham town centre. Chart 8.5.1 gives the number of pupils overall and by Y7 and Y10 against each reason.



Overwhelmingly shopping is the main reason why pupils visit the town centre and 2nd choice is going to a football match.

8.6 When do pupils visit Rotherham town centre (requested by the Child Friendly Rotherham Board)

Pupils were ask what time of day did they prefer to visit Rotherham. 88% (3334) of pupils answered this question, out of these 3334 pupils

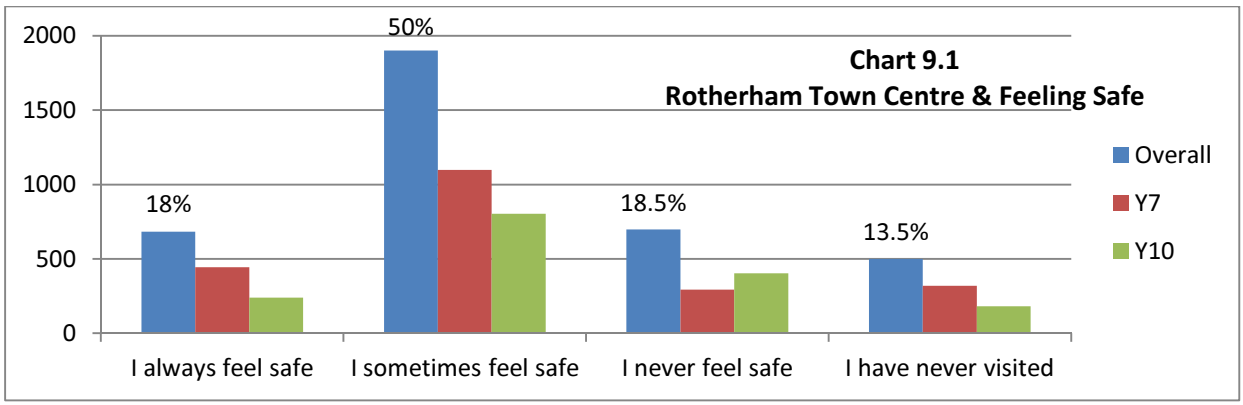
- 63% said daytime only
- 2.8% said night time only
- 16.8% said either day or night
- 17.4% said never

9.0 Safeguarding

Pupils are asked a series of questions about their safety, feeling safe in and around the town centre, their local community, on-line and bullying issues.

9.1 Feeling Safe Rotherham Town Centre

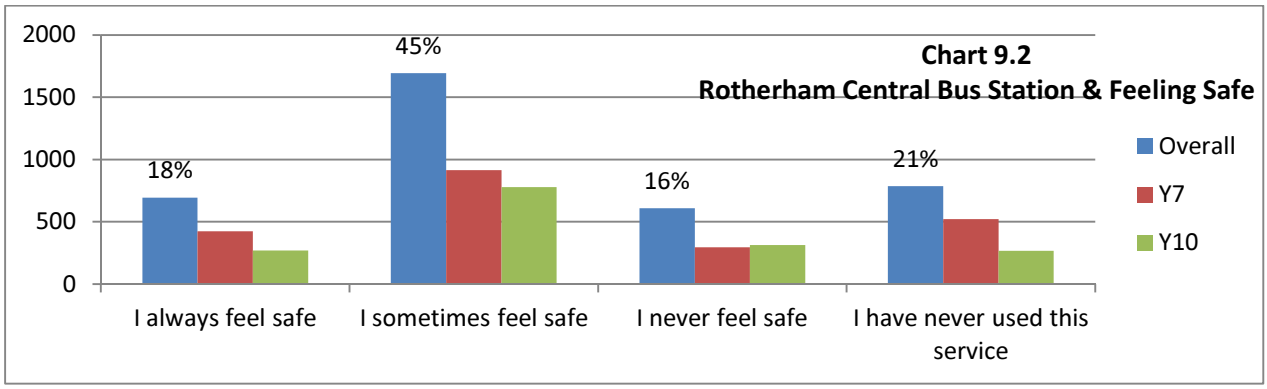
Chart 9.1 below details how safe pupils said they feel in Rotherham town centre, central bus station and Rotherham train station, they also had the option to respond they have never visited these location, so cannot comment about safety.



There has been a decline in the % overall of pupils who said they always feel safe in Rotherham town centre. 18% (683) of pupils said they always feel safe, compared to 24.6% in 2016. More pupils said they sometimes feel safe 50% (1900) compared to 45.4% in 2016, there has been a decrease in the % of pupils who said they never feel safe 18.5% (697) compared to 19.3% in 2016. 13.5% (501) of pupils said they have never visited Rotherham town centre.

9.2 Feeling Safe Rotherham Town Centre Bus Station

Chart 9.2 below describes how pupils feel about their safety in central bus station in Rotherham

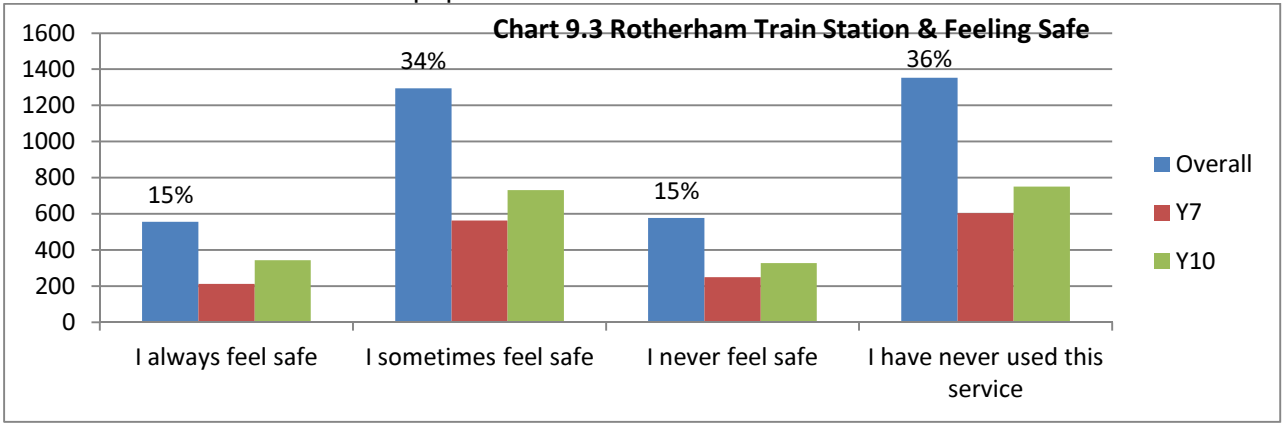


There has been a decline in the % overall of pupils who said they always feel safe in Rotherham central bus station. 18% (693) said they always feel safe, compared to 23.6% in 2016. More pupils said they sometimes feel safe 45% (1692) compared to 38.3% in 2016. The

% of pupils who said they never feel safe remains exactly the same 16% (609). 21% (787) said they have never used Rotherham bus station.

9.3 Feeling Safe Rotherham Train Station

Chart 9.3 below describes how pupils feel about Rotherham train station.



There has been a decline in the % overall of pupils who said they always feel safe in Rotherham train station, 15% (556) said they always feel safe, compared to 17% in 2016. More pupils said they sometimes feel safe 34% (1295) compared to 27.7% in 2016. There has also been a decline with a higher % of pupils saying they never feel safe, 15% (577) compared to 14.5% in 2016. 36% (1353) said they have never used Rotherham train station.

What are we worried about?

There has been a decline in the number of pupils responding that they always feel safe in Rotherham town centre, bus station and train station.

What we need to do next

Share the results with key partners who can respond i.e. Police, Rotherham town centre safety team and South Yorkshire Passenger Transport.

Highlight the results with Young People Groups i.e. Youth Cabinet and Different But Equal Board for their comments and how this could be improved.

Pupils in survey said they would like to see improved CCTV and presence of more security e.g. police or wardens.

Table 9.4 below shows what they think are the highest risk factors with a comparison to 2016.

Table 9.4 Town Centre & Risk Factors

Risk Factor	2017 Overall	2017 Overall Ranking	2016 Overall Ranking	2017 Y7	2017 Y10
Being approached by strangers	1842 (63%)	1st	5th	1st	2nd
Fear or large groups/gangs	1832 (62.5%)	2nd	1st	2nd	1st
Being approached by people who are drunk	1765 (60%)	3rd	2nd	3rd	3rd
Lack of visible security	1609 (55%)	4th	9th	5th	4th
Being alone	1521 (52%)	5th	6th	4th	5th
Dark nights	1432 (49%)	6th	4th	6th	6th
People standing outside pubs	1253 (43%)	7th	10th	7th	7th
Poor lighting	1119 (38%)	8th	7th	8th	8th
Protests or marches	861 (29%)	9th	3rd	9th	9th
Football match days	615 (21%)	10th	8th	10th	10th

The results show a change in what pupils think are the highest risks factors, being approached by strangers is the highest from the 2017 results compared to being the 5th highest risk in 2016. Protests and marches has moved to the 9th highest risk, compared to 3rd in 2016.

9.5 Town Centre Improving Feeling Safe
Pupils are asked to say what improvements, they feel could be made to mitigate the risks of feeling unsafe. Table 9.5 below shows what improvements they rank by importance, compared to 2016.

Table 9.5 Improving Safety in Town Centre		
Improvement	**2017 Overall Ranking**	**2016 Overall Ranking**
Better CCTV	1st	1st
The presence of more security e.g. police or wardens	2nd	4th
Cleaner town centre environment	3rd	3rd
Fewer large groups/gangs	4th	2nd
Better lighting	5th	6th
Fewer protests and marches	6th	5th

The results show that pupil's still rate having improved CCTV would help with the risk of feeling unsafe.

9.6 Feeling Safe in Other Areas
Pupils are asked to share their feelings on other locations that are important in their lives.
The results show overall:

At home
- 91.8% (3474) said they always feel safe at home, compared to 92.6% in 2016.
- 6.9% said they sometimes feel safe at home, compared to 6.2% in 2016.
- 1.2% of pupils said they never feel safe at home, same as 2016.

At school
- 59.4% (2249) said they always feel safe at school, compared to 66.4% in 2016.
- 36% said they sometimes feel safe at school, compared to 29.5% in 2016.
- 4.6% said they never feel safe at school, compared to 4.1% in 2016.

On Way to and from school
- 61.2% (2293) said they always feel safe on way to and from school, compared to 62.8% in 2016.
- 34.5 said they sometimes feel safe on way to and from school, compared to 32.1% in 2016.
- 4.2% of pupils said they never feel safe on way to and from school, compared to 4.7% in 2016.

On local buses and trains
- 29.5% (1110) said they always feel safe on local buses and trains, compared to 34.6% in 2016.
- 59.4% said they sometimes feel safe on local buses and trains, compared to 55.7% in 2016.
- 11% of said they never feel safe on local buses and trains, compared to 9.7% in 2016

In your local community, where you live
- 51% said they always feel safe in the community where they live, compared to 54.5% in 2016.
- 43% said they sometimes feel safe in the community where they live, compared to 39.5% in 2016.
- 6% said they never feel safe in the community where they live, the same as 2016.

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9.7 Your Local Community

Pupils were asked which statement best describes the way in which people from different backgrounds get on with each other in their local community. The highest % of pupils said that everyone mixes well together with very few problems, 33.1% (1283) said this, compared to 29.5% in 2016. The overall results show that:

- 33.14% (1283) everyone mixes well with very few problems (29.5% in 2016)
- 32.46% (1224) people generally mix well, but there has been some problems (31.2% in 2016)
- 19.36% (717) different groups keep themselves to themselves but there are not many problems (12.9% in 2016).
- 11.11% (410) people from different groups do not get on well together, there are lots of problems (13% in 2016).
- 3.9% (147) there are no people in my area from a different background (4.4% in 2016).

9.8 Internet Safety

Pupils are asked to say if they have knowledge of keeping themselves safe, while using the internet, with the aim to find out where they were taught about keeping safe on-line.

- 1.4% (53) said they have not been taught about keeping safe on the internet, this is exactly the same % as 2016.
- 80.1% learned about internet safety at school, improvement from 79.5% in 2016.
- 15% learned about internet safety at home the same as 2016.
- 2% learned about internet safety on-line the same as 2016
- 0.8% learned about internet safety through friends, 0.75% in 2016.

9.9 Risks using the internet

Overall pupils said that the highest risk when using the internet is someone being able to hack your information, this is a change from 2016 when pupils rated this risk as the 4th highest risk. Table 9.9 below shows what pupils feel overall and what Y7 and Y10 pupils feel in 2017, compared to 2016 overall result.

Table 9.9 Risks Using Internet

Risk	Overall 2017 Ranking	2017 Y7 Ranking	2017 Y10 Ranking	2016 Ranking
Someone hacking their information	1st	1st	1st	4th
People lying about who they say they are	2nd	3rd	2nd	1st
Cyber bullying	3rd	2nd	4th	2nd
Security issues (viruses)	4th	5th	3rd	6th
Message from people they do not know	5th	4th	5th	3rd
Seeing images that make them uncomfortable	6th	6th	6th	5th

19% (718) said there are no risks using the internet that concerns them.

9.10 Bullying

Pupils who said they have been bullied, remains the same % as 2016. 26% (981) said they have been bullied. The trend of previous years continues with Y7 pupils far more likely to say they have been bullied 30.6% (659) compared to 19.9% (322) of Y10. There has been a change in trend of who is more likely to say they have been bullied, in previous years it has been girls who are more likely to say they have been bullied, in 2017 the results show in Y7 it is almost identical with 30.4% (330) girls, compared to 30.7% (329) boys saying they have been bullied. In Y10 18.7% (155) girls said they have been bullied compared to 20.8% (167) boys.

9.10.1 Bullying Frequency

981 pupils said they have been bullied, for the follow on question when were you bullied 98.5% (967) answered the question.

- 50% of pupils said bullying occurred during school time (52.4% in 2016).
- 12.8% of pupils said bullying occurred out of school time (9.3% in 2016)
- 37.2% of pupils said bullying occurred during both of these (38.3% in 2016)

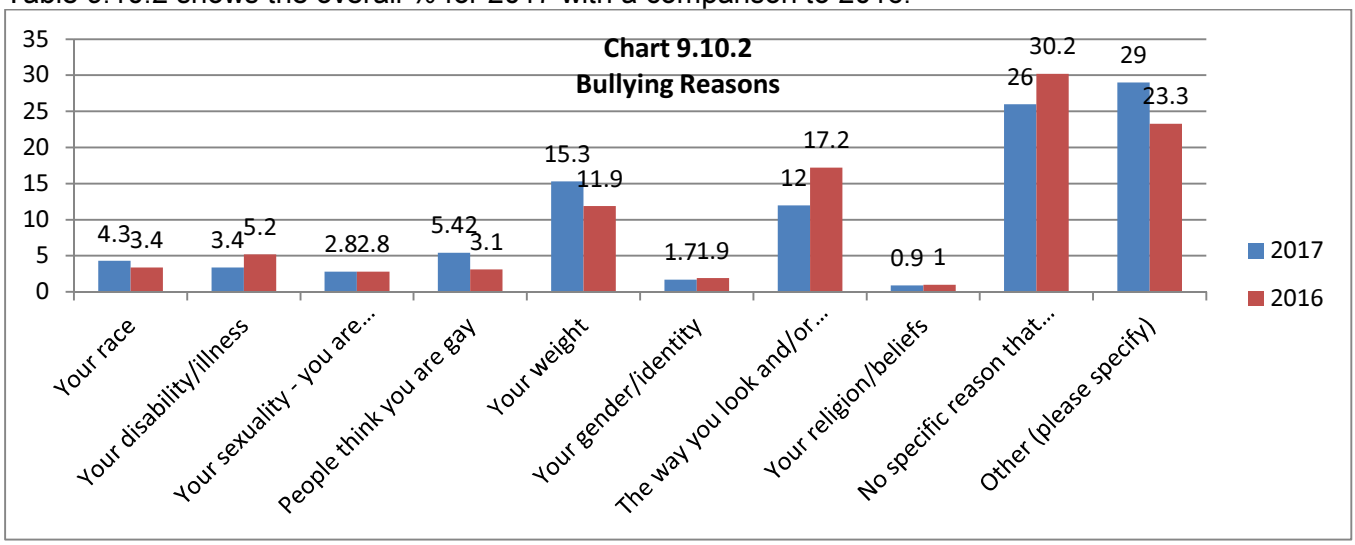
The results show there has been an increase in bullying occurring out of school time.

Pupils were asked for to say how frequent the bullying had occurred:

- 20.1% said they were bullied very frequently, almost every day (20.2% in 2016)
- 28.3% said they were bulled frequently, more than 3 times per week (27.4% in 2016)
- 31.4% said they were bullied often, between 1-2 times per week (29.4% in 2016)
- 20.1% said they were bullied infrequently between 2-3 times per month (23% in 2016)

9.10.2 Bullying Reasons

Pupils were asked to say if they knew the reason why they may have been bullied
Table 9.10.2 shows the overall % for 2017 with a comparison to 2016.



Analysis of data in the 'other' option showed in the majority pupils said they were bullied because people don't like them or multi choices of the options.
A high % of pupils could not identify a specific reason why they have been bullied.
Pupils saying they have been bullied because of their weight has had the largest % increase
Pupils saying they have been bullied because of the way they look has had the largest % decrease.

9.10.3 Types of Bullying

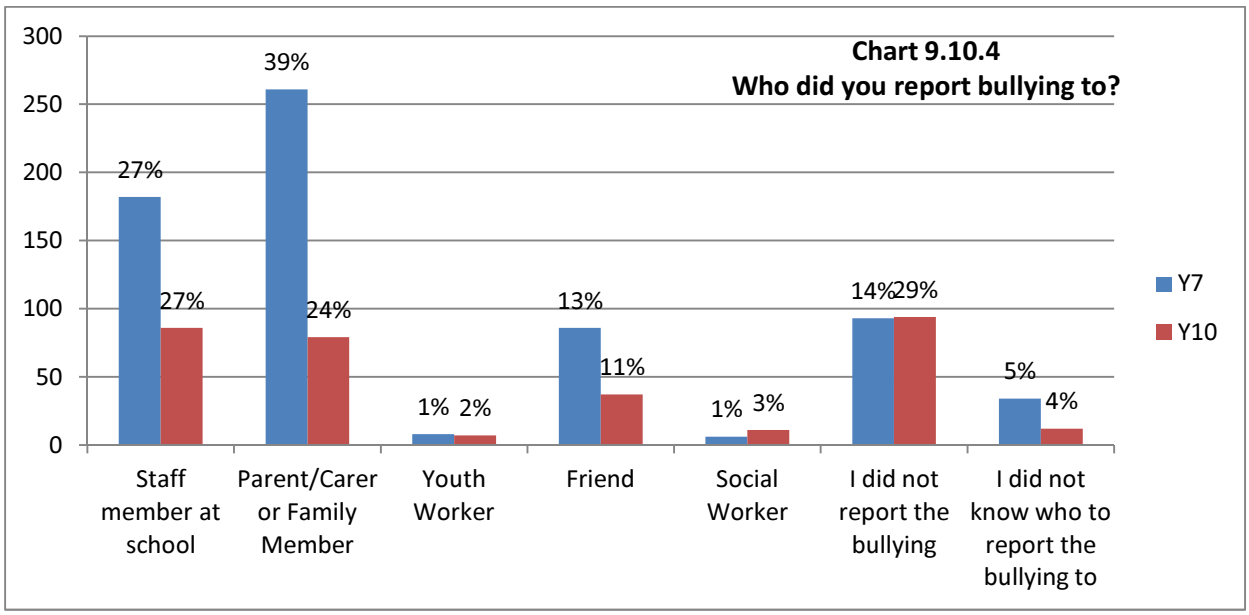
The pupils who said they have been bullied told us what form of bullying they have been subject to:

- Verbal bullying 64.3% (72.4% in 2016)
- Physical bullying 16.4% (10.5% in 2016)
- Being ignored 10% (5.2% in 2016)
- Cyber bullying 6.6% (8.2% in 2016)
- Sexual bullying (inappropriate touching/actions or comments) 2.6% (3.7% in 2016)

Pupils saying they have been bullied physically has had the largest % increase
Pupils saying they have been bullied verbally has had the largest % decrease
It is positive to see that both cyber bullying and sexual bullying has decreased in 2017.

9.10.4 Reporting Bullying

The 2017 results show that there has been a decrease in the % of pupils who either did not report a bullying incident or did not know who to report bullying to. This has reduced to 23.3% from 25.7% in 2016. Y7 are more likely to report bullying than Y10.



The pupils who said they had reported being bullied 61.7% said they received some help or support this has increased from 58.7% in 2016

9.10.5 Bullying Benchmarking

Ditch The Label National Bullying Charity
In 2016 they surveyed 8,850 young people aged between 12 to 20 years

50% (4425) of these young people said they had been subject to some bullying in past 12 months. Nationally this is a higher % than Rotherham Lifestyle Survey 26% of young people in Y7 and Y10 saying they have been bullied

19% (840) of those who said they were bullied and bullying occurs every day. Rotherham Lifestyle Survey figure is similar with 20% saying they are bullied daily

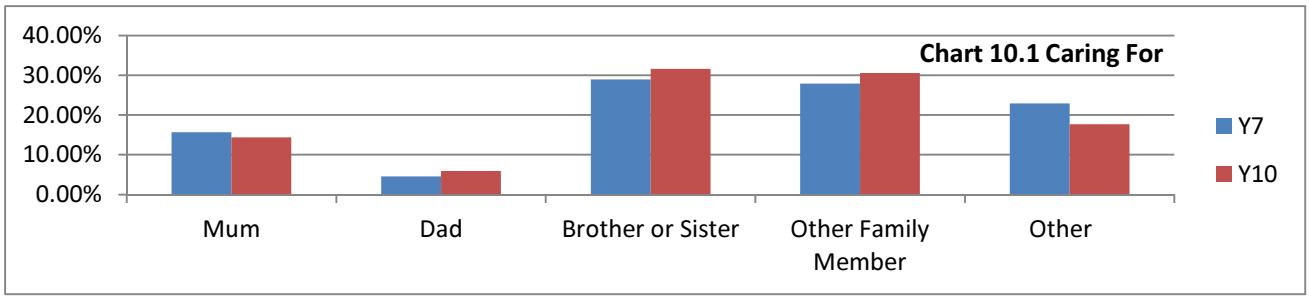
10. Young Carers

The % of pupils who thought of themselves as a young carer has increased in 2017.
19% (715) of pupils said they are a young carer, compared to 17% in 2016.

The Rotherham census figure for 2011 shows that 12% of young people in Rotherham are a young carer, the lifestyle survey % figure is higher than this, this could be as a result of pupils saying they are a young carer, for taking a brother or sister to school.

10.1 Young Carers – Caring For

The pupils who recognised themselves as a young carer, were asked to say who they mainly care for. Chart 10.1 below shows the % of Y7 and Y10 who said they are a young carer.



The majority of both Y7 and Y10 said they are caring for a brother or sister, this could be more likely to be in a babysitting role or taking them to school, rather than a young carer's role that may need them to have some support. If the figures for caring for a brother or sister were removed from the overall figure of young carers, this would reduce the % to 12.7% which is more on par with the Rotherham census figure. Analysis of data input into 'other' options showed the majority of pupils saying they were caring for more than one person i.e. Mum and Dad or both Grandparents.

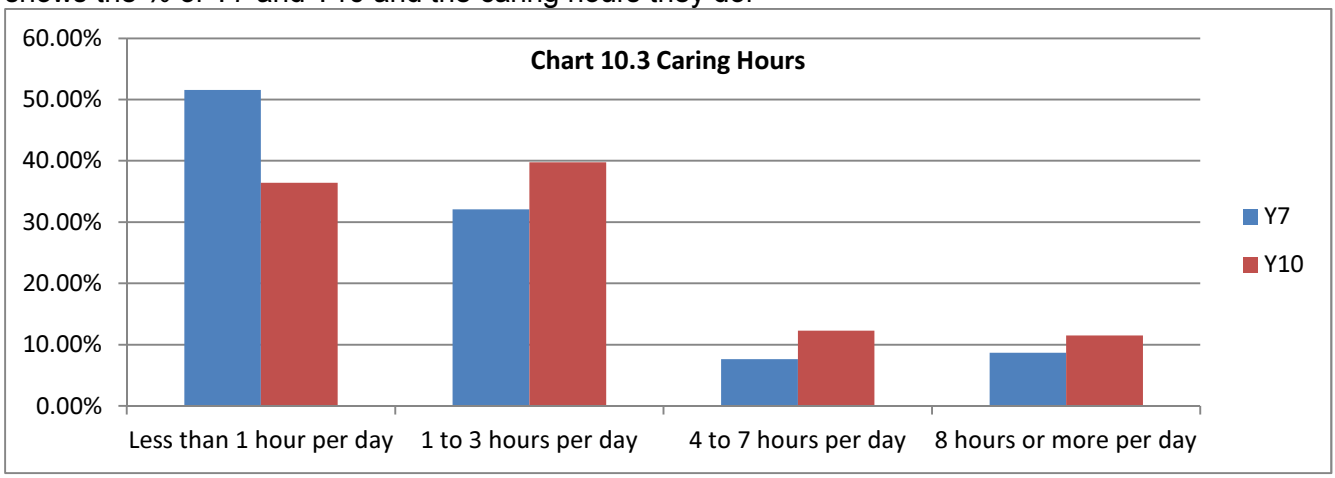
10.2 Young Carers – Caring Tasks

Pupils were asked about what tasks they help out with, they could choose more than one, if they are needed to do the tasks to help support and care. The results follow a similar trend to 2016.

- Helping around the house (56.2%)
- Keeping them company - not wanting to leave the person alone (35.2%)
- Help look after brother or sister (31.6%)
- Do the shopping (21.6%)
- Help give medicine (18.8%)
- Help read letters or mail (16%)
- Help with personal care (14%)
- Taking brother and sister to school (13%)
- Help with appointments (9%)

10.3 Young Carers – Number of Hours Caring

Pupils were asked to say on average how many hours they cared each day. Chart 10.3 below shows the % of Y7 and Y10 and the caring hours they do.



Overall pupils who said they care for more than 8 hours each day is on par with the 2016 results, around 9.5%

10.4 Supporting for Young Carers
The highest % of pupils would prefer to talk with a parent, carer or a family member if they had any issues or needed support with being a young carer. 28% said parent or carer and 21% said a family member, 13% would talk to a friend, 7% would talk to a member of staff at school, 4.8% would talk to a social or youth worker, 2.9% would talk to either their school nurse or other health professional and 1.4% would talk to Rotherham Young Carers service.

10.4.1 Rotherham Young Carers Service
Pupils who identify themselves as a young carer are asked if they are aware of the young carer's service. 37.3% of these pupils said they were aware of young carer's service, this is a decrease from 44% in 2016.

10.4.2 Young Carers Card
The % of pupils who have heard of the young carer's card has slightly increased to 18.5% in 2017 from 17.5% in 2016.
The young carer's card was introduced in 2014, for schools to work with young carers to help give them support as and when needed.

What are we worried about?
Improve communication about Young Carers Service

Less young carers in 2017 had heard of this service of the support it provides.

What we need to do next
Barnardo's are working with young carers on the project 'Theory of Change
Schools will be revisited to promote the Young Carers Service including the Young Carers Card

11. Smoking, Alcohol and Drugs
Pupils are asked to respond honestly to a series a questions, asking about smoking, drinking alcohol and drug use. For each subject they are offered links to advice sites to support young people and share information about smoking, alcohol and drugs.

11.1 Smoking
Pupils are asked to say whether their home was a smoke-free home, (this is explained that no one living in their house smokes either tobacco or electronic cigarettes).
There has been a % decrease in the number of pupils saying yes 59.3% (2243) compared to 64% in 2016. This result may be due to the increase in the use of electronic cigarettes and pupils identifying these as smokers.

There has been an increase in the number of pupils who said it is not OK for young people of their age to smoke. Overall 89.8% (3399) said it was not OK to smoke, compared to 87% in 2016. Far more Y7 said it was not OK to smoke 95.3% compared to 80.2% of Y10.

When asked if they currently smoke cigarettes, overall 93.2% (3527) said no they do not smoke, this is a slight % increase in the number of young people not smoking, compared to 92.75% in 2016.

- 97.8% (2101) of Y7 said they do not smoke, a slight improvement on 97% in 2016
- 87.5% (1424) of Y10 said they do not smoke, a slight decrease on 88.5% in 2016.

In total 3525 pupils said they did not smoke, these pupils were asked to best describe their smoking history.

2101 pupils in Y7 said they did not smoke, they described themselves
- 94.8% have never smoked, an improvement on 94.3% in 2016

- 3.2% have tried smoking once, an improvement on 4.1% in 2016
- 1.8% used to smoke sometimes, but no longer smoke, slightly more than 1.6% in 2016

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1424 pupils in Y10 said they did not smoke, they described themselves as

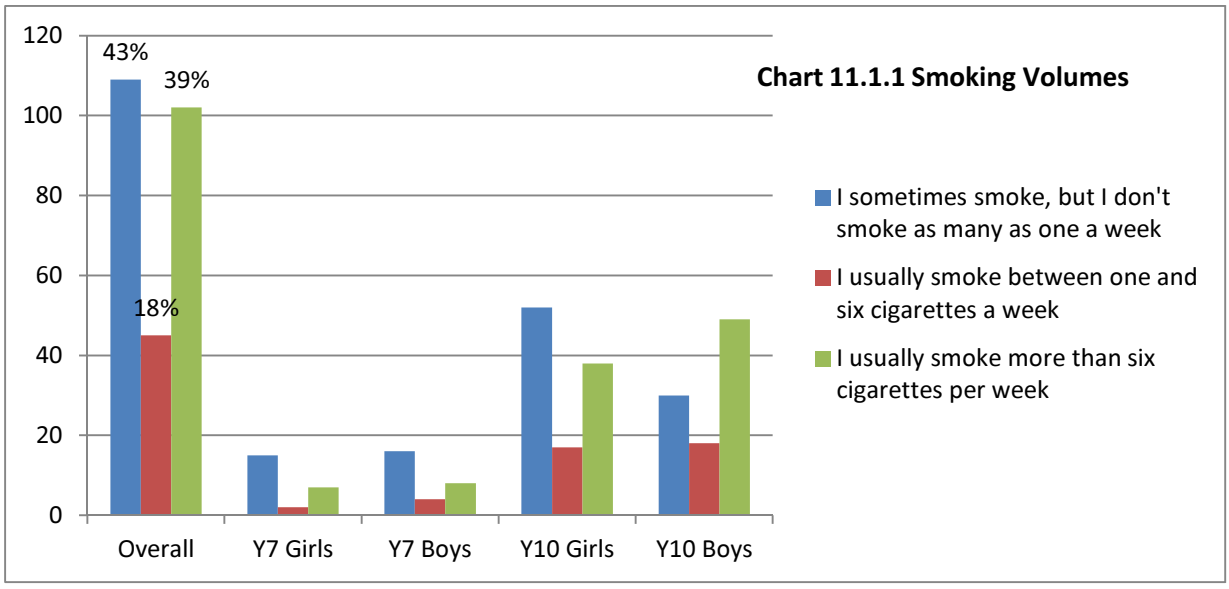
- 76.7% have never smoked, slightly less than 77.1% in 2016.
- 17.5% have tried smoking once, an increase on 14.9% in 2016
- 5.6% used to smoke sometimes, but no longer smokes, less than 8% in 2016

Overall 81.6% (3083) of all young people said they have never smoked a cigarette. This is a higher % than the national estimate for the number of young people smoking which is 76%.

Benchmarking Information
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 18% said they have smoked at least once,
therefore 82% have never smoked.
Rotherham's figure from the 2017 results is on par with the national figure.

11.1.1 Smoking Volumes

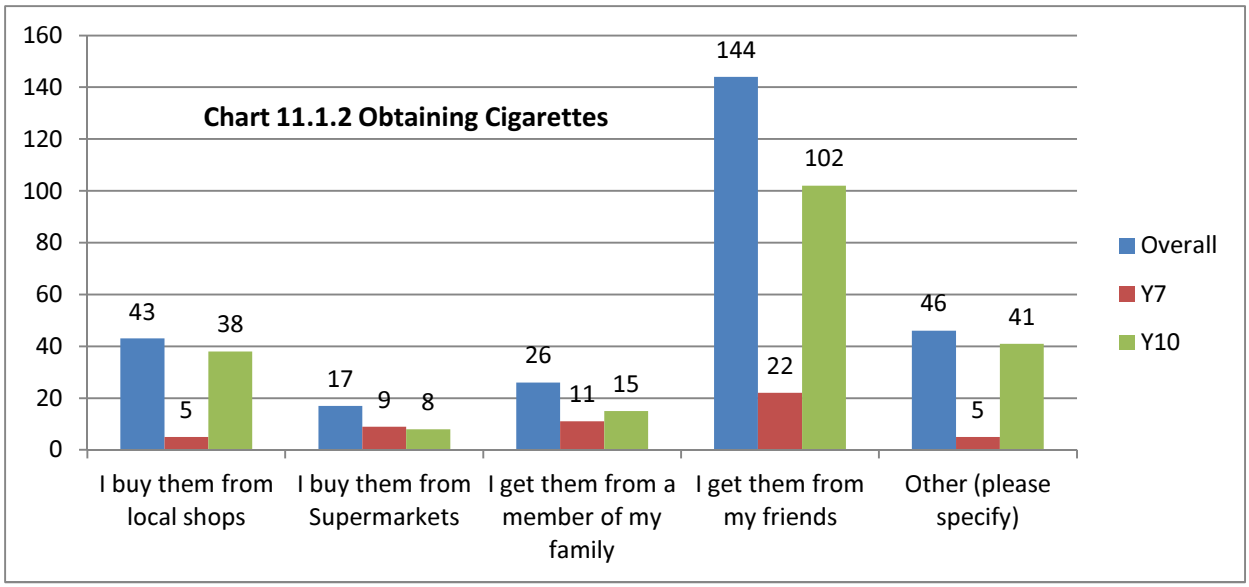
Overall the 2017 results show that 6.7% (256) pupils said they smoke cigarettes regularly, this has improved from 7.2% in 2016. Chart 11.1.1 below shows the regularity of their smoking habit.



The data shows that 52 Y7 pupils said they smoke, with slightly more boys than girls smoking and 204 Y10 pupils said they smoke and more girls than boys smoking.

11.1.2 Obtaining Cigarettes

The 256 pupils who said they were smokers, were asked to say where they mainly obtained their cigarettes from. Chart 11.1.2 shows the numbers below.



The trend in relation to pupils obtaining their cigarettes from friends as the most popular choice, has continued in 2017, same as in 2016. 56% (144) of pupils who smoked said they got them from their friends.

The trend of young people being able to obtain cigarettes from local shops has continued to decrease, 17% (43) of pupils who said they smoked, said they obtained their cigarettes from local shops, compared to 19% in 2016.

What's working well?

RMBC Trading Standards in conjunction with South Yorkshire Police and our own Licencing enforcement have carried out over 120 test purchase operations in the last 2 years as part of joint continued work to restrict and disrupt the sale of tobacco to minors.

Trading Standards act on reports and their own intelligence sources to carry out operations to restrict the selling of cigarettes and alcohol to under-age young people.

Standing fines and licence reviews along with educational initiatives are the most frequent measures put in place, but prosecutions are prepared and sought when appropriate.

There have been no prosecutions in past 2 years, but one is currently being submitted for consideration.

These actions have contributed to the continuous decline of young people being able to obtain cigarettes.

Since 2015 the results from this survey show that Y7 and Y10 pupils who said they smoked and obtaining them from local shops continues to decrease.

- 2015 – 24.5% of those who said they smoked, said they were able to obtain them from local shops, this reduced to 19% in 2016 and has further reduced to 17% in 2017.

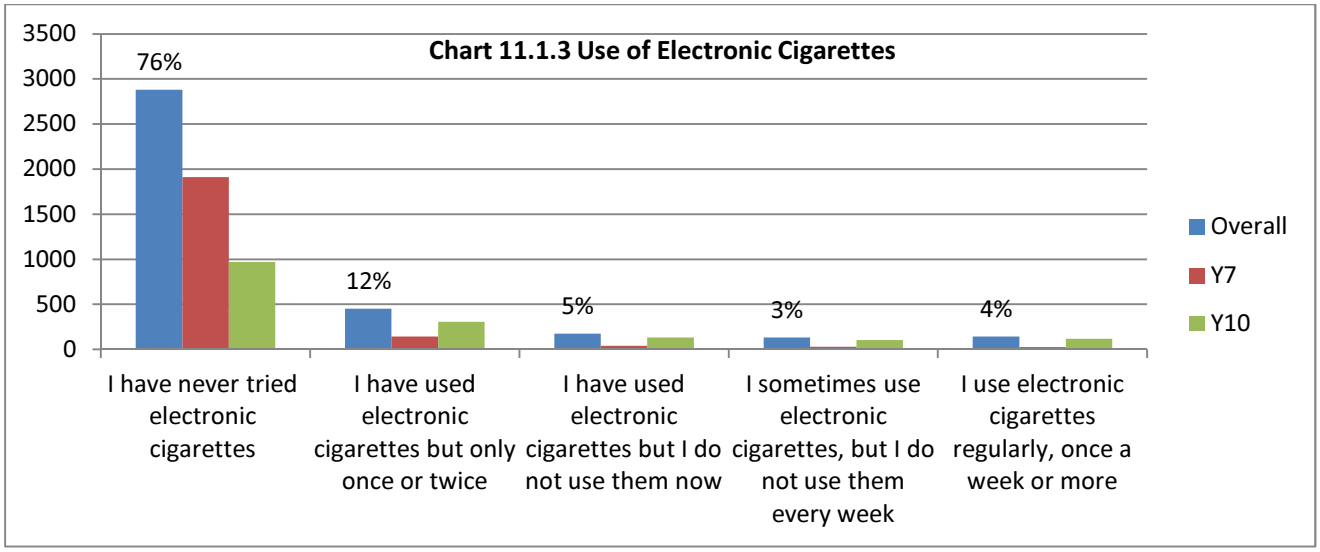
The monitoring of the sale of cigarettes to young people under age will continue with the aim this downward trend will continue.

Analysis of data input to 'other' option showed that pupils were also obtaining cigarettes from local dealers or fag house, named an actual shop or I get someone older to go into a shop

11.1.3 Electronic Cigarettes

Overall there has been an improvement in the % of pupils who said they have never tried an electronic cigarette. 76% (2881) said they have never tried one, compared to 73.2% in 2016.

Information on the use of electronic cigarettes is detailed in Chart 11.1.3 below



88.8% (1912) of Y7 pupils said they have never used an electronic cigarette, 86.6% in 2016.
59.5% (969) of Y10 pupils said they have never used an electronic cigarette, 59.7% in 2016.

Of the 23.9% (902) of pupils that said they use or have tried an electronic cigarette, the data shows that more Y10 pupils are using this form of smoking and boys are more like to smoke an electronic cigarette compared to girls.

The data shows that out of the 902 pupils who said they have tried an e-cigarette, 19% (173) are not using them now and 50% (451) said they have only used them once or twice.

Those pupils who said they have tried or are still using an electronic cigarette, were given the option to say why they may have tried or are using an e-cigarette. 45.5% (414) pupils answered the follow on question.

- 11.8% (48) use an electronic cigarette to help them stop smoking
- 16.1% (67) use an electronic cigarette and no longer smoke cigarettes
- 13.5% (56) use an electronic cigarette and smoke cigarettes
- 58.6% (243) use an electronic cigarette but have never smoked cigarettes

Benchmarking Information

Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years. These results show that 22% said they have tried an electronic cigarette.

Rotherham data from 2016 survey showed that Rotherham was higher than this national picture at 26.8%
This has improved in 2017 to 23.9%, this brings us nearer to the national picture.

11.2 Alcohol

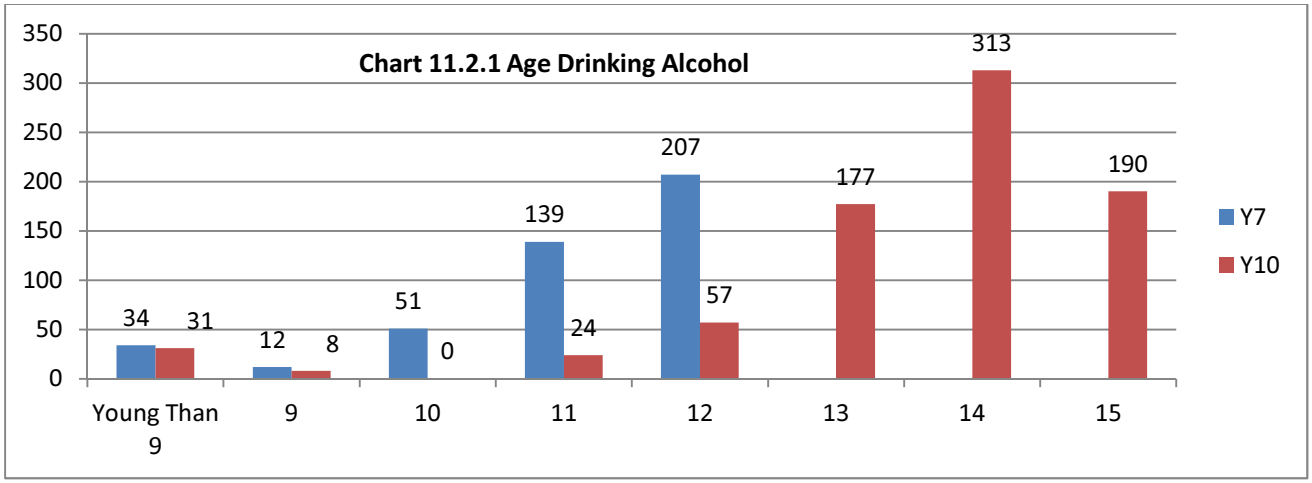
There has been an increase in the number of pupils who said it is not OK for young people of their age to get drunk. Overall 74% (2799) said it was not OK to get drunk, compared to 70.6% in 2016. Far more Y7 said it was not OK for young people of their age to get drunk, 91% compared to 52% of Y10.

Overall 57.3% (2168) of pupils said they have not had a proper alcoholic drink this has improved from 55% in 2016

- 76.3% (1643) of Y7 responded that they had not had a proper alcoholic drink, this has decreased from 79.8% in 2016
- 32.3% (526) of Y10 responded that they had not had a proper alcoholic drink, this has improved from 30.2% in 2016

11.2.1 Age Drinking Alcohol

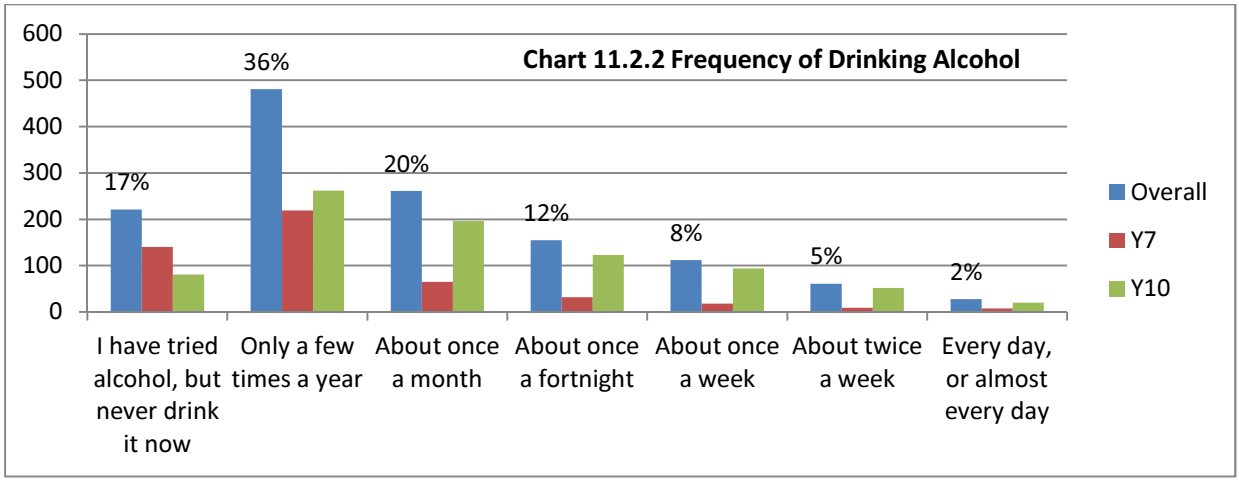
Overall 42.7% (1613) of pupils said they have tried alcohol.
These pupils were invited to answer follow on question about drinking.
78% (1256) answered the question about what age they had their first alcoholic drink.
Chart 11.2.1 below show the responses to the question for those who said they have had an what age they had their first drink.



Age 14 is the most popular age for a young person to have their first alcoholic drink in Y10, this is the same as in 2016. Age 12 is the most popular age for a young person to have their first alcoholic drink in Y7, the same as in 2016.

11.2.2 Frequency of Drinking Alcohol

The question about how often a pupil drinking is alcohol was answered by 81.7 (1319) of those who said they have tried an alcoholic drink
Chart 11.2.2 below shows the frequency of those 1319 pupils who said they have tried alcohol, spilt by Y10 and Y7.

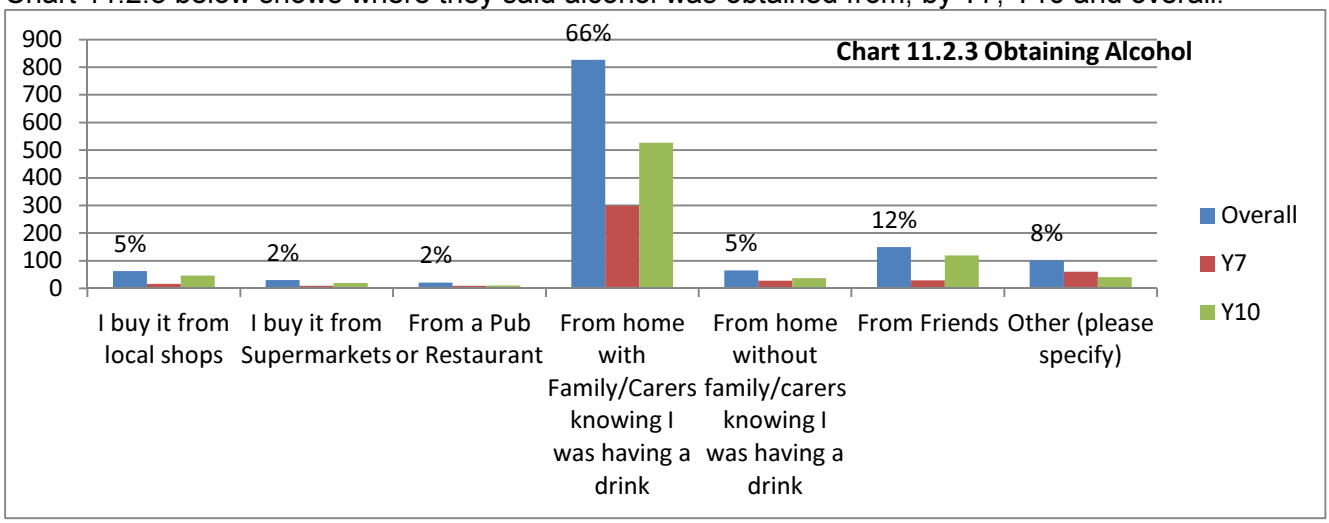


Overall

- 17% (221) of pupils have tried alcohol but no longer drink it now, compared to 13% in 2016

11.2.3 Obtaining Alcohol

The question about where young people obtain alcohol from was answered by 78% (1255) of those who said they drink alcohol.
Chart 11.2.3 below shows where they said alcohol was obtained from, by Y7, Y10 and overall.



The trend as in previous years as followed with the majority of both Y7 and Y10 obtaining alcohol from a family member with their knowledge. There has been a reduction in the % of young people obtaining their alcohol from supermarkets or local shops down to 7% in 2017 from 8.2% in 2016. The place where the least number of pupils obtain alcohol from is restaurants and pubs

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.

Benchmarking Information
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 38% said they have tried alcohol,
therefore 62% have not tried alcohol
Rotherham's figure from the 2017 results is higher than this result with 42.7% saying they have tried alcohol, but an improvement on 2016 results when 45% said they have tried alcohol.

11.3 Drugs

Overall 94.2% (3560) said it was not OK to use drugs, compared to 93.5% in 2016. This is a positive increase and could indicate than young people are not giving into peer pressure to try drugs. Far more Y7 said it was not OK to try drugs 97.5% compared to 89.8% of Y10.

11.3.1 Using Drugs

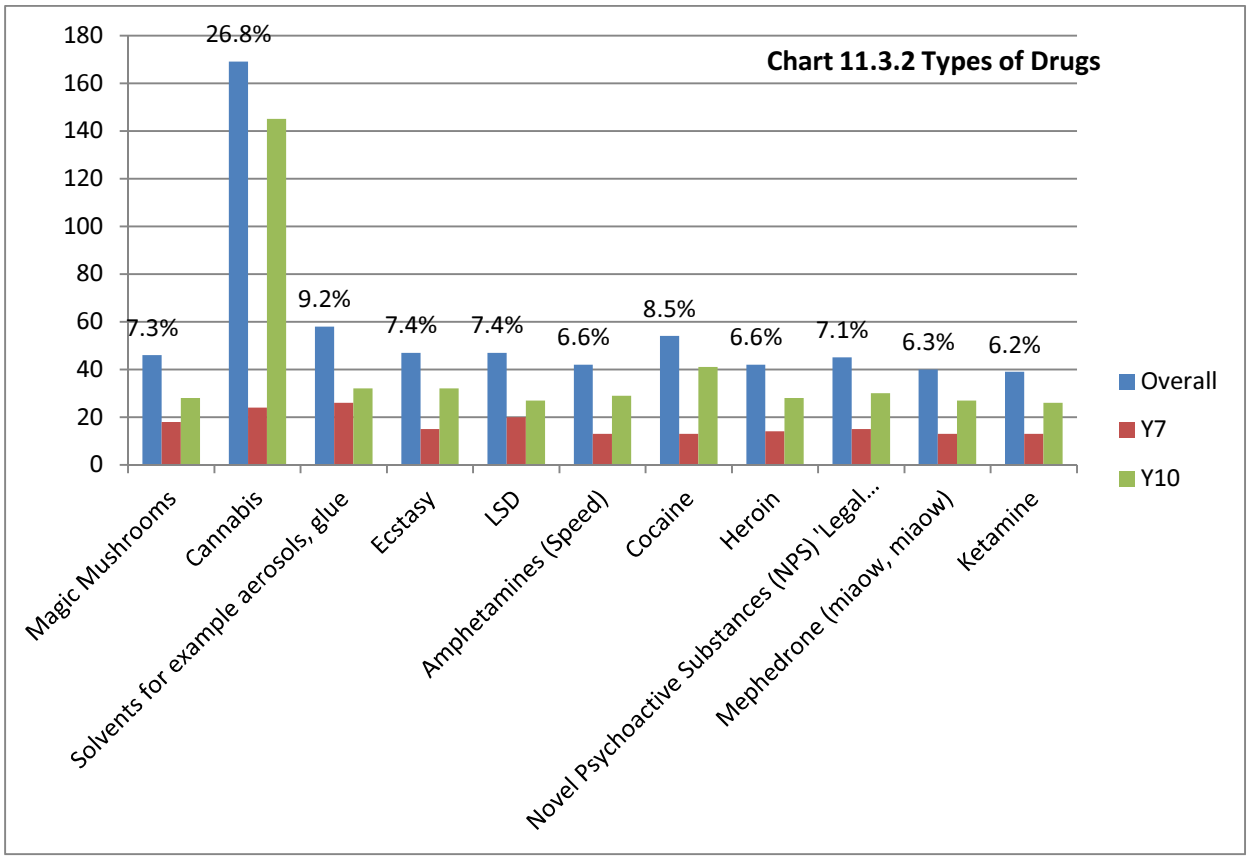
Overall 92.4% (3498) of pupils said they have never tried any drug which is almost identical to 2016, when 92% said they have never tried any drug.

- 87% (1416) of young people in Y10 said they have never tried any type of drug; this has improved from 84.5% in 2016.

- 97% (2082) of young people in Y7 said they have never tried any type of drug; this is almost identical to 97.1% in 2016.

11.3.2 Types of Drugs

7.4% (283) pupils answered yes, they have tried some type of drugs.
Out of the overall 283 pupils who said they have tried some type of drug 76% (214) of these answered the follow on question about types of drug they have tried.



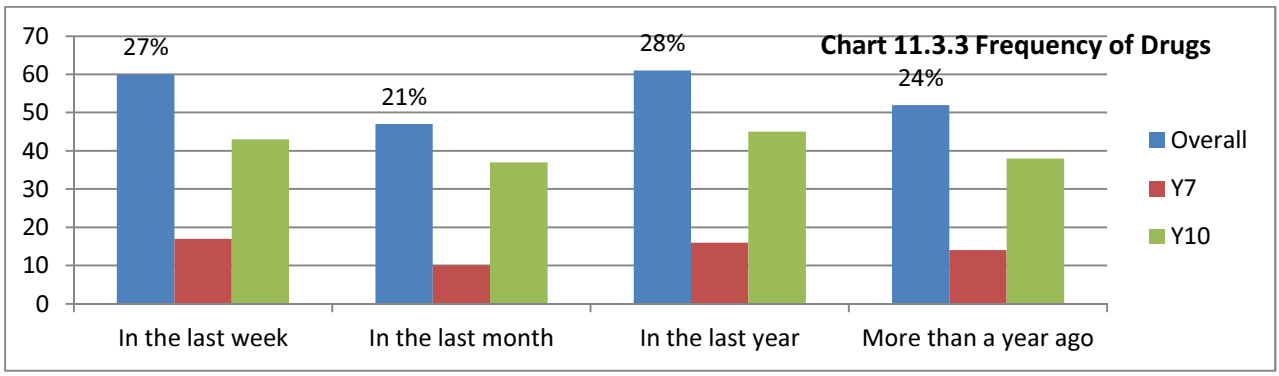
The results show that overall cannabis is the drug tried by more pupils 169 pupils said they have tried cannabis, 145 of these are in Y10 and 24 in Y7. Overall out of the 169 pupils who said they have tried cannabis, 77 % of these were girls and 92 % were boys.

Cannabis was not the most popular choice of drug tried by Y7 pupils this was solvents with 26 pupils saying they have tried solvents, closely followed by cannabis with 24 pupils in Y7 saying they have tried this drug. Out of the 26 pupils in Y7 that have tried solvents, 35% (9) were girls and 65% (17) were boys and for cannabis 41% (10) were girls and 59% (14) were boys.

Cannabis is the most popular choice of drug tried by Y10 pupils, overwhelmingly with 145 pupils in Y10 saying they have tried cannabis, out of these 46% (67) were girls and 54% (78) were boys. Ecstasy and Solvents were the next most popular choices for drugs dried by Y10 with 32 pupils saying they have tried these. Out of the 32 pupils in Y10 who have tried solvents, 31% (10) were girls and 69% (22) were boys and for ecstasy, 25% (8) were girls and 75% (24) were boys. Legal highs has moved down to 4th most popular with Y10 pupils from 2nd in 2016, 30 pupils in Y10 said they have tried legal highs, 23% (7) were girls and 77% (23) were boys.

11.3.3 Frequency of Drugs

Out of the overall 283 young people who said that they have tried some type of drug, 77.7% (220) answered the follow on question about when they last tried any one of the drugs. Chart 11.3.3 details the responses by Y7 and Y10.

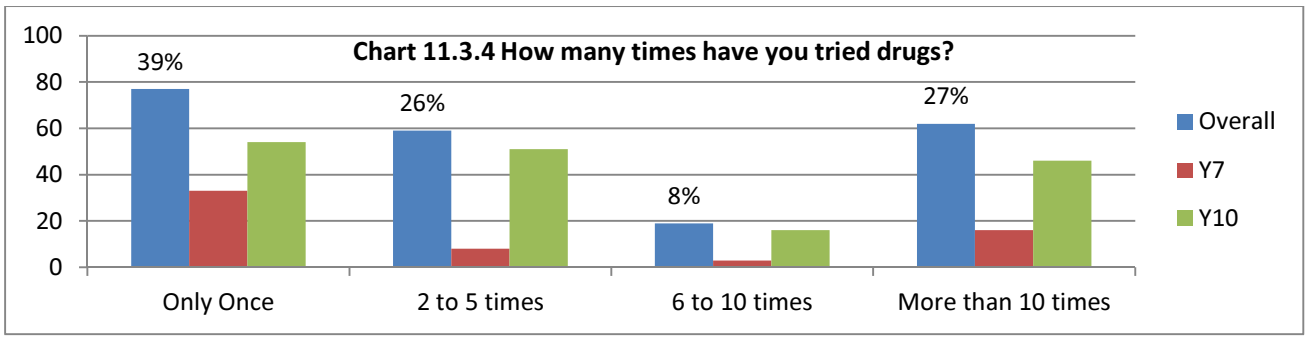


The results show that overall:

- 27% (60) said they had tried drugs in the last week, decreased from 32.7% in 2016, fewer pupils trying drugs more frequently.
- 21% (47) said they had tried drugs during in last month, increased from 20.6% in 2016
- 28% (61) said they had tried drugs in the last year increased from 16.6% in 2016
- 24% said it was more than a year ago since they had tried drugs, decreased from 30.1% in 2016.

11.3.4 Drug Use

Out of the overall 283 young people who said that they have tried some type of drug, 80.2% (227) answered the follow on questions about how many occasions have they tried drugs. Chart 11.3.4 shows the result by Y7, Y10 and overall.



The results show there has been an increase in the % of pupils who have tried drugs only once, therefore this could be imply they are not regularly using drugs.

- 55% (33) of Y7 pupils said they have only tried drugs once, compared to 44% in 2016
- 32.3% (54) of Y10 pupils said they have only tried drugs once, compared to 31.3% in 2016.

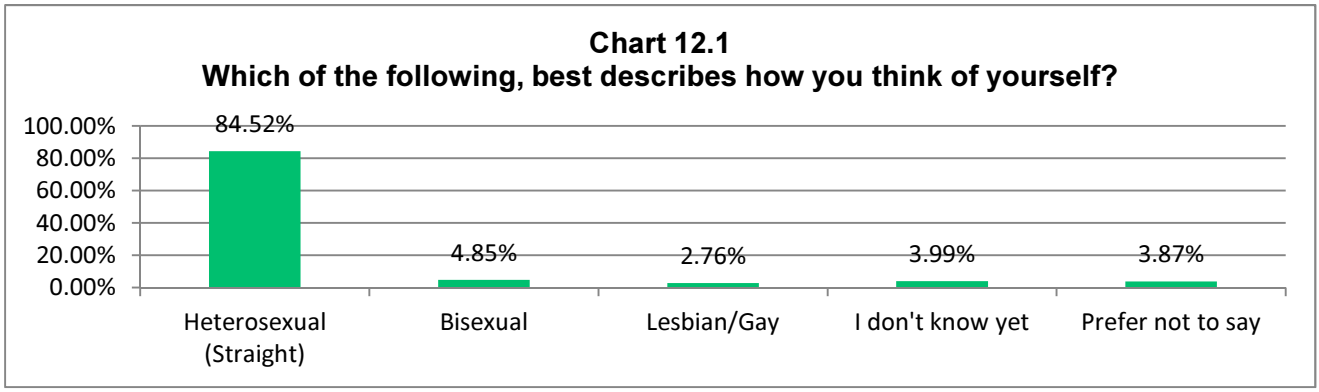
What's working well?
Health & Social Care Information Centre
A survey was carried out in 2014 of 6173 young people aged between 11 to 15 years.
These results show that 15% said they have tried drugs,
therefore 85% have not tried drugs
Rotherham's figure from the 2017 results is higher than this national picture with 92.5% saying they have not tried drugs

12. Sexual Health& Relationships

Pupils are asked a series of questions about sexual health and relationships. A number of these questions are age appropriate questions, therefore they are specific for Y10 pupils only

12.1 Y10 Sexuality

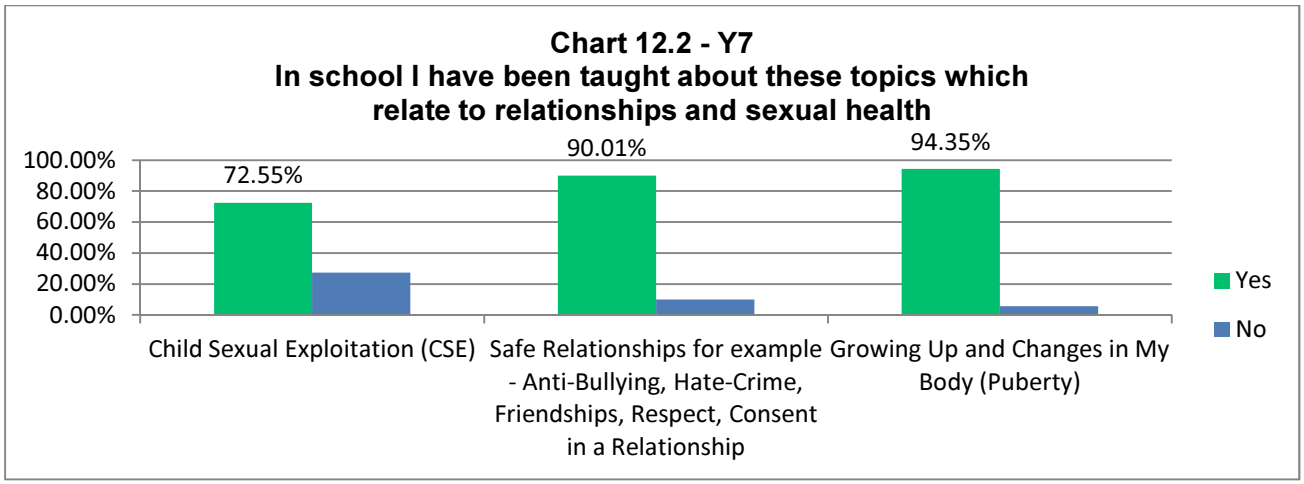
Y10 pupils are asked to say how they describe their sexuality. Chart 12.1 shows the responses by %.



The results show that out of the 84.5% (1376) of pupils who described themselves as straight, 50.2% (692) of girls described themselves as straight, compared to 49.8% (684) boys.
More girls described themselves as bisexual, preferred not to say, or they don't know yet.
More boys described themselves as gay.

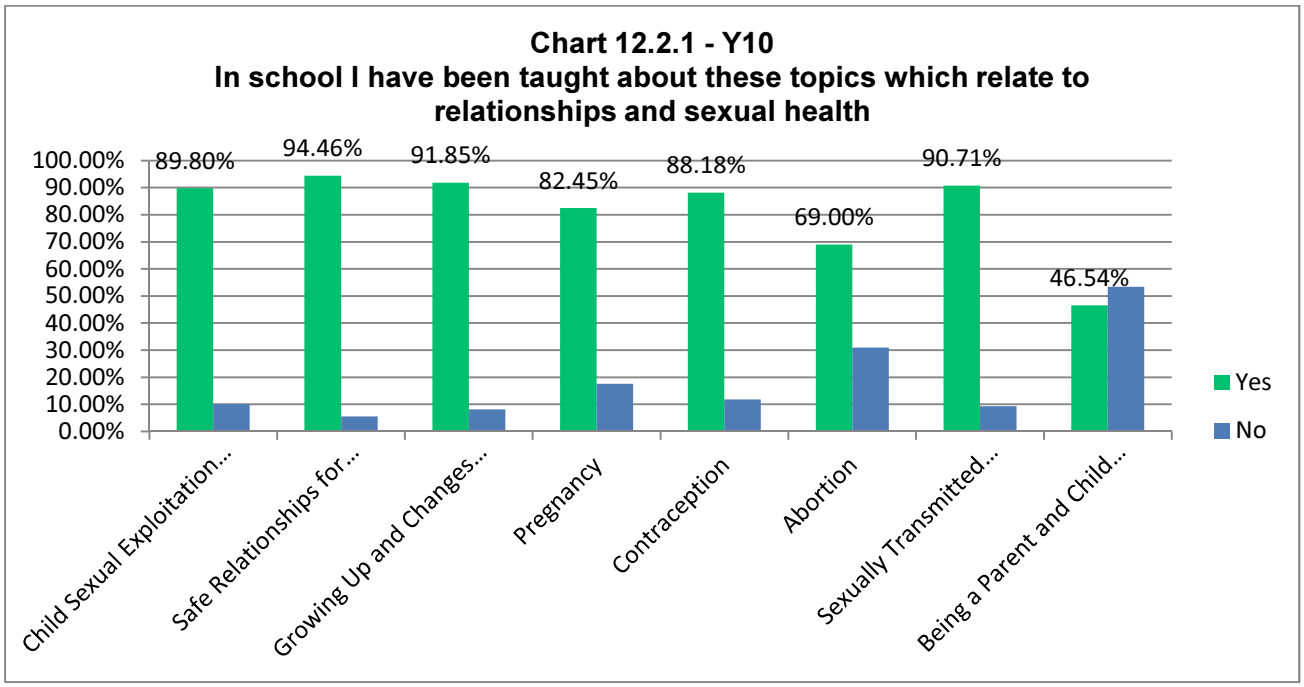
12.2 Sexual Health and Relationships Education

Pupils are asked to say what they have been taught at school as part of their personal, social and health education in relation to sexual health and relationships.
Chart 12.2 details the % results for Y7.



The results show that there has been an increase in the % of pupils in Y7 that have been taught about child sexual exploitation, 72.55% (1562), compared to 61.2% in 2016. There is an increase in the % of pupils who have been taught about safe relationships and a small decrease in the % who have been taught about growing up.

Chart 12.2.1 show the % results for Y10.



The results show that there has been a decrease in the % of pupils in Y10 that have been taught about the subject child sexual exploitation, 89.8% (1461), compared to 91.5% in 2016.

There has been an increase in the % of pupils in Y10 who have been taught about safe relationships, growing up and being a parent and child care. There has been a decrease in the % of pupils who said they have been taught about pregnancy, contraception, abortion and sexually transmitted infections.

12.3 Sexual Relationships Y10

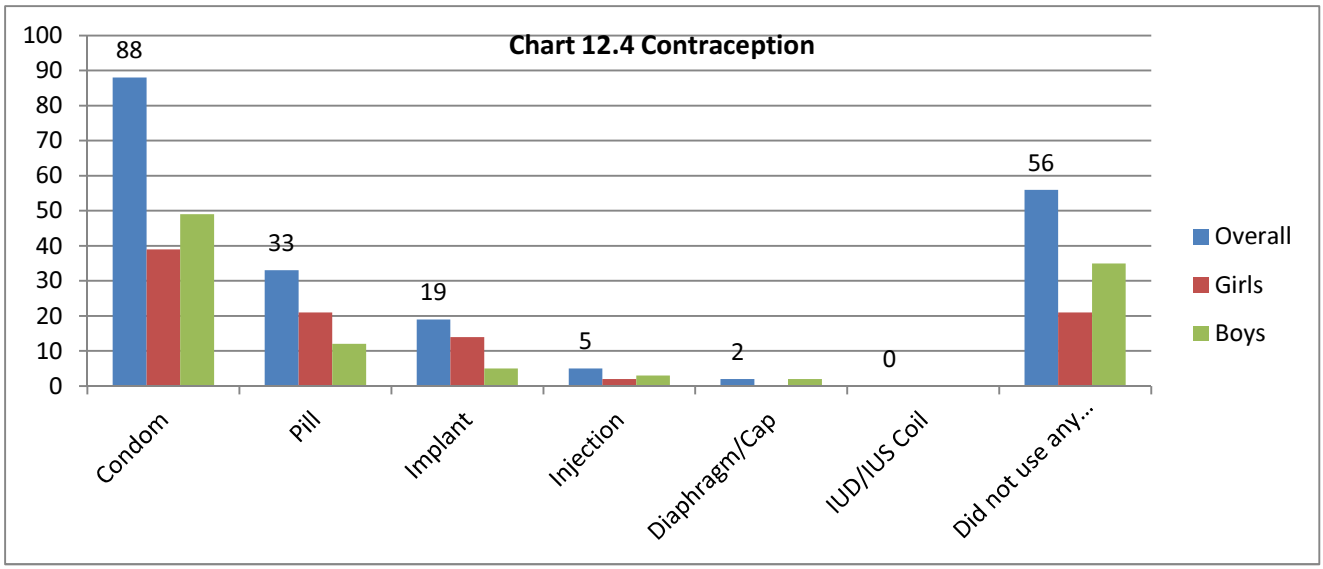
Pupils in Y10 were asked if they have had sexual intercourse

14.3% (233) of pupils in Y10 said yes they have had sex, this had reduced from 19.2% in 2016. In 2016 9.7% said they preferred not to answer this question, slightly more pupils in 2017 chose this option, 10.29% (167). More girls said yes they have had sexual intercourse, 52% (120) girls compared to 48% (113) boys. This is the same trend as 2016.

The results show 15.3% (36) Y10 pupils said they have had sexual intercourse after drinking alcohol and/or taking drugs, this is a decrease in % from 24% in 2016 who responded this way.

12.4 Contraception

Out of the 14.% (233) pupils who said they have had sexual intercourse, 87.1% (203) answered the follow on question on what type of contraception they have used. Chart 12.4 details the responses by male/female.

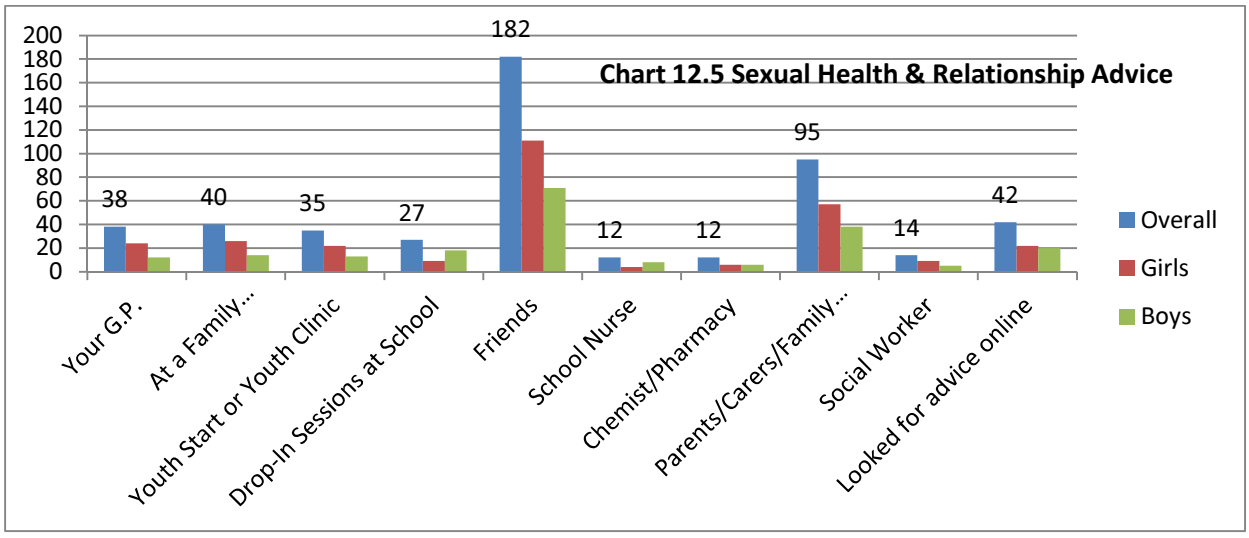


The results show that the % of pupils who said they did not use any form of contraception has increased, 27.5% (56) pupils gave this response, compared to 20% in 2016. More boys said they did not use any form of contraception compared to girls.

12.5 Sexual Health Advice

Pupils in Y10 were asked to say where they would go for sexual health and relationship advice. 80.5% (1311) of Y10 pupils answered this question, out of these 1311 Y10 pupils, 62% (814) said they have not sought any advice, they have never had the need for this type of advice.

38% (497) of pupils said where they would prefer to go for advice, the results are detailed in Chart 12.5

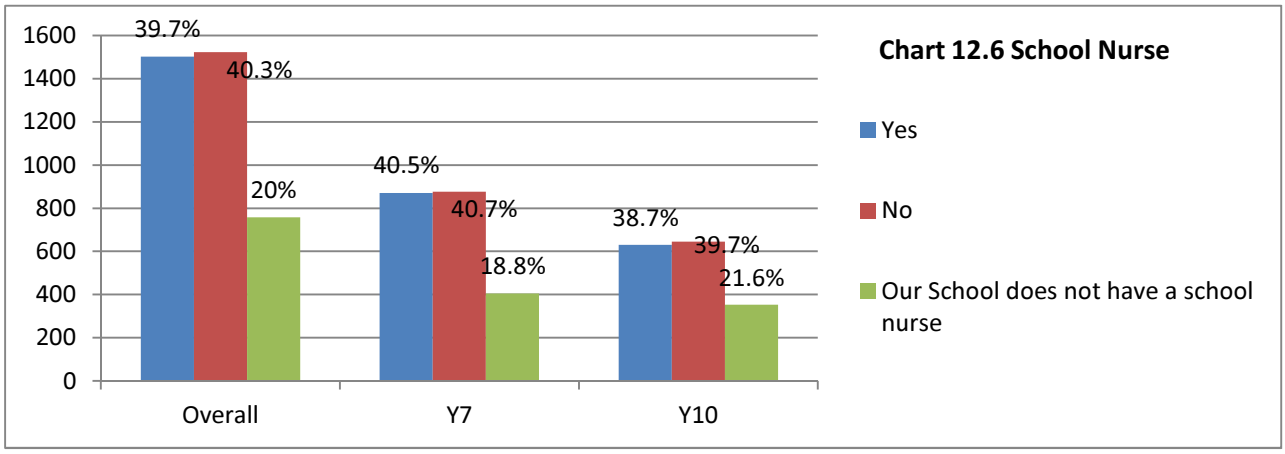


The results follow a similar trend to the 2016 results, the most popular choice for someone to talk to about sexual health would be friend, followed by parents/carers or family member. More young people would choose to go to family planning or their G.P. than in 2016 and less going to a youth centre. Girls are more likely to go to their G.P. or family planning and boys more likely to visit a drop-in at school or speak with a school nurse.

12.6 School Nurse

Pupils were asked to say if they knew who their school nurse was. There was an extra option added to the choice this year, pupils had the option to say whether their school had a school

nurse.



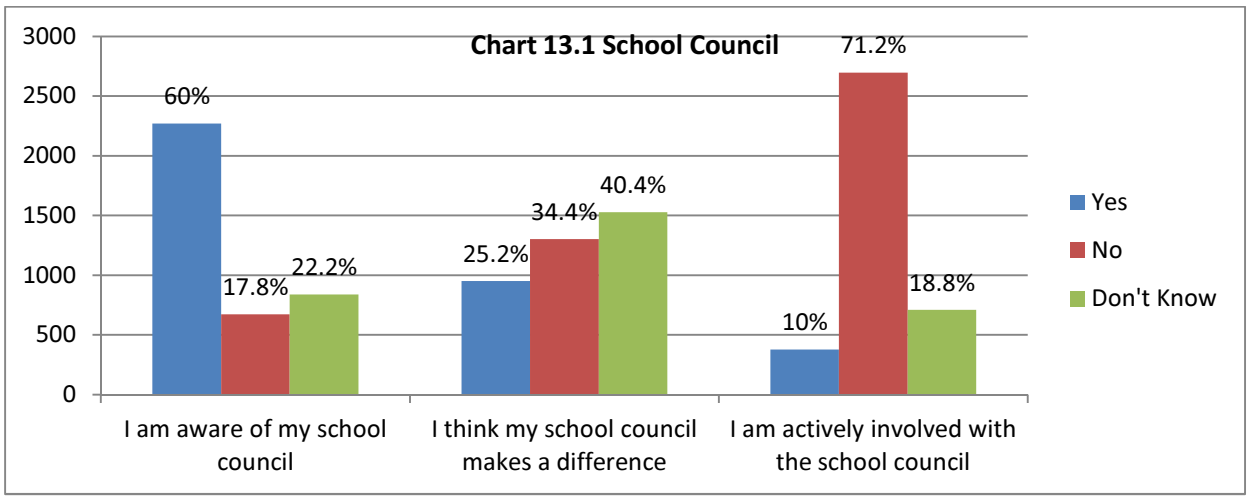
The results show overall 39.7% (1501) said yes they knew who their school nurse was, this has decreased from 43% in 2016. Overall 16.6% (630) pupils said their school did not have a school nurse.

13. Child's Voice

The Lifestyle survey enables pupils to have their voice heard and give their opinions on their health, wellbeing, safety and leisure facilities in Rotherham. The survey also aims to find out from young people do they have their voice heard in school.

13.1 School Council

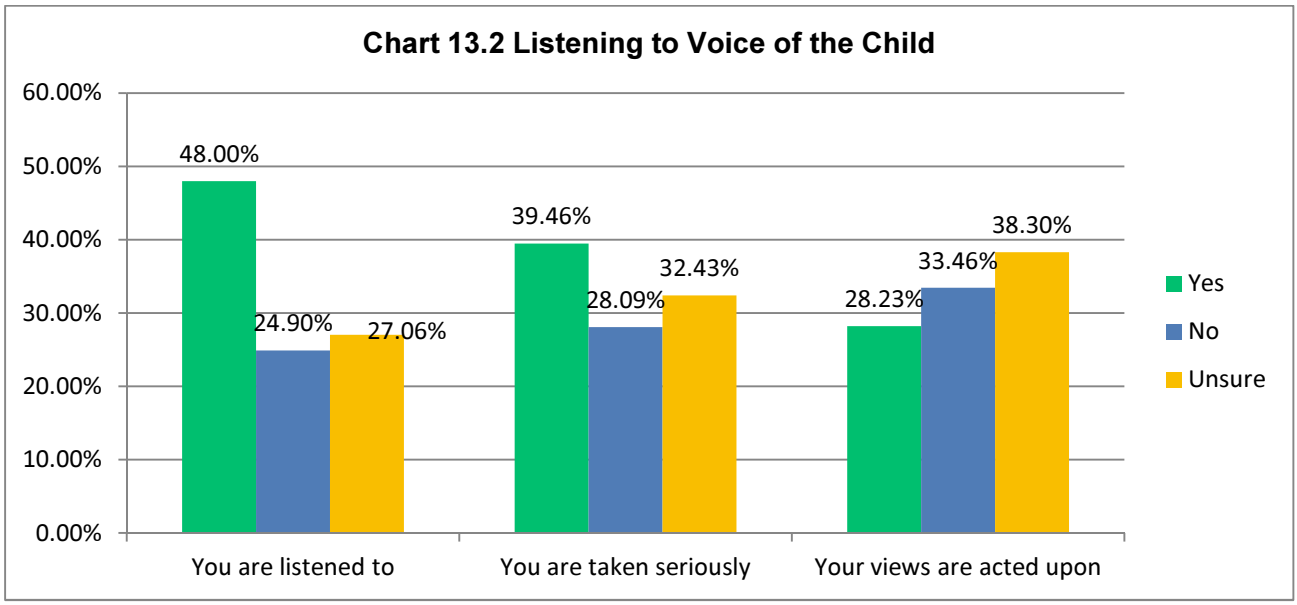
A school council is an opportunity for pupils to be involved to represent the views of young people at school. Pupils were asked for the 2017 survey whether they are aware of their school council, do they think their school council makes a difference and are they actively involved with the school council. Chart 13.1 details the overall responses.



The results show overall that 60% (2270) of pupils are aware of their school council. More Y7 pupils were aware than Y10. 25% (950) pupils said yes they did feel their school council makes a difference, this has improved from 12% in 2016. 10% (377) pupils are actively involved with their school council, this is the first time this question has been asked about being actively involved.

13.2 Listening to Voice of the Child

Pupils are asked to say whether they feel their voice is listened to, whether they feel they are taken seriously and whether their views are acted upon. Chart 13.2 details the overall % of responses.



The results show overall, 48% (1816) of pupils said they felt their voice was listened to, this has decreased from 53% in 2016. 39.5% (1493) said they felt their views were taken seriously, this is almost the same result as 2016. 28.2% (1068) said they feel their views are acted upon, this has improved slightly from 27.2% in 2016. Y7 pupils are far more likely to feel their voices are listened to, taken seriously and acted upon compared to Y10 pupils.

14. Reference

Benchmarking information and information included in what's working well and what are we worried about have been sourced from:

- Website National Smile Month
  http://www.nationalsmilemonth.org/facts-figures
- Rotherham Health and Wellbeing Strategy Action Plan
- Rotherham Lifestyle survey report 2016
- Barnado's Young Carers Plan
- Health & Social Care Information Centre
- RMBC Trading Standards Action Plan

15. Appendices

Appendix 1
Highlight of the results that show what's working well

What results show what's working well?

- There has been a 1% decrease in the number of pupils saying they have a diagnosed medical condition.
- 3515 (93%) of pupils said they visit the dentist at least once per year.
- There has been almost a 5% increase in the number of pupils eating the recommended 5 portions of fruit and vegetables per day, the % has gone up to 18.2% in 2017 from 13.5% in 2016.
- There has been a 2% increase in the number of pupils who said they have breakfast. This has improved to 81% (3068) from 79% in 2016.
- There has been a 3.5% increase in the number of pupils who said they participate in regular physical activity. This has improved to 83.5% (3159) from 80% in 2016. There has also been a 1.5% decrease in the number of pupils who said they never do any exercise. This has improved to 4.5% (173) from 6% in 2016.
- There has been a reduction in the number of pupils who said they are worried about their weight. This has improved to 25.7% (1050) from 28.5% in 2016.
- There has been a 5% improvement in the number of pupils who feel their weight is about the right size. This has improved to 64% (2315) from 59% in 2016.
- There has been an improvement in pupils' perception of Rotherham and recommending Rotherham as a place to live. Overall there has been a 10% reduction in the % of pupils who said they would definitely not recommend Rotherham as a place to live. This has improved to 20.5% (775) from 31.7% in 2016. Overall pupils who said they would definitely recommend Rotherham as a place to live has improved by 11% to 26.1% (990) in 2017 from 14.8% in 2016.
- Pupils saying they would still like to remain living in Rotherham in 10 years' time has also improved. Overall there has been a 10% reduction in the number of pupils who said they would not like to be living in Rotherham in 10 years' time. This has improved to 27.2% (1030) from 37.5% in 2016. Overall pupils who said they would definitely like to be living in Rotherham in 10 years' time has also improved to 17.5% (661) compared to 13.5% in 2016.
- There has been a 7% increase in the number of pupils who said they regularly visit Rotherham town centre. This has improved to 33% (1251) from 26% in 2016.
- Fewer pupils rate the fear of protests and marches in the town centre as a reason for feeling unsafe in the town centre, in 2016 pupils rated this as the 3rd highest risk this has moved to the 9th rated risk in 2017.
- There has been a decrease in the % of pupils who said they have been either cyber bullied or bullied by inappropriate sexual touching/comments or actions. Overall this reduced to 9.2% from 11.9% in 2016.
- Continued decline in the number of young people who have obtained cigarettes from a local shop. This has reduced to 17% (43) of those who said they smoked from 19% in 2016.
- There has been an increase in the % of pupils in Y10 who said they have never tried an alcoholic drink. This has increased to 32.3% (526) from 30.2% in 2016.
- There has been a % increase of pupils in Y10 who said they have never tried drugs. This has increased to 87% (1416) from 84.5% in 2016.
- The % of Y7 pupils who have been taught about child sexual exploitation has improved to 72.5% (1562) from 61.2% in 2016.

- There has been a reduction in the % of Y10 pupils who said they have had sexual intercourse. In 2017, 14.3% (233) pupils in Y10 said they have had sex, compared to 19.2% in 2016.

Appendix 2

Highlight of the results that show what we are worried about

What results show what we are worried about?

- There has been an increase of 3% in the number of pupils saying they consume 2 or more high sugar drinks each day and also an increase of 2% of the number of pupils saying they consume high energy drinks, (in particular boys).
- There has been a 3% reduction in the number of pupils who aspire to go to university. Overall 42% (1592) said they aspire to go to university in 2017 results from 45% in 2016.
- The has been a 6.6% reduction in the number of pupils who said they always feel safe in Rotherham town centre. Overall 18% (683) pupils said they always feel safe, compared to 24.6% in 2016. There is a similar pattern with Rotherham bus station, overall 18% (693) said they always feel safe, compared to 23.6% in 2016 and for Rotherham train station, overall 15% (556) said they always feel safe, compared to 17% in 2016.
- There has been a 3% increase of pupils saying they have been bullied out of school time. The number of pupils saying they have been bullied is a similar % to 2016. More pupils of those who have been bullied said they have been bullied out of school time, 12.8% (124) said this in 2017, compared to 9.3% in 2016
- There has been a decrease of 6.7% of young people who have identified themselves as a young carer who have heard of the Rotherham Young Carers service. 37.3% (267) said they had heard of this service in 2017, compared to 44% in 2016.
- There has been a decrease of 4.7% of homes identified as smoke-free homes. In 2017 59.3% (2243) said their home was smoke-free, compared to 64% in 2016.
- There has been an decrease of 3.5% of Y7 pupils who said they have never tried an alcohol drink. This has decreased to 76.3% (1643) from 79.8% in 2016.
- There has been an increase in the % of pupils in Y10 who said they did not use contraception when having sexual intercourse, this has increased to 27.5% from 20%, the increase is more prevalent with boys.
- There has been a % decrease with pupils who said they knew who their school nurse was. Overall 39.7% (1501) pupils in 2017 said they knew who their school nurse was, compared to 43% in 2016.
- There has been a 5% reduction in the number of pupils who feel their voice is listened to; overall 48% (1816) said they felt their voice was listened to, compared to 53% in 2016.

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD

1.	**Date of meeting:**	**15 November 2017**
2.	**Title:**	**Pharmaceutical Needs Assessment**
3.	**Directorate:**	**Public Health**

4. Introduction

4.1 The Health and Social Care Act 2012 gave Health and Wellbeing Boards the statutory duty to develop and publish Pharmaceutical Needs Assessments (PNA). Legislation requires that Health and Wellbeing Boards publish revised assessments at least every three years. The Health and Wellbeing Board will need to publish a revised assessment by 1 April 2018.

4.2 Requirements for PNAs are set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA will need to include information, consider matters and follow the process set out by these regulations. This process includes formal consultation with specific stakeholders for at least 60 days.

4.3 The PNA is a commissioning tool to make sure that areas have high quality pharmaceutical services that meet local needs. The PNA sets out the community pharmaceutical services that are currently provided and makes recommendations to address any identified gaps, taking into account future needs. These services include:

- essential services such as dispensing medicines, giving advice on self care and promoting healthy lifestyles
- advanced services such as giving flu vaccinations, reviewing a patient's use of medicines or appliances and additional support for patients with long-term conditions who have been newly prescribed a medicine, and
- locally commissioned services, such as needle exchange schemes, emergency hormonal contraception or help with minor ailments.

4.4 The PNA informs commissioning decisions by local authorities, NHS England and CCGs by mapping need against services provided. NHS England uses the PNA to inform decisions around applications to open pharmacy premises.

4.5 This report outlines plans to enable the Health and Wellbeing Board to approve the 2018 Rotherham PNA by 1 April 2018, the date it is legally due for renewal.

5. Summary of the approach

5.1 The four South Yorkshire local authorities are working together, led by RMBC, to produce the four separate PNAs covering South Yorkshire. A South Yorkshire PNA steering group was established to take this forward, led by a Public Health Registrar and comprising the relevant PNA lead from each local authority.

5.3 Each Health and Wellbeing Board retains the duty to sign off the PNA for its area. By working together across South Yorkshire the production of the PNAs will be more efficient. This approach retains local oversight in that there will still be a PNA specific to Rotherham but at the same time it maximises efficient use of resources.

5.3 The South Yorkshire Local Pharmaceutical Network (LPN) is supportive of this approach. The LPN is acting as a source of professional advice to the project. The LPN comprises representatives from Local Pharmaceutical Committees, CCGs, NHS England, Healthwatch, Local Medical Committees, local authority public health and pharmacy (community and hospital) from across the area.

6. Key actions and relevant timelines

6.1 The project has collated information detailing the services provided by Community Pharmacies. This information uses the NHS England Pharmaceutical list as a base. Further information from CCGs and local authorities has been included.

6.2 The provision of community pharmacy services is being mapped using Public Health England's (PHE) SHAPE mapping tool. PHE are providing advice to support the mapping of information on the SHAPE tool. A demonstration of the SHAPE tool will be presented at the Health and Wellbeing Board.

6.3 A draft PNA is currently in development. This is being shared with key local stakeholders in preparation for formal consultation.

6.4 The PNA is subject to a 60 day statutory consultation period. This will run from 17 November 2017 to 19 January 2018. Those consulted will be directed to a draft PNA published on the Rotherham Council website.

Regulations specifies that the Health and Wellbeing Board must consult with the following as a minimum. Additional local stakeholders including the CCG, Yorkshire Ambulance Service and Voluntary Action Rotherham will be included in the consultation:

- The Local Pharmaceutical Committee
- The Local Medical Committee
- Any persons on the pharmaceutical lists and any dispensing doctors lists for its area
- Any local pharmacy services (LPS) chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services
- Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its areas
- Any NHS Trust or NHS Foundation Trust in its area
- NHS England
- Any neighbouring Health and Wellbeing Board

6.5 Following the consultation the PNA will be finalised and a version submitted to the March 2018 Health and Wellbeing Board for sign off.

7. Recommendations to HWBB

7.1 To note and approve the planned timetable for consultation and for the final document to be brought back to the Health and Wellbeing Board.

7.2 To consider whether there are any additional consultees, especially specific patient, consumer or community groups that should be included in the consultation.

8. Name and contact details

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Health and Wellbeing Board – briefing note

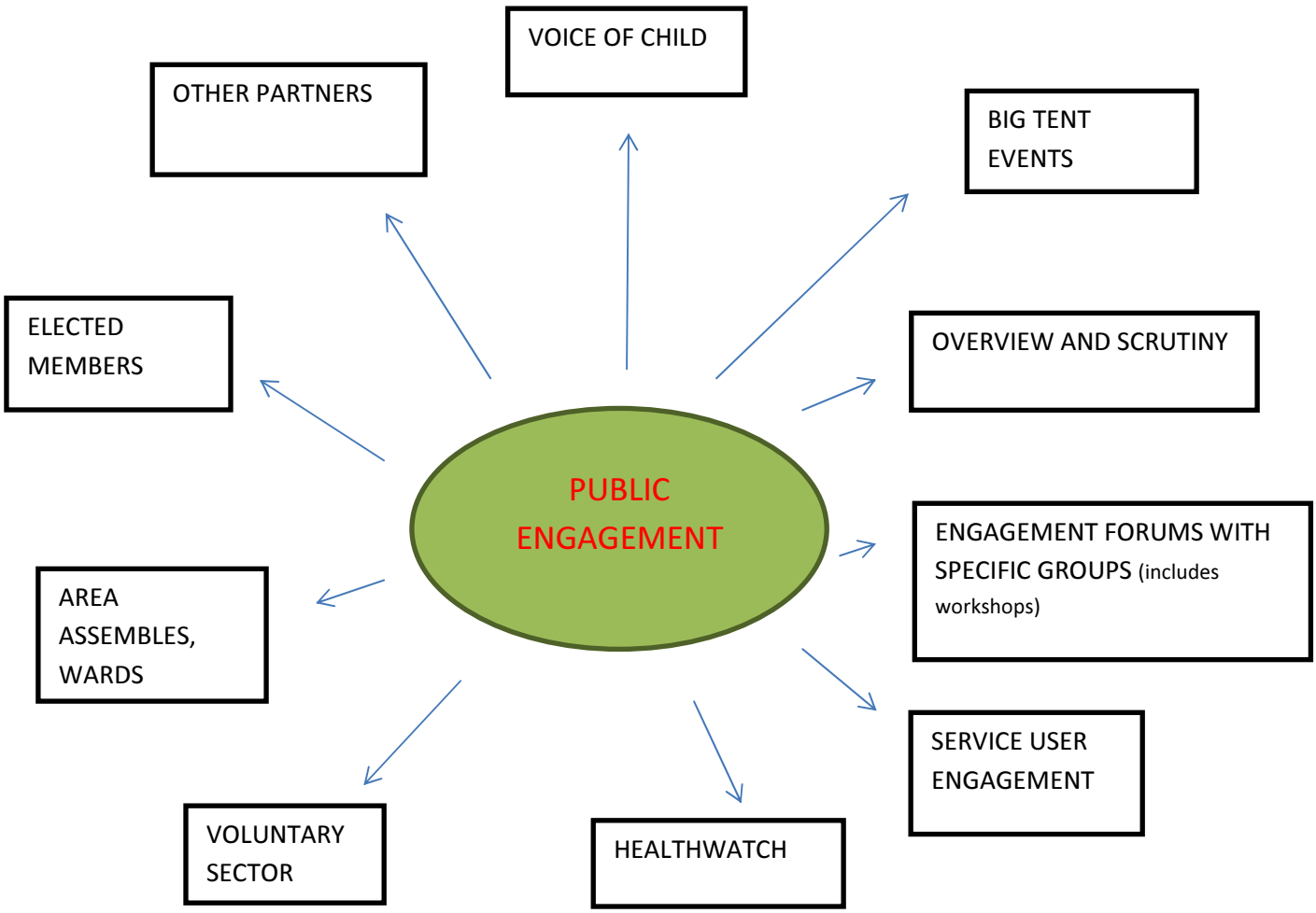
Cllr David Roche, HWbB Chair
November 2017

Engaging the public in the health and wellbeing board

In Rotherham we often struggle to get members of the public to engage with the local board; either by attending or sending in questions. However, regular engagement with the public in the work of the board, its priorities and local strategy, is supposed to be encouraged and something we therefore need to consider how to do more of.

There are examples of successful engagement with the public in Rotherham, including an event with the Clinical Commissioning Group at their AGM in July 2017, where members of the public attended to observe the board meeting and attended a public presentation by the chair and vice-chair about the work of the board. There was also a very well-attended themed board meeting on suicide which took place in May 2015.

During a recent Yorkshire and Humber Health and Wellbeing Board event, Durham shared how they have successfully engaged with the public through a range of events and public attendance at their board meetings. The diagram below demonstrates how Durham achieves this and may contain some ideas for us to consider.



Durham has annually over 200 + members of the public asking questions at their HWBB events

investor in excellence

NHS Rotherham Clinical Commissioning Group

ROTHERHAM SYSTEM WIDE ESCALATION PLAN 2017/18 (INCLUDING WINTER PLANNING)

NHS ROTHERHAM CLINICAL COMMISSIONING GROUP
FINAL VERSION 14.09.17 Submitted to NHSE 14.09.17
Updated 10.10.17

Table of Contents

1. PURPOSE OF THE REPORT

This report sets out winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of winter pressures. The plan incorporates Rotherham's response to the National Cold Weather Plan updated in 2016 which helps prevent the major avoidable effects on health during periods of cold weather in England.

Rotherham CCG, along with other local CCGs, is required to provide assurance to NHS England regarding year-round and winter planning across the Rotherham health and social care community. This report, alongside the baseline assessment and ongoing highlight reporting from the Rotherham A&E Delivery Board aims to provide that assurance.

2. LEADERSHIP AND CO-ORDINATION OF WINTER PLANNING

2.1 Rotherham A&E Delivery Board

The Rotherham A&E Delivery Board is the forum for co-ordinating capacity planning and operational delivery across the local health and social care system for urgent and emergency care. This is done in co-ordination with an overall region wide urgent and emergency care strategy agreed through the Yorkshire and Humber Urgent and Emergency Care Network. The national expectation for the A&E Delivery Board is to focus entirely on A&E. Initially this is about the recovery of the 4 hour target and then to work within the South Yorkshire and Bassetlaw STP group on the longer term delivery of the Urgent and Emergency Care review.

The Next steps in NHSE's NHS Five Year Forward View has a number of key deliverables for 2017-18 and 2018-19[1]. Trusts and CCGs will be required to meet the Government's 2017/18 mandate to the NHS that: 1) in or before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours – up from 85% currently; 2) the majority of trusts meet the 95% standard in March 2018; and 3) the NHS overall returns to the 95% standard within the course of 2018. In order to do so the key deliverables are:

- Every hospital must have comprehensive front-door clinical streaming by October 2017.
- By October 2017 every hospital and its local health and social care partners must have adopted good practice to enable appropriate patient flow.
- Hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care.
- Specialist mental health care in A&Es: 74 24-hour 'core 24' mental health teams.
- Enhance NHS 111 by increasing from 22% to 30%+ the proportion of 111 calls receiving clinical assessment by March 2018.
- NHS 111 online will start during 2017.
- Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019.
- Strengthen support to care homes.
- Roll-out of standardised new 'Urgent Treatment Centres' which will open 12 hours a day, seven days a week, Integrated with local urgent care services.
- Implement the recommendations of the Ambulance Response Programme by October 2017.

The core responsibilities of the A&E Delivery Board are:

- Lead A&E recovery.
- Develop plans for winter resilience and ensure effective system wide surge and escalation processes exist.
- Support whole-system planning (including with RMBC) and ownership of the discharge process.
- Participate in the planning and operations for local ambulance services.
- Participate in the planning and operations of NHS 111 services including oversight of local DOS development.

[1] NHSE (2017) https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/urgent-and-emergency-care/

- Agree deployment of any winter monies.
- Agree how money used via sanctions and incentives is deployed for maximum benefit of the system.
- Work within the STP footprint (& UEC Network) to deliver the local UEC Strategy with specific focus to:
    1. Expanded access to primary care
    2. Creating an out of hospital hub combining NHS 111 and OOH services
    3. Delivering on the 4 key UEC hospital standards
- Support Vanguard and New Care Models (where applicable) to ensure good outcomes and support spread.
- CCG / RMBC will lead BCF, the Rotherham A&E Delivery Board will help to implement action plans, particularly BCF DTOC plans where they help align the discharge elements of A&E plans and DTOC plans.

Attached as Appendix 1 is the Rotherham A&E Delivery Plan 2017-18 demonstrating our response to the key deliverables outlined in strategic documents such as NHSE Urgent and Emergency Care Delivery Plan April 2017 and the NHSI Good practice guide: Focus on improving patient July 2017.

2.2 Urgent and Emergency Care Network – Yorkshire and Humber

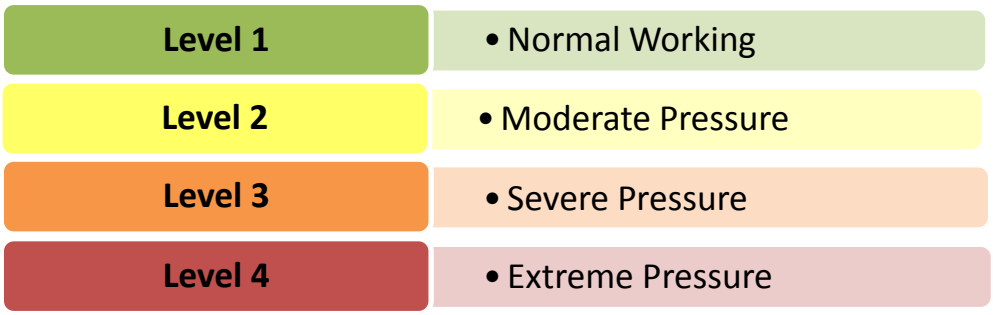
This network was recently established as part of the Bruce Keogh review into urgent and emergency care[2]. It will operate strategically and its purpose is to improve the consistency and quality of urgent and emergency care by bringing together A&E Delivery Boards and other stakeholders to address challenges that are difficult for health and social care systems to address in isolation (eg 999 and 111 services). It will provide overall urgent and emergency care strategy from which the A&E Delivery Boards will retain the responsibility for ensuring the effective delivery of urgent care in the local area.

3. ROTHERHAM ESCALATION MANAGEMENT SYSTEM

Rotherham is the only community in Y&H to implement this best practice escalation tool. The expectation is that this is rolled out across the STP footprint this winter.

A&E Delivery Board agreed to adopt an Escalation Management System (EMS) which responds to and reflects pressures within the local health economy for last year's winter planning (2016/17). It sets an escalation level for Rotherham Foundation Trust (Acute and Community, OOHs), YAS (local indicators), Social Care and Mental Health and provides visibility to partners on the pressures facing the organisations. The system is capable of alerting staff via email or text message when the escalation level changes. Figure 1 sets out the four escalation levels that will operate throughout the year, which have been aligned to the Opel Levels required by NHSE.

Figure 1: Summary of Escalation Levels



The A&E Delivery Board has approved the Operational Escalation Management System previously and maintains this stance moving into 2017-18. Appendix 3 sets out examples of the EMS triggers for some parts of the local health

[2] NHS England (2015) http://www.nhs.uk/NHSEngland/keogh-review/Documents/Role-Networks-advice-RDs%201.1FV.pdf

economy. Each EMS level triggers a series of actions that is proportionate to the degree of pressure in the system. All areas of the system have triggers and actions that link to the escalation process.
The online tool has the capability to produce reports which analysis trends in escalation (i.e. days, weeks, months of the year), it can also highlight particular triggers that are continually causing concern and provides a teleconference facility including the ability to disseminate actions agreed on the escalation calls to all partners.

Local telephone conferences take place every Monday morning during the winter period to share any issues affecting local services and to discuss and agree any actions to be taken throughout the week. The level of escalation will be monitored and actions (based on action cards/flash cards NHSE) agreed routinely to support the planning of increases in demand and mitigate further escalation. The calls include representation from YAS, Social Care, RDaSH, TRFT (including acute and community), RCCG and potentially VAR. When EMS hits Level 3, local telephone conferences will also be held with the same representation either on a daily or twice-daily basis, until any issues have de-escalated. This system is well established in Rotherham and is used in periods of high escalation throughout the year. If the system reaches high escalation (level 3 / 4) consideration will be taken to request support for diverts to alternative hospitals in the area.

Dashboard – Rotherham Care Record

For winter 2017-18 Rotherham partners will have access to the Trust's Rotherham Care Record (SEPIA) on a daily basis. This dashboard provides clear visibility on activity within the Acute setting including performance against the 4 Hour Target. The data will be cleansed to ensure that no patient data is provided to the CCG and partners prior to go live and will be used to support all partners in assessing the escalation levels across the system at any point in time to ensure appropriate collective actions are taken.

4. DEVELOPING FLEXIBLE BED CAPACITY

The Rotherham A&E Delivery Board predicts that demand for beds will be as challenging as 2017-18, with an unknown element attached to the opening of the new Urgent and Emergency Care Centre in July 2017.
The current acute bed base is not sufficient to manage the forecast demand alone; therefore a focus on early discharge home is essential. We know that the acuity of patients in winter is higher than in summer. We know that more patients are admitted to hospital beds in winter and that there are specific days when admissions are higher. These days tend to coincide with those when discharges are lower, usually a Monday.
Extreme demand (80+ admissions a day) should be expected and planned for. 50% of days, were the daily admission rate is 80+, occur November to February and 40% occur on Mondays. The data suggests every 2 out of 4 Monday's (at least) could be an 80+ admission day.

The A&E Delivery Board will ensure that there are clear strategies to reduce waiting times, maintain service and promote patient flow during these periods embedded in our plans across the system.

4.1 Establishment of a Fixed-Bed Base and Flex Beds

A&E Delivery Board is committed to ensuring that there is enough fixed bed capacity to meet demand. To meet the winter demand, projections suggest the need to increase bed capacity by **58** above summer baseline. Modelling suggests extreme pressure surges, could require up to **98** medical beds above summer base line.

To meet the 58 additional beds for winter capacity requirements, the local health economy requires additional capacity within the system. In 2017-18 TRFT, in collaboration with partners are working to provide a more flexible approach to demand management through the reconfiguration of the current bed base (acute) to flexibly meet demand across busy periods and in times of escalation (EMS Level 3 and Level 4). The current suggested approach to achieve the 58 additional winter beds is achieved through the implementation of a number of schemes, of which there are is as follows:

Bed Capacity Scheme	Downside	Working Capacity	Upside
Bed reconfiguration (internal medicine beds)	+4	**+12**	+12
A3 Winter Ward (with Discharge Lounge)	+12	**+12**	+12
Ackroyd Clinic (Nursing Home)	+6	**+8**	+11
Ferns	+6	**+9**	+12
DTOC	+3	**+6**	+8
Elective Smoothing	+5	**+5**	+5
DST/CHC assessments off acute site	+3	**+6**	+8
LOS*	-16	**0**	+8
TOTAL (v's 58 requirement)	**23 (-35 gap)**	**58 (0 gap)**	**76 (+18 gap)**

*The rationale for a negative bed impact is in the event of LOS increasing more than anticipated over the winter period and therefore impacting on available bed capacity. LOS target is to remain in line with winter 15/16 levels (and overall LOS has fallen since this period).

The remaining gaps in beds to achieve surge pressures (up to 98 additional beds) will be achieved by a further deployment of capacity, for a specific period of time, and the options that are being worked up and developed are as per the table below. This also then provides an overall position across the system against the bed demand anticipated.

Bed Capacity Scheme	Downside	Working Capacity	Upside
A3 Winter Ward (with no Dx Lounge on A3)	0	**+6**	+12
Additional N/Home Capacity	+20	**+30**	+40
Surgical Capacity	+0	**+6**	+20
TOTAL (v's 40 requirement)	**20 (-20 gap)**	**42 (+2 gap)**	**72 (+32 gap)**

OVERALL TOTAL (v's 98 requirement)	**43 (-55 gap)**	**100 (+2 gap)**	**148 (+50 gap)**

The working principle around the bed stock to meet the surge demand, is that the specific timing and around the need for these beds is not known, although it is likely to be post the Xmas period, and therefore particular attention has been applied to the month of January. The scheme that is most notable within these options is the use of IBCF (£400k) to commission block and spot purchase beds from January 18 estimated at between 20 to 40 additional beds from January 2018 (see Additional N/Home Capacity above)**.

In line with the escalation plans developed over previous winters and through the deployment of more robust escalation management, other options will also be available depending on the nature of any mini-surges. These will be serviced through:

- Use of surgical outlying beds*.
- Availability of surge/spot purchase beds (particularly Monday am).
- Additional flexibility within Intermediate Care.
- Surge Plan to access Oakwood Community Unit, Breathing Space, Intermediate Care. –
- Use of IBCF to procure additional 1000 hours per week of additional re-ablement support.

The system will manage extreme pressure surges in demand by:

- Use of EMS across the network.
- Agreed action cards to support a response.

- Support to weekend discharge planning teams (social care, therapists, nurses).
- Monday morning Health Economy review (teleconference).

Further demand analysis will be undertaken at TRFT in September 2017 to ensure both the planned fixed and flex bed bases can be utilised effectively to cope with fluctuations in demand.

*The use of surgical outlying beds is often factored in but this can be increased with further management of the elective pathway and impact on RTT waiting times.

** A market exercise is currently being undertaken for completion by the end of October 2017. This section will be fully updated with detailed plans of agreed hospital surge levels and community spot purchase and blocked capacity to be signed off at the November A&E delivery meeting.

5. ANALYSIS OF OUT OF HOSPITAL SERVICES

Rotherham has access to a range of high quality Out of Hospital Services which actively support patients during the winter period. Out of Hospital Services fit into 3 main categories:

1. Admission Prevention and Supported Discharge Care Pathways
2. The Care Coordination Centre
3. Locality Based Community Nursing Teams

During winter these services can flex to support reduction of avoidable non-elective hospital admissions and re-admissions. They promote 7 day working, facilitate timely hospital discharge and improve patient experience.

5.1 Admission Prevention and Supported Discharge Pathways

Pathway 1: Hospital to Home

Pathway 1 supports patients who are medically stable, but cannot be supported at home with generic health and social care services. Rotherham CCG and Rotherham MBC jointly commission an Integrated Rapid Response Service to support discharge and prevent admission for this cohort of patients. The Integrated Rapid Response Service operates 24/7, 7 days/week, providing short term therapy, nursing and social care support.

In 2017-18 additional capacity will be commissioned in reablement services to reduce Delayed Transfers of Care (DTOC), as part of the action plan developed to reduce the DTOC levels in line with National Condition 4 of the Better Care Funds (BCF) Policy Framework and Planning Guidance 2017-19. The Local Authority is planning to procure the reablement service from the independent sector and secure services for up to 2,000 hours per week for a time as yet undetermined. This will increase capacity and provide an alternative model capable of achieving reduction in dependency, timely reviews and increased integration with the health community, the voluntary and community sector and utilise assistive technology.

Pathway 2: Intermediate Care

Pathway 2 provides residential rehabilitation to patients who cannot return home. The aim is to maximise independence and optimise patients who do not have nursing needs. The Intermediate Care Residential service supports all patients on Pathway 2.

Intervention focuses on active enablement with view to maximising independence and returning home. The service is provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy and treatment.

The care plan sets out agreed rehabilitation goals and milestones. The service is time-limited, normally no longer than six weeks with average stay of 18 days. There are currently 50 beds across the borough, commissioned jointly by RCCG and RMBC. The Intermediate Care Residential Service accepts admissions 7 days/week.

Pathway 3: Discharge to Assess

Pathway 3 provides 24/7 nurse-led care for adults with complex care needs who are medically stable. The pathway is for patients who need a place to recover from an acute illness before an assessment can be made about their long term care needs. Pathway 3 provides residential assessment and rehabilitation for patients with nursing needs. It also supports patients who trigger positive for the CHC checklist but have not yet had an assessment.

Pathway 3 services are delivered by The Oakwood Community Unit, Breathing Space Inpatient Beds and Waterside Grange Residential and Nursing Home. Oakwood is a 20 bed nurse-led unit situated in the grounds of Rotherham District General Hospital. Work is currently underway to reconfigure the unit so that it is better able to meet the needs of Pathway 3 patients.

Rotherham CCG and Rotherham MBC also jointly commission, through BCF, 6 independent sector nursing home beds at Waterside Grange Residential and Nursing Home to support Pathway 3 patients.

The Community Unit, Breathing Space[3] and Waterside Grange play a pivotal role in facilitating timely discharge from hospital for those patients who no longer require specialist acute care. All Pathway 3 services will receive admissions 7 days/week.

Discharge to Assess at Home is one of the key priorities for Rotherham in the coming months. Our key actions to improve patient flow (DTOC) are outlined in our Better Care Fund Plan 2017-19 which is currently in draft form awaiting NHS Assurance (September 2017). The plan articulates our vision for Discharge to Assess including;

- The proposals outlined in Pathway 1 above.
- The reconfiguration of the current Discharge to Assess bed base at Waterside Grange.

Appendix 1 – Rotherham A&E Delivery Plan 2017-18 provides further detail.

Figure 3 summarises the pathways that Rotherham currently operates for admission prevention and supported discharge.

[3] Breathing Space is a 20 bed nurse-led unit focusing on patients who have COPD and other respiratory conditions. It is both a step-up and step-down facility for this cohort of patients.

Figure 3: Admission Prevention and Supported Discharge Pathways

Pathway 1: Hospital to Home

Integrated Rapid Response Service provides early supported discharge at home. Active in-reach into hospital, identifying patients who are medically stable and can be cared for at home. Delivered by an MDT for up to 6 weeks. Supported by specialist home care provider. Incorporates community rehabilitation.

Pathway 2: Intermediate Care

Intermediate Care provides residential rehabilitation to patients who can not return home. Aim is to maximise independence. Patients do not have nursing needs. Delivered by an MDT for up to 6 weeks. 50 community based beds

Pathway 3: Discharge to Assess

24/7 nurse-led care for adults with complex care needs who are medically stable. Delivered from The Community Unit and Breathing Space. Residential assessment and rehabilitation for patients with nursing needs. Supports patients who are preparing to undergo Continuing Health Care assessments.

5.2 Community Bed Base

Table 1 (below) describes the community bed-base available, by care pathway. The escalation framework set out in Section 2 enables thresholds for entry to these beds to be adjusted so that they can be used to support patient flow. Through reconfiguration of intermediate care services, Rotherham was able to introduce additional capacity within the same cost envelope in 2016-17 which will remain in place this winter. The community bed base has increased from 106 to 122 (+15%).

Table 1 – Community Bed-Base

Pathway	Unit Name	No. of beds	
		2016/17	2017/18
2	Lord Hardy Court (LA Facility)	25	27
2	Davies Court (LA Facility)	25	27
3	Waterside Grange (Independent Sector)	6	6
3	Community Unit (TRFT)	20	19
	Breathing Space (TRFT)	20	20
2/3	Ackroyd (Independent Sector) TRFT commissioned	10	11
	'Ferns' Dementia Facility (RDaSH)	0	12
	Total Bed Capacity	106	122

There are also 5 beds at Oakwood Community Unit for adults with neurological conditions who are medically stable but who need rehabilitation.

The 12 beds commissioned by the CCG on the Ferns Ward at Woodlands (RDaSH) are for people with dementia/cognitive impairment who no longer require an acute inpatient bed at TRFT.

There are 3 social care assessment beds available at Lord Hardy Court which were available in 2016-17 and 4 short stay housing units at Shaftesbury House (LA facility) which provide support through enablement and housing for a maximum of up to six weeks.

TRFT has commissioned 11 care home beds at Ackroyd House for people who are MFFD and no longer requiring consultant-led medical care; patients awaiting non-acute health and social care support will be transferred from TRFT to Ackroyd House.

5.3 Care Coordination Centre

The Care Coordination Centre (CCC) acts as a key vehicle for identifying the most appropriate care pathway for patients during the winter period. It acts as an access hub for community health services. On supported discharge the CCC holds a register of patients in an acute bed, whose medical episode is complete. It actively engages with the relevant community services to ensure that patients are placed on the right discharge pathway.

The CCC coordinates transfer to the relevant service. It monitors outcomes and identifies where there are capacity issues within each care pathway. The CCC supports the commissioning process by identifying where there is under and over-utilisation of services on each care pathway. The CCC also receives all hospital based referrals for community nursing services. Transferring responsibility to the CCC for these calls will ensure that health professionals and patients are able to speak to a clinician about the most appropriate level of service. Figure 4 summarises the current functionality of the Care Coordination Centre.

As part of the Rotherham Place Plan priorities there is an ambition to provide a Rotherham wide coordinated approach to immediately presenting health and social care needs in adults, where the presentation requires a service level response (enhancing the Care Co-ordination Centre). This is a second tier approach that sits behind the prevention agenda but that contributes to a reduction and delay in needs for adults who are already at a point in which provision of services is unavoidable. The primarily actions are the expansion of two key services:

i. The Care Coordination Centre which is commissioned to provide a telephone based nurse led approach to directing customers to appropriate levels of care and
ii. The Integrated Rapid Response Service which is commissioned to provide an immediate short term response to meeting community based health and social care needs.

Phase one of the project focusses on:

- An integrated 24/7 access point for physical health, mental health and learning disabilities
- Formal absorption of social care out of hours calls between 10pm and 8am (currently managed on an informal arrangement with integrated rapid response)
- Scoping and comparative exercise for the interdependencies, duplications and remit of care coordination centre compared with Rotherham Council Single Point of Access (formerly assessment direct).

Phase one will be completed by December 2017.

Phase Two will focus on:

- Achieving a make safe function across the whole system on an out of hours basis by bringing the existing out of hours (10pm to 8:30am) functions across each of the partners closer together.

Further phases will consider:

- A more holistic joining up of health and social care services to provide an immediate service response to adults, who require care or support with an aim of ensuring this is provided at the right level, in the right place at the right time.
- The link between care coordination and a wider prevention offer of a single point of access for Rotherham.

Figure 4: Key Functions of the Care Coordination Centre

GP Support Service

Access point for GPs requre an alternative level of care for a patient. Advises on available range of services. Makes referrals, arranges placements and co-ordinates transport. Includes community pathway for suspected DVT.

Urgent Response Service

Single point of access for NHS 111 and the 999 ambulance service into alternative levels of care. CCC forms part of the YAS Pathfinder Project which supports ambulance crews when patients do not require A&E services

24/7 Service

Service will receive out-of-hours calls from patients and health professionals who require access to comunity health services or who have an urgent health need.

Supported Discharge

Service holds a register of patients in an acute bed, whose medical episode is complete. The CCC will actively engage with relevant services to ensure that patients are place on the right discharge pathway.

Single Point of Access for Community Nursing Referrals

Receive all hospital based referrals for community nursing services. The CCC carries out task allocation for all community nursing teams. Primary care referrals can be submitted to the CCC or direct to teams

5.4 Mental Health Liaison Service

The Rotherham Mental Health Liaison Service provides round the clock mental health care to people who attend Rotherham Hospital to provide assessment, treatment and management of mental health problems to adults aged over 18.

The aims of the service are to:

- Reduce the number of admissions from Accident and Emergency
- Reduce length of stay
- Improve access to assessment and appropriate services during Mental Health crisis
- Reduce re-admission.
-

The service is clinically led, with medical expertise and operates from Urgent and Emergency Care centre at the Rotherham Acute Hospital.

The service provides:

- Mental health expertise to the Emergency Department (ED) 24 hours a day, 7 days a week for admission avoidance for those 18 and over
- Specialist adult and older people liaison in-reach activity to wards 8.00am – 8.00pm 7 days a week
- Support for 16 – 18 year olds overnight and at weekends.

5.5 Locality Based Community Nursing Teams

In Rotherham, our newly reconfigured, locality based community nursing teams support the transition from hospital to community. They are a key service for supporting vulnerable patients at home during the winter period. The current service model incorporates 7 community nursing teams serving GP practice populations. The teams service geographical clusters of GP practices.

The focus on practice populations has supported partnership working between community and primary care. The service model uses an allocation formula which ensures equitable distribution of community nursing resources across the borough. Finally the service is now underpinned by a comprehensive service specification, a coherent system of governance and a robust performance management framework.

Finally, the work in 2016-17 to pilot an integrated locality which links to the Better Care Fund commissioned services is providing insight into the opportunities and challenges for roll out across the health and social care system. This work will take place throughout 2017-18.

6. CAPACITY AND CAPABILITY OF LOCAL SERVICES

The JSNA predicts a substantial increase in the number of adults with additional health and social care needs over the next five years. The Rotherham BCF plan and Integrated Health and Social Care Place Plan are aligned with all of the emerging population needs and all the local priorities focus on addressing the impact of the ageing population. Through a combination of integration, prevention and case management the Rotherham can deliver better outcomes for the growing population of older people and reduce pressure on the local health and social care economy.

The Joint Strategic Needs Assessment can be found at the following website address:
http://www.rotherham.gov.uk/jsna/

Market Sustainability

RMBC has produced a Market Sustainability report which uses the Cordis Bright framework to understand the risks associated with the current diminishing market place for adult's social care. This looks at the local, sub-regional and regional market place and carries out benchmarking exercise around Residential, Nursing and EMI beds within the market place.

There are on average 1,282 people at any one time receiving Domiciliary Care packages and this is provided by 8 contracted domiciliary providers and 7 spot purchase providers.

6.1 A&E Delivery Board Baseline Assessment

Appendices 4 and 5 provide the current baseline assessments for acute services, NHS 111 and the ambulance service.

6.2 Rotherham Clinical Commissioning Group

Rotherham CCG collates plans from Provider organisations in the health and social care community regarding arrangements over the bank holiday periods. A winter contacts and information pack for staff will be circulated to partner organisations in December and will include details of service opening times over the bank holiday period and emergency contact details for all partner organisations.

Rotherham CCG will also participate in NHSE winter telephone conferences to provide an update on any local pressures in the system and to share good practice. The calls are led by NHSE and last year were held weekly. They included representation from all South Yorkshire and Bassetlaw CCGs, together with YAS (999 and 111).

6.3 Rotherham NHS Foundation Trust

TRFT has a winter plan in place which incorporates both acute and community services. The principle objectives of the plan are to:-

- Protect patients, staff and visitors against the potential adverse effects of increased winter demand where possible.
- Ensure a pro-active response is maintained to deal with increasing pressures, in order that the Trust is able to meet key performance commitments including the ED 4 hour emergency care access standard, the 18 week elective care pathway standards and the cancer treatment targets.
- Ensure that an effective escalation process is in place when emergency activity exceeds anticipated capacity requirements. This enables business continuity plans to be implemented to protect essential levels of service provision within the organisation. When indicated by the most severe pressure on Trust resources and services, the escalation process also ensures a Trust Command and Control Team will be invoked. The overall Trust Command and Control Team aims to enable strategic decision – making for the protection of Trust Critical Services.
- Provide cover for the full 24 hour period, 7 days a week within the Trust.
- Be prepared in relation to risks identified.
- Support the continuity of essential services and everyday activities for as long as possible.
- Provide forward planning for the Christmas and New Year Bank Holiday period.
- The Trust will be profiling its elective work over the winter period; in particular it will be significantly reducing elective in-patient work over the 2 week festive period and doing more day-case elective work.

The TRFT Winter Plan continues to be reviewed and revised to provide increased clarity on roles, responsibilities and accountability.

Site Management

Site management meetings have developed, with increased attention to detail, action planning and capacity management. The Trust IT system SEPIA is used to support the site management function for both hospital and community based services. The dedicated 24 hour Site Management Team function is well embedded and works closely with the Care Co-ordination Centre, which has been co-located adjacent to the Site Management Room.

4Hour Access Meetings

The Trust has implemented a weekly 4 hour access meeting to review both retrospective performance and agree strategies to improve the day to day operational delivery of urgent and emergency care – this includes consideration of likely impact on the elective care pathways. The Trust and CCG have incorporated A&E Extraordinary Performance Meetings into the contract performance framework, these meetings take focus on performance and the 4 hour access recovery plan to escalate issues and ensure appropriate action is taken. The last of these meetings was on the 24th August and the next meeting is scheduled for the 20th October 2017.

Patient Flow

There is continued work with partners in order to ensure that discharge processes are effective and efficient and delayed transfers of care are minimised. The Trust has established a Transfer of Care Team, who specialise in supporting complex discharges. Working with partners, there is a weekly health and social care economy that also focusses on supporting and unblocking complex discharge issues. This group supports the identification of actions to reduce Delayed Transfers of Care (DTOC) and monitors effective patient flow. If the Trust faces prolonged periods of pressure, this meeting may be required more frequently.

The Trust aims to achieve 30% of patients for discharge vacating their bed before 12.00noon. Where clinically appropriate all discharge patients should be transferred to the Discharge Lounge at the earliest opportunity. If the Discharge Lounge is unavailable or full then Wards should consider sitting patients out in their day room.

All patients will be allocated an Estimated Date of Discharge (EDD) by the Consultant before (planned) or within 24hrs (unscheduled) admission. This may be based on the predicted length of stay for the patient's condition and should be revaluated at every Ward Round.

The Trust will be adopting the Red to Green Day best practise advocated by the National Emergency Care Improvement Team (ECIP), whereby every day a patient spends in hospital, interventions are undertaken that contribute to the discharge pathway home.

Bed Capacity – Acute Care

The Trust will be trying to ensure that there is sufficient bed or care capacity outside of the acute hospital setting. This may be alternative step-down beds, additional enablement, social care packages, and access to urgent appointments. Rotherham FT will be ensuring that there is flex capacity in the system, but this will be limited to a finite amount of resource capacity, which will not exceed the bed capacity provided in 2016/17.

Community Services

There are at least twice weekly huddles (Monday & Fridays) to discuss capacity & demand across community services including the 7 localities (incorporating integrated locality team). Demand is also managed through the use of SEIPA (Rotherham Care Record). At times of pressure consideration is taken to moving resource (staff) from one locality to another to support effective and flexible working. The benefit of the reconfiguration of the Rapid Response service to form an integrated team (including the Care Home Advanced Nurse Practitioners and Night Visiting District Nurses) is that workers can respond more flexibly to demand. Staffs provide a more hybrid approach to enhance service delivery to patients i.e. hours of support to Care Homes can increase at times of demand as the service is now part of a 24 hour provision.

GP OOHs

Activity and dispositions are monitored daily and weekly against predicted demand and the clinical and non-clinical workforce is adjusted to respond to demand including redeployment of workforce across OOHs and the Urgent and Emergency Care Centre. For example if face to face activity increases and telephone triage in OOHs reduced, clinicians will be redeployed to meet the face to face demand. The service also utilised ANPs to support GPs. The service links into local intelligence provided by CCGs, NHS 111 and the Department of Health and any breaking news stories which could result in increased demand on services.

Staff rotas for predictable changes in demand are populated in accordance with predicted seasonal demand. Bank holiday staffing will be based on previous years combined with recent trend analysis. Processes are in place to review staffing levels and hold planning meetings with other agencies as and when required to cope with exceptional variation in demand. The service supports NHS 111 in times of demand by providing triage for additional patients.

Outliers

Fluctuations in emergency admissions leads to a need to accommodate patients in beds outside their specialty ward, this is referred to as 'outlying'. Patients will only be moved from their specialty ward where it is safe and appropriate to do so. A formal assessment should be made of each patient that it is proposed to outlier.

Infection Prevention and Control

The Trust has an Infection Prevention and Control Team which provides cover across the Trust hospital and community services. There are robust infection prevention and control policies and procedures in place and the

Trust holds formal Outbreak meetings when indicated and internal operational meetings for localised clusters of infection. The Trust IPC team work closely with the Rotherham CCG lead Lead Infection Prevention and Control Nurse and both the Trust and CCG works closely Public Health England, RMBC and other Providers as indicated. The Consultant Medical Microbiologists provide 24 hour on call cross cover between Rotherham and Barnsley as part of the Partnership between the two Trust Pathology Laboratories and this includes urgent out of hours Infection Prevention and Control advice. The Trust Infection Prevention and Control Nurses work additional hours to cover outbreaks as part of internal team management plans.

Key Risks

The key risks to winter planning for 2017/18 will be the ability of the A&E Delivery Board to manage demand. The new Urgent and Emergency Care Centre (UECC) became fully operational on 6 July 2017. The UECC will provide a fully integrated service for all urgent and emergency care, offering co-located urgent primary care streaming and the ability to flex the clinical workforce, where appropriate, to meet demand. This includes the development of alternatives to workforce to support medical staffing challenges through ANPs and ENPs. Whilst the service will still be very new over the 2017/18 winter period, it is anticipated that the new ways of working will support effective management of significant surges in demand. However, this will be continuously monitored and closely managed as the system moves into the winter period.

Whilst the recruitment of ED middle grade doctors remains challenging, the Trust is developing a CESR Training Programme for the middle grade doctor workforce, which will be attractive to potential recruits and, therefore, attract those wishing to undertake further training towards achieving consultant level, this includes recruitment to the OOH GP service. In addition, the Trust has started to have success in the recruitment to the consultant workforce. All of this, together with increased GP input as a result of the new integrated model of working in the UECC, will add to the Trust's resilience over the coming winter. However, should demand significantly rise beyond expected levels, challenges will remain in relation to operational delivery over the winter months.

Testing of the ability to meet demand across the system is twofold and continues to be an ongoing action. In terms of the UECC a significant amount of analysis has taken place to predict the demand once the Walk in Centre (WIC) closed and all services moved to the new model. Actual demand is monitored on a frequent basis and is in line with expected demand. The EMS system in place in Rotherham alongside the SEPIA portal (Rotherham Care Record) allows for continuous testing of how the local health and social care system will manage peaks in demand. Our actions for escalation are well embedded across the system and include increase in multi-agency conference calls (strategic and operational), flexibility in use of community bed bases, increased resource into services that are struggling to meet demand, support for commissioners to unblock issues i.e. equipment, domiciliary care packages. A full capacity and demand analysis is to be done by the Trust by the end of September 2017 which will be presented to A&E Delivery Board.

Sitrep Reporting

The TRFT winter plan includes daily sitrep reporting to NHS England, as required, and has daily escalation processes for each of the elements within the NHS England guidance. If services are no longer able to ensure essential services within their area the Battle Rhythm process within the Trust Pandemic Influenza Plan and Command and Control process will be followed.

Estates and Facilities Management

The Estates and Facilities Team has business continuity plans in place in order to ensure critical functions are maintained and continue to be delivered for as long as is reasonably possible in the face of adverse weather conditions. This includes maintenance of electricity and heat supplies and tractors/gritting equipment. A plan is in place to ensure the site remains open during inclement weather for salt gritting and snow clearance.

Urgent and Emergency Care Transformation

A number of new additional plans are being developed to support the Trust over the winter period which are being managed through the Trust's Transformation Programme and focus on:

- Emergency Access and Admissions – Enhanced Ambulatory Care provision.
- Inpatient Management – continuing to embed the SAFER care bundle and working to the Red to Green Day principles.
- Reconfiguration of the Trust's bed base – both for surge ability and to support streaming pathways from the UECC.
- Development of the Frailty Service (detail can be found in the A&E Delivery Plan 2017-18 attached at Appendix 1).
- Transformation of Children's Services.
- Review of the Delayed Transfer of Care processes, including the development of a fully Integrated Discharge Team and agreeing a review of the Discharge to Assess model and the Trusted Assessor process.
- Community and Locality Working Trust/Site Management and Daily Operational Delivery.

This programme of work has been shared with partners through the A&E Delivery Board.
Rotherham FT has recently developed an Urgent and Emergency Care 4 Hour Action Plan which Within TRFT describes the operational improvements aimed at improving A&E performance (Appendix 2).

6.4 Rotherham Metropolitan Borough Council

RMBC is reviewing its level of response to winter for 2017-18 and is expecting that there will be only minor changes from plans for 2016-17. 2016-17 plans are summarised below:

Seasonal Flu Vaccination Programme

In partnership with TRFT Occupational Health Team, flu vaccinations are offered to employees of RMBC within eligible groups involved in the delivery of health & social care and/or support of service users. Moreover, RMBC are encouraging external care providers to protect their workforce and service users by offering vaccination opportunities to staff and promoting uptake within the community as well as supporting national keep well health messages.

Severe Winter Weather Framework

RMBC has a Severe Winter Weather Framework which is an overarching document designed to deal with an extreme winter weather event at an authority level. It contains what is expected of Directorates, how this links in with Local Resilience Forum and national structures, and reporting routes. It has a series of trigger points based on the Cold Weather Alert Levels issued by the Met Office. It is reviewed annually to coincide with the annual publication of the PHE Cold Weather Plan, which historically is issued at the end of October. In particular there is a section on winter maintenance and transport.

Salting

Community Safety and Streetscene conducts precautionary salting throughout the borough on 508km of roads. Precautionary salting is carried out when ice formation on the highway can be reasonably anticipated from the daily weather forecasts and data from the Icelert stations. The network of roads to be treated only includes roads important to the free flow of traffic i.e. principal roads, other well used classified roads, bus routes, and access roads to hospitals and fire stations. Salting also takes place in the Town Centre on pedestrianised areas and footways. Details of the routes that are salted can be found in the Winter Service Manual. If weather conditions deteriorate and it is not possible to keep open all of the roads that are on the precautionary salting routes, then priority will be

given to a reduced number of roads known as the 'Strategic Network'. These routes will only include principal roads and non-principal roads as specified in the South Yorkshire LTP3 strategic network.

The council maintains a stock of salt which is replenished at regular intervals. Salt may be supplied to the Fire and Rescue Service and Ambulance Service, and to other departments of Rotherham Metropolitan Borough Council following the receipt of a purchase order which is approved by the Highway Network Manager. The provision of this salt is not guaranteed and is subject to there being enough to treat the road network as a priority. Any salt provided to external bodies or departments must be collected.

When conditions of laying snow pertain, snow ploughing and associated salting will be undertaken with routes being cleared in the order of their traffic importance. Once the Priority Network of roads is clear then secondary action will be undertaken on more minor routes with the priorities for action being those areas where people are most at risk, e.g. sheltered housing, footways near hospitals, schools, etc.

Because of the geographical nature of the borough the busier pedestrian routes are widely spread in the outlying townships. Because of this it is not practicable to pre-treat these footways. Where appropriate salt bins are provided in these areas and the footways will be treated as a priority during secondary action. Details of locations of over 300 salt bins can also be found in the Winter Service Manual. This salt may be used by the public on roads and footways; however it should not be used on private drives and paths. Some Parish Councils provide their own salt bins.

Snow Wardens

Snow wardens are volunteers who undertake snow clearing duties on footways within their own community. The areas to be targeted for snow clearance would be prioritised to areas that are frequented by vulnerable people such as access to community centres, schools, health centres, doctors' surgeries and hospitals. Volunteer snow wardens receive their equipment and induction safety training by RMBC and they are required to sign a 'Fit to Participate' declaration.

Parish and Town Councils

Training is offered to Parish and Town Councils from the Network Management Group and those who participate are supplied with snow clearing equipment and rock salt by RMBC so that they can clear their own identified 'winter trouble spots'. These councils co-ordinate the snow clearing operations within their own communities whilst keeping Community Safety and Streetscene informed of their progress.

Priority Patients

A number of NHS patients require life-saving treatment at regular intervals; these include chemotherapy and renal dialysis patients. Because patients requiring treatment changes on a daily basis the NHS and Yorkshire Ambulance Service speak directly to Community Safety and Streetscene in order to prioritise clearing/salting of roads that patients live on. This service can only be offered after the principal roads have been cleared/salted and does not include clearing/salting of footways and on the patient's own property.

6.5 Yorkshire Ambulance Service – 999, NHS 111 and Patient Transport Services

The YAS Winter ConOps (concept of operations) has been updated and shared with health and social care partners. Escalation measures are firmly embedded and very much business as usual. The 2017-18 ConOps plan will remain is summarised below.

The YAS Winter Concept of Operations Plan covers the 999, 111 and patient transport services. The plan describes how YAS will anticipate control and coordinate its organisational activities in response to the additional impact of winter pressures on our service delivery.

The purpose of Con-Ops Winter is to provide a structure within which operational pressures will be anticipated and managed. It provides a framework for managers and clinicians in the trust to work together and with other organisations. The Top Ten Winter Tasks will be to:

1. Protect and maintain operational performance plans in line with agreed performance trajectories for patient critical services ie 999, Patient Transport Services and NHS 111 Service.
2. Keep patients out of hospital by improving non conveyance and referral to alternative pathways
3. Take all reasonable steps to ensure no patient, member of the public or member of YAS staff is put at risk.
4. Maintain optimum resource levels for critical operational and clinical services.
5. Increase manager availability, visibility and support over the critical period.
6. Work with NHS partners to manage any demand increases effectively and efficiently.
7. Task as appropriate the voluntary services and in particular the St John Ambulance Brigade for additional capacity and capability. Consider Private Ambulance Service Providers.
8. Invoke major incident plan, business continuity plans and/or other plans as required to maintain service delivery.
9. Maximise fleet availability for frontline services and supply chain for critical services e.g. medical gases.
10. Warn and inform stakeholders of any issues that impact on NHS services relating to winter.

The Plan includes YAS's Resource Escalation Action Plan (REAP) which provides a framework to enable individual ambulance services to deliver a clinically-safe service to patients when they are under pressure. REAP is activated when internal escalation plans for NHS 111, PTS and A&E services fail to control operational pressures. It is assumed that ambulance services will not all face the same level of pressure at the same time. There are clear triggers for 6 levels of REAP depending on severity and these are primarily linked to performance outcomes. NHS partners and other organisations will be made aware of escalation to REAP and the reasons for it. Throughout the year the REAP levels are assessed once a week by members of the resilience team and the regional operations centre.

Day to day oversight of the delivery of the YAS winter planning arrangement will be the responsibility of the Winter Assurance Team will be made up of Associate Directors with responsibility for Mission Critical Services and it will be led by the Associate Director of Resilience and Special Services. It will review winter planning implementation and delivery at its weekly meetings.

From November 1st onwards YAS will convene a winter assurance team to ensure:

- The tactical and operational plans are delivered and adjustments made where events and intelligence deem it necessary
- That through information and intelligence gathering/monitoring the appropriate escalation plans are implemented.
- Delivery of the YAS Communications Plan for ambulance and 111 services.
- Conduct teleconferences with YAS NHS partners as business delivery dictates.
- Maintain information updates on *ResWeb* for internal and external partners.

Appropriate Rotherham health and social care services are profiled on the NHS 111 Directory of Services for callers to NHS 111 to be signposted to. This is regularly reviewed and updated by eMBED Health Consortium on behalf of Rotherham CCG. Any changes are reviewed and agreed between commissioner and provider leads.

6.6 RDASH – Mental Health and Learning Disabilities

Rotherham Doncaster and South Humber NHS Foundation Trust has a Severe Weather and Winter plan that provides guidance and information to enable the Trust to provide a response to an episode of severe weather where an emergency response is required. The plan is activated when certain triggers are reached. These relate to the following alert systems through which severe weather is measured by the Met Office and Environment Agency.

- Cold Weather Alerts.
- Severe Weather Warnings and Flash Weather Warnings.
- Environment Agency Flood and Severe Flood Warnings.

The plan sets out the response when the above alerts are received. All teams in the Trust have Business Continuity Plans, which identify the actions required for the service to continue to maintain essential services during severe weather. This includes plans for disruption to staffing to ensure sufficient numbers of staff are available.

Flu vaccination programmes will be undertaken in line with the Department of Health guidance and there will be a flu vaccination programme with all staff being offered the flu vaccination. This will be monitored to understand staff uptake with communications being made to encourage a greater level of uptake by staff.

6.7 Primary Care – GP Services

All GP practices will be sent a copy of the covering letter and action cards for the Cold Weather Plan when the 2017 version is produced which relate to commissioners/providers and RCCG will be reviewing this to capture all recommended action into the winter/surge plan actions. Action cards are now in place following the publication of flash cards and have been localised to Rotherham. This involves an arrangement for non-patient facing clinicians to commence patient facing duties if the system is on OPEL 3/4. Public Health has put in place arrangements for 2017 influenza vaccinations.

Extended access for patients ie appointments outside 8.00am to 6.30pm core hours will be in place for the whole Rotherham population from October 2017. 24 practices are providing extended access and the Rotherham 'Hub' will support the remaining Rotherham population. Saturday provision has been in place since January 2017 with three hubs in North, Central and South. Sunday provision will be in place via one hub centrally from December 2017. Rotherham has implemented a new Quality Contract to more clearly define the requirements and expectations of primary care. This includes the following requirements:

1. Practices will offer sufficient capacity to achieve
    a. Urgent access within 1 working day
    b. An appointment for patients within 5 days when their condition is routine.
    c. Follow-up appointments within a working week of when the clinician identified i.e. if a 1 month follow-up, the appointment offered will be no more than 1 month and 5 working days.
2. It is a requirement that there is a minimum of 75 contacts per 1000 patients per week. Contacts may be provided by a GP (or training GP) and/or Nurse Practitioner (who is qualified to diagnose) and may be face to face or by telephone (triage followed by face to face consultation will be deemed as one episode).
3. Practices are required to have reviewed their capacity and demand and to ensure they are resourcing to meet this demand. This includes:
    - provision of capacity in alternative ways e.g. virtual (telephone) and using alternative roles.
    - 10 bookable sessions (am/pm)
    - offer access to both male and female clinicians.
4. Ensure acutely ill children under 12 are assessed by a clinician on the same day
5. Accept deflections from Yorkshire Ambulance Service (YAS).
6. Provide an in hours home visiting service for those patients presenting with an urgent clinical need requiring a home visit who live within the practice boundary but are registered with a practice outside of Rotherham CCG Boundary in accordance with GP choice requirements with associated payments (currently £60 per home visit). It is not anticipated that demands for such visits will exceed one per month. http://intranet.rotherhamccg.nhs.uk/standards.htm
7. Improve on patient survey measures.

Care navigation is in operation in 10 practices with a further 10 going live before the end of the financial year. We are anticipating approximately 25% of workload being navigated away from these practices freeing up more capacity from general practice teams to support winter.

RCCG continues to commission social prescribing arrangements with the voluntary services to ensure patients are better informed and supported with their conditions. This has now been extended to include mental health patients. RCCG is also supporting practices to ensure they have sufficient capacity in place to manage the increased demand over the winter period. All Rotherham practices have undertaken productive general practice which has a core module which looks at capacity and demand along with how alternative roles can support the practice. Rotherham already has Clinical Pharmacists working with a number of practices with the plan to extend this if additional funding is granted. RCCG has also implemented a 'Quality Contract' with practices where access requirements are more defined than within the national contract e.g. urgent access within 1 working day, routine access within 5 working days and patients having the ability to book a follow-up as per the clinician defined time.

Medical documentation training has now been provided for all practices to free up clinician time within practices and provide this for front line services.

Care homes across Rotherham are now aligned with a GP practice (more than one where the numbers of patients are very high), the intention of these arrangements is to provide improved continuity for care home teams, improved care planning and reduce hospital admissions. RCCG has also implemented an Advanced Nurse Practitioner/Rapid Response service for care homes to support patients to remain within the care home and not default into secondary care.

All GP practices have marketing literature on display in relation to 'Right care first time' to educate and support patients in relation to the range of services available.

6.8 Primary Care – Pharmacy Services

The CCG has commissioned 2 Local Enhanced Services with Rotherham pharmacies. These are the Pharmacy First (Minor Ailments Scheme) and the Palliative Care Service.

The Pharmacy First Scheme enables patients to receive medication(s), to treat a range of common conditions, direct from the pharmacist without a GP prescription. If a patient does not usually pay NHS prescription charges, then they can receive medicine supplied under the Pharmacy First scheme free of charge. The conditions covered by the scheme are; acute cough, allergic conjunctivitis, allergic rhinitis (hay fever), common warts and verruca, constipation, diarrhoea, fever in children, head lice, infantile colic, infective conjunctivitis, scabies, threadworm and vaginal thrush. The Palliative Care Community Pharmacy Service ensures the availability of palliative care drugs across all participating community pharmacies in Rotherham. The service is designed to improve access to palliative care medicines (from a locally agreed list) for patients, carers and healthcare professionals when they are required, in order to ensure that there is no delay to treatment whilst also providing access and choice. The scheme is available every day of the year when participating pharmacies are open and pharmacies have a set list of palliative care drugs that they are expected to hold at their pharmacy for the scheme.
The Rotherham Emergency Prescription Service is no longer commissioned by RCCG. From October 2016, NHSE has commissioned a pilot scheme – NHS Urgent Medicine Supply Advanced Service (NUMSAS). The service is being commissioned as an Advanced Service and will run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. The objectives of the service are to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing.

6.9 Care Homes

The 5YFV emphasises the importance of Enhancing Health in Care Homes to ensure that they have direct access to clinical advice, including appropriate on-site assessment. This work is furthered developed within the Framework for Enhanced Health in Care Homes. See Appendix 1 for further detail.

6.10 Voluntary Sector

Voluntary Action Rotherham

Voluntary Action Rotherham (VAR) has a membership base of approx. 800 voluntary and community groups and organisations. VAR issues regular email bulletins and newsletters to its members; which contains useful information and updates. The VAR communications includes key voluntary organisations with whom it shares:

- Information about planning for cold weather/keeping vulnerable people warm.
- Cold Weather Alerts.

These details are also shared with the VAR Social Prescribing Team and linked services. The Social Prescribing Team have incorporated questions to service users to remind them about flu vaccination as recommended by a risk assessment tool being promoted by Rotherham Public Health, as well as questions around keeping warm and heating. In addition VAR's Health Ambassador Project supports the 'winter' messages and information by continuing to take the 'Right Care, First Time' message out to members of the public and VCS groups via a programme of events, talks and other public engagement activities.

Age UK

Age UK will be providing an emergency service during severe weather to assist vulnerable older people in the community and full details will be shared with partner organisations once confirmed.

The Linkline service will also be available throughout Christmas and New Year. This service involves volunteers telephoning vulnerable over 55 year olds each morning to check they are alright. It can be on a permanent basis, up to seven days a week, or on a temporary basis such as when a carer is away.

The Hospital After Care Service will also support discharge planning over the winter period and is available 365 days a year.

7. LESSONS LEARNT

Summary of Performance Winter 2015-16

There were significant pressures over the winter period for 2016-17 with high numbers of attendances at A&E and a high number of emergency admissions. There were significant bed pressures at TRFT with bed occupancy above 95% and escalation beds open throughout the winter period. Community beds including Breathing Space, Intermediate Care, Discharge to Assess beds and the Community Unit were fully utilised.

TRFT did not meet the 95% 4 hour A&E target over the winter period and YAS also did not meet the 75% target for Category 1 calls (8 minutes). NHS 111 received a higher number of calls than for winter 2016/17 and did not meet its targets for clinical calls back and warm transfers. Overall services coped well despite these significant demands. Sitreps for Acute Trusts for 2016/17 were reported from 1 December 2016 to 20 March 2017[4]. The Sitrep data indicated that the main areas of concern from the reports were A&E performance, bed occupancy and number of escalation beds open. Bed occupancy had a mean average of 96.1% and was above 95% throughout a high

[4] NHSE (2017) Winter Daily Sitrep Reports 2016-17

proportion of the winter period, reaching 100% on a 2 occasions. The mean average number of escalation beds was 26.7 beds per day throughout the reporting period and this was particularly high during early February 2017 peaking at 44 and 43 beds for a number of days. The number of core (general and acute) beds open was slightly higher for 2016/17 at 403 compared to 2016/17 at 377. Despite pressures on the hospital, there were no ED closures and 1 divert was reported on 5 December 2016. There were a small number of ambulance handover delays and minimal disruption due to bed closures linked to infection control. There were a small number of cancelled elective and urgent operations which were all reappointed within Department of Health guidelines.

There were a total of 1,571 bed days unavailable from November 2016 to February 2017 due to delayed transfers of care at TRFT, the majority of these were due to patients Awaiting Further NHS Acute Care. RDaSH also reported 2,092 delayed days during the same period, the majority of which were due to Completion of Assessment.[5] .
The 4 hour A&E target remained a challenge for TRFT and performance dropped significantly during the winter period – see figure 4 below. Performance was a challenge across acute trusts nationally. Due to a change in IT system, TRFT did not report against the 4 hour target in November 2016.

Figure 5 TRFT 4 Hour Performance – National comparison covering February 2016 to February 2017[6].

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
TRFT Performance	85.8%	77.4%	92.9%	90.1%	91.9%	89.1%	95.0%	92.8%	85.2%		79.2%	70.1%	74.50%
England Avg (Type 1)	81.6%	80.9%	85.0%	85.4%	85.80%	85.4%	86.4%	86.0%	83.7%	82.7%	79.3%	77.6%	81.20%
Standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95%
TRFT Rank (of 140)	49	91	27	50	41	55	16	28	73		76	116	112

A&E activity decreased overall during 2016-17 compared to 2015-16, particularly during the winter months – see figure 5 below. There was a high acuity of patients attending A&E throughout the winter period with a high number of ambulances; the mean average from 19 December 2016 to 28 February 2017 was 69.8 ambulances per day with a number of days having 80+ patients arriving by ambulance. The mean average for conversion rates during the same period was 24.07% with admissions reaching above 30% on a number of occasions[7].

Figure 6 A&E attendances at TRFT 2015-16 and 2016-17[8]

	Sum of Activity Actual	Month												Grand
	TrustCode	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2016/17	RFR	5,198	5,823	5,413	5,686	5,119	5,272	5,393	4,835	5,102	4,951	4,340	5,230	62,362
2015/16	RFR	5,312	5,281	5,300	5,387	5,152	5,151	5,178	5,156	5,314	5,341	5,123	5,537	63,232
	Year on Year Increase/(Decrease)	-114	542	113	299	-33	121	215	-321	-212	-390	-783	-307	-870
	% Change	-2.1%	10.3%	2.1%	5.6%	-0.6%	2.3%	4.2%	-6.2%	-4.0%	-7.3%	-15.3%	-5.5%	-1.4%

Walk in Centre activity over the winter period for 2016-17 was higher than for the previous year with 16,546 attendances between November 2016 and February 2017 compared to 14,957 for the same period during 2015/16. The WIC performed well against the 95% target during the winter period of patients seen by a clinician, treated and then discharged within4 hours[9].

[5] NHSE (2017) https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/2016-17-data/
[6] TRFT (2017) Operational Update Report for TRFT Board Meeting 25 April 2017
[7] TRFT (2017) Daily ED Performance Reports
[8] RCCG (2017) TRFT Contract Monitoring Reports
[9] Care UK (2017) Monthly Performance Reports to RCCG

Ambulance 999 activity for all calls across Yorkshire and Humber were above plan in month for November (+9.2%) and December 2016 (+10.6%) and January 2017 (+6%), and slightly below plan for February 2017 (-0.6%). YAS did not achieve the 75% target for arrival to Category 1 patients within 8 minutes throughout the winter period[10]. NHS 111 activity across Yorkshire and Humber has increased year on year over the last 3 years including over the winter period. Activity was at its highest in December 2016 with 157,502 calls answered. YAS did not meet the performance targets for clinical call back and warm transfer across the winter period[11]. This is not a local issue and performance against these targets is not being met nationally by other 111 providers.

Weather and Flu Vaccination Uptake

There were no significant cold and prolonged periods of weather during winter 2016/2017 with a small number of cold weather warnings issued by PHE from the end of December 2016 to the beginning of February 2017. There were no major disruptions due to snow [12].

Uptake for seasonal influenza vaccination had above the average uptake for all the target groups when compared to the England figures with the exception of pregnant women which were slightly below at 44.2% compared to 44.8%. Frontline HCWs involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. Uptake of the vaccine amongst Frontline Healthcare Workers (HCWs) in England for last winter (from 1 September 2016 to 28 February 2017) for Local Trusts was 80.2% at RFT, 61.4% at RDaSH and 18.4% at YAS[13]. The England average uptake for HCWs was 63.4%.

Areas for Improvement

At its March 2017 meeting, A&E Delivery Board discussed Winter 2016-17. The Board agreed to produce a Strategic Winter Plan and to recommence a Winter Planning Group to lead on its development. It was agreed that the work of the sub-group would be to focus on the development of EMS to include acute and community services, social care, mental health services, GP OOHs, the ambulance service and primary care; this is being taken forward as part of this System Wide Escalation Plan (see Section 3. Rotherham EMS).

With regards to performance, TRFT has an action plan to improve performance against the 4 hour A&E target (attached at Appendix 2). TRFT also has a plan to establish a fixed bed-base and flex beds to address additional winter demand for beds and bed occupancy (see Section 4. Developing Flexible Bed Capacity). There is also a focus on supporting patients at home where appropriate, including 3 pathways to prevent admission and support discharge (see Section 5. Analysis of Out of Hospital Services). Plans are in place to improve patient flow and improve the discharge process; an action plan is in place following a review of the discharge pathway undertaken by TRFT, RMBC and an third party provider (see the Rotherham A&E Delivery Plan at Appendix 1 for further detail).

8. SUMMARY OF KEY RISKS

The Rotherham A&E Delivery Board has a risk register which is reviewed and updated at each meeting. The risk register is rag rated and identifies where issues are being managed. The following key risks to the local health economy have been identified as we approach the winter.

- Achievement of A&E 4 Hour Target 2017-18:
  – medical workforce (Consultants and Middle Grade)
  - embedding the new UECC model and utilising the new estate.
  - impact of IR35 on locum GPs.
- Achievement of YAS targets 2017-18.

[10] YAS (2017) http://www.yas.nhs.uk/Publications/IntegratedPerformanceRepo.html
[11] Embed (2017) NHS 111 Monthly Performance Dashboards
[12] PHE (2017) PHE https://www.gov.uk/government/news/health-warnings-issued-after-colder-weather-arrives#history
[13] PHE (2017) https://www.gov.uk/government/collections/vaccine-uptake

- Achievement of non-elective trajectories 2017-18.
- Delayed Transfers of Care:
  - quality and access to care homes and domiciliary care packages.
- Social Care funding pressures.

These risks are all being mitigated through interventions identified within this plan and the A&E Delivery Plan (Appendix 1).

9. FLU IMMUNISATION PROGRAMME

The Department of Health and NHS England has published its National flu immunisation programme plan for 2017-18[14]. The plan provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.
In 2017-18 the following groups are eligible for flu vaccination:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups
- pregnant women
- all children aged 2 to 8 on 30 August 2017all primary school-aged children in former primary school pilot area
- healthcare workers with direct patient contact
- those in long-stay residential care homes
- carers

Delivery through the Community Pharmacy Seasonal Influenza Vaccination Advanced Service will continue in 2017-18. Eligible adults aged 18 years and over will have the choice of getting their flu vaccine at a pharmacy.

It is expected that frontline health and social care workers to be offered flu vaccination by their employer. This includes general practice staff. Locally, plans are in place for vaccination programmes for health and social care staff across all partner organisations.

10. THE NHS COLD WEATHER PLAN FOR ENGLAND

This report incorporates Rotherham's response to the National Cold Weather Plan updated in 2016[15]. The plan is a framework intended to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather, and enabling them to respond appropriately. The NHS Cold Weather Plan for England sets out what should happen before and during severe winter weather in England. It describes what individuals and organisations can do to reduce health risks and includes specific measures to protect at risk groups.

The cold weather plan relies on well co-ordinated plans being in place for how to deal with severe cold weather before it strikes, including the following essential elements:

- Strategic planning across partner organisations and at a national and local level.
- Advance warning and advice during the winter months.
- Communicating with the public.
- Communicating with service providers.
- Engaging the community.

[14] NHS England (2017) https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan
[15] NHS England (2016) https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england

- Outlines responsibilities and actions for health care organisations, the Local Authority and care professionals in the event of cold weather.

The A&E Board wants to avoid two separate systems of escalation, responding to spikes in demand and severe weather events. Therefore the Escalation management System set out in Section 3 of this report covers the triggers and actions for both these scenarios.

11. WINTER COMMUNICATIONS

A continuation of the Rotherham Right Care, First Time campaign will be used throughout winter, with a focus on older people, 25- 40 year old adults, people with long-term conditions, carers and parents of children under 5. This multi-agency campaign, aligned to the national Stay Well This Winter campaign, will ensure that winter messages to staff, patients and carers are consistent and activity is joined up.

NHS England and Public Health England lead on the national Stay Well This Winter campaign, which has been running for two years, using learning from the evaluation. Locally we will share messages and materials, in a timely manner. These messages including keep warm, keep well and flu vaccination, will help people to self-manage their condition/illness and prevent avoidable use of busy health services. Rotherham residents will be encouraged to access approved online information such as www.nhs.uk/staywell to help themselves over the winter months. Throughout winter, our communications activity will be based on local insight to encourage a reduction in unnecessary attendances at A&E and an increase in use of community/primary care services and support services such as GP out-of-hours and NHS 111. Key messages will be developed to be used by all partners, using positive language about services that people can and should use rather than telling them not to use services such as A&E. A local winter communication activity plan will be implemented from October 2017 onwards.

11.1 Severe Weather

Weather alerts form part of system wide communication across the borough, adverse weather warnings are included in this communication. All organisations have a winter plan in place (See section 6), the identification of vulnerable groups and people at risk in severe weather forms part of this winter planning.
The Health and Social Care System follow EMS action cards as part of any response to extreme cold weather / snow. For example; where there are problems in the community with staff reaching their base, cases work is re-allocated & moved to geographical working.

Breathing Space provides a bespoke respiratory pathway, focusing on COPD as well as other respiratory conditions involving out-patient care and pulmonary rehabilitation. The team consists of special respiratory practitioners including nurses and therapists. During periods of high need, including during periods of cold weather, practitioners provide home visits.

12. INFECTION PREVENTION AND CONTROL

A Rotherham multi-agency outbreak plan, which provides a system wide approach to outbreaks of a healthcare associated infections or communicable diseases, has been developed and is going through the appropriate approval processes for final ratification. In addition, all Providers have their own outbreak plans in place.

Glossary

A&E	Accident and Emergency
BCF	Better Care Fund
DH	Department of Health
DTOC	Delayed Transfers of Care
ED	Emergency Department
GP OOHs	GP Out of Hours Service
IBCF	Improved Better Care Fund
NHSE	NHS England
PHE	Public Health England
RDaSH	Rotherham, Doncaster and South Humber NHS Foundation Trust
RMBC	Rotherham Metropolitan Borough Council
RCCG	NHS Rotherham Clinical Commissioning Group
SITREPS	Situation Reports
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
WIC	Walk in Centre
YAS	Yorkshire Ambulance Service

Appendix 1: A&E Delivery Board Plan 2017-18

investor in excellence

NHS
Rotherham
Clinical Commissioning Group

ROTHERHAM

A&E DELIVERY PLAN

2017-18

Final Version 8 September 2017

Table of Contents

1. PURPOSE OF THE REPORT

This document sets out the actions for the Rotherham A&E Delivery Board in relation to the key deliverables for Urgent and Emergency Care set out in NHS England's 'Next Steps on the NHS Five Year Forward View'[1] published on 31 March 2017. Urgent and Emergency Care (UEC) is one of the NHS' main national service improvement priorities.

The key deliverables incorporate:

- Front door clinical streaming in A&E by October 2017.
- Good practice to enable appropriate patient flow.
- Joint work to ensure people are not stuck in hospital while waiting for delayed community health and social care.
- Specialist mental health care in A&E.
- Enhancement of NHS 111.
- Roll out of extended access to GP appointments.
- Strengthening support to care homes.
- Roll out of standardised Urgent Treatment Centres.
- Implementation of the recommendations of the Ambulance Response Programme by October 2017.

Trusts and CCGs are also required to meet the Government's 2017/18 mandate to the NHS that: 1) in or before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours – up from 85% currently; 2) the majority of trusts meet the 95% standard in March 2018; and 3) the NHS overall returns to the 95% standard within the course of 2018.

Further detail is included in NHSE's Urgent and Emergency Care Delivery Plan April 2017 and this has been reflected in this plan. A South Yorkshire and Bassetlaw Urgent and Emergency Care Plan has also been developed and actions from this plan have been included.

2. A&E STREAMING AT THE FRONT DOOR/URGENT TREATMENT CENTRE

Strategic Vision and Key Deliverables

The need to redesign urgent and emergency care services in England and the new models of care which propose to do this are set out in the NHS Five Year Forward View (5YFV) and 'Next Steps on the NHS Five Year Forward View (March 2017). The Urgent and Emergency Care Review proposes a fundamental shift in the way urgent and emergency care services are provided, improving out of hospital services so that we deliver more care closer to home and reducing hospital attendances and admissions. We need a system which is safe, sustainable and that provides consistently high quality. The vision of the Review is:

- For those people with urgent care needs we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.
- For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

[1] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

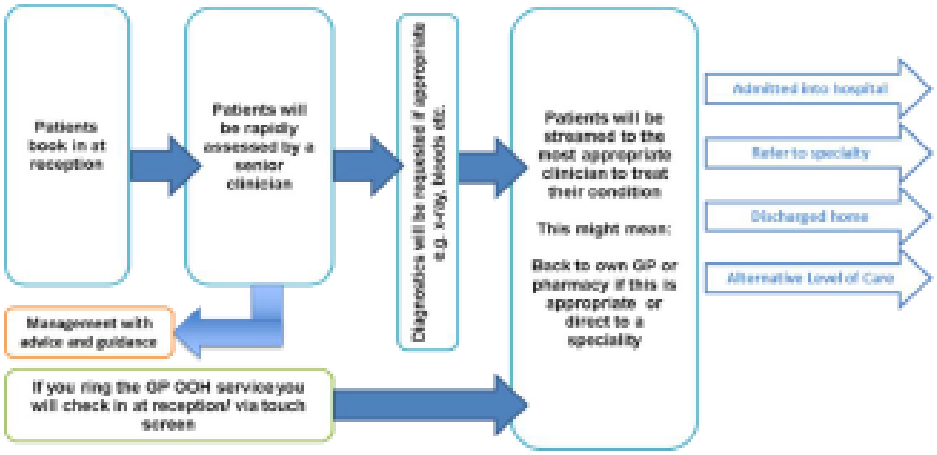
2.1 Urgent and Emergency Care Centre and GP Streaming

The Urgent and Emergency Care Centre (UECC) opened its doors on the 6th July 2017 providing a single urgent and emergency care system for the people of Rotherham. It is supported by a diverse clinical team to provide responsive, quality care, ensuring the patient receives the right care first time 24/7 365 days a year.

The emphasis within the new model is to integrate staff as much as possible across artificial clinical streams so all patients are seen as 'theirs' and not someone else's patient. This follows the latest thinking around processing of patients to the most effective clinician and is the most innovative element of the model. This ensures that the clinician with the relevant skills sees the patient first time, reducing unnecessary handover across clinicians reducing clinical risk and the potential for patients to be overlooked and forgotten.

The UEC Centre will also house the MHS liaison team, social care and the GP OOH service, co-locating all unscheduled care services.

The diagram below shows the overarching service model which is effective with the UEC Centre.



Primary Care streaming – for urgent conditions

At initial assessment, the ED triage nurse will be directly stream primary care conditions into primary care, in line with protocols, to be seen within the urgent and emergency are centre by primary care staff.

Minors streaming

At initial assessment the ED triage nurse will directly stream into the minors stream in line with streaming protocols to be seen by the ENP, GP, or ED Doctor as appropriate.

Majors streaming

At initial assessment the ED triage nurse will directly stream majors conditions into the majors stream in line with protocols to be seen by the wider ED team.

Redirection to GP/Pharmacist.

For patients who have chronic conditions that do not require urgent interventions, patients can be best cared for by their own GP who has knowledge of the history of the patient and who is able to take time discussing care options/medications.

For some patients the most appropriate clinician may be the pharmacist, such as minor ailments (e.g. insect bites). In this instance the patient will be asked to visit the nearest pharmacist, of which one will be on site at the hospital.

Advice and Guidance for Self-care

Following assessment, some patients who access the UEC Centre will only require advice and guidance for self-care. In this instance the rapid assessment team will issue advice and guidance and discharge the patient home without referring to into zone 3.

Direct referral to specialty

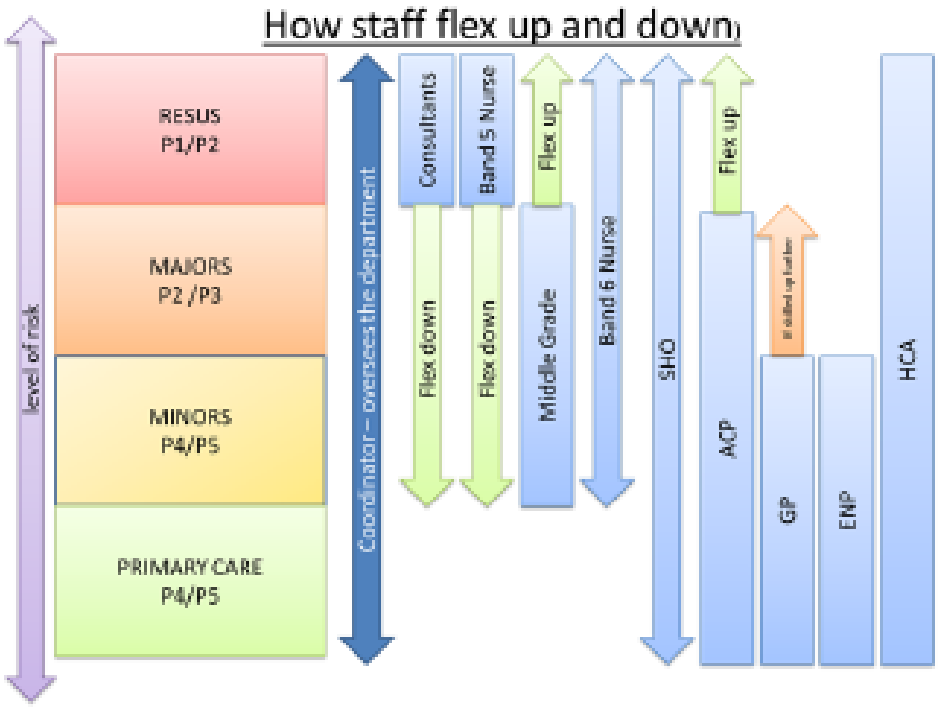
In some instances the most appropriate clinician to treat the patient may not be within the Emergency Centre, but elsewhere within the hospital, such as the stroke, services. In this instance, following rapid assessment, the patent will be referred direct the specialty, following standard operating procedures already in existence across TRFT

GP OOH Booked appointments

Some patients who ring the out of hours (Out of Hours) service will still need to be able to be seen by a GP in a pre-booked manner. The service model will support this by co-locating the Out of Hours service within the Urgent and Emergency Care Centre. Patients who ring 111 will be redirected to Out of Hours service which will be situated on the upper floor of the Urgent and Emergency Care Centre. The triage GP will then be able to make a decision if the patient needs to be seen at home or within the Urgent and Emergency Care Centre.

Figure 1 below Illustrates the streaming process and who is working in which stream in the UEC Centre. P1 –P5 relate to level of acuity in line with Manchester triage.

Figure 1



2.2 Specialist Mental Health Services in A&E

Staff from the TRFT's Mental Health Liaison service are based in the Urgent and Emergency Care Centre and patients are referred on to this service when appropriate to provide specialist mental health care for adults. Out of hours, pathways are in place to refer patients to the Mental Health Crisis service.

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3. OTHER HOSPITAL SERVICES

There are a number of key actions over the next 6 months to ensure that the pathways from our new Urgent and Emergency Centre are effective including the development of robust frailty and ambulatory pathways.

3.1 Frailty Unit and Ambulatory Care

Rotherham Foundation Trust is intending to develop a frailty and ambulatory care pathways as part of its 2017-18 Operational Plan. The intention is to establish a multi-disciplinary Frailty Service before the winter period. The integrated team is currently being piloted. The service will carry out holistic assessments of patients with complex needs who come to the hospital. It will stratify patients in terms of urgency and develop appropriate care plans. The Frailty Service will receive direct referrals from the new Urgent and Emergency Care Centre, Assessment Units and acute wards. The ambulatory care pathways will ensure that, where appropriate, patients who do not require a bed receive the appropriate care within an ambulatory care setting. This pathway will also be in place before the winter period.

Key objectives of the new frailty and ambulatory pathways include;

- Contribution to delivering the 4 hour emergency access standard.
- Delivery of comprehensive needs assessment on point of entry to the hospital.
- Rapid diagnosis, observation, treatment and rehabilitation.
- Reducing delayed discharges.
- Reducing the number of readmissions within 30 days.

Initial outcomes from the new frailty pathway have been positive and a comparison of bed days from March-June last year to March-June this year, whilst the frailty pilot has been running demonstrates a saving of over 1,000 bed days. Average length of stay for the same period has also reduced from 5.43 to 4.04 days.

3.2 Hyper Acute Stroke Services

The commissioning of Hyper Acute Stroke Units is included in the South Yorkshire and Bassetlaw Urgent and Emergency Care Delivery plan. The business case for hyper acute stroke services is still underway, once a decision is made regarding the future commissioning arrangements for this service RCCG will take appropriate action.

4. PATIENT FLOW AND IMPROVING DISCHARGE PROCESS

Strategic Vision and Key Deliverables

The SYFV builds on guidance such the High Impact Change Model (a self-assessment tool for areas assess the effectiveness of discharge processes/pathways) in focusing on the importance of efficient patient flow.

4.1 Board rounds

Each identified ward holds a clinically led Board Round between 08:00 – 09:30. This will be led by a Senior Clinician. The Board Round introduces structure to the daily running of the ward and helps teams to coordinate activities to proactivity manage each patient safely and effectively.

4.2 Ward rounds

Each identified ward undertakes an MDT Round between 12:00 – 13:00. The MDT team consists of Doctors, Nurses, Social Workers, Occupational Therapists and the Transfer of Care Team required to support effective review of the patients.

N.B this process is currently under review as part of the DTOC action plan priority to integrate the discharge teams (Hospital Social Work Team, Transfer of Care Team (TOC) and Therapists). See Section 4.6 for detail.

4.3 Estimated date of discharge

Patients on identified wards have an Estimated Date of Discharge (EDD) based on the medically suitable discharge status agreed by clinical teams and this is recorded in the patient's notes within 24 hours. Percentage of delays in patient discharges should not exceed 3.5% of all discharges on any given day. This work is supported throughout this A&E Delivery Plan i.e. sections 4.5 – 4.12.

4.4 Monitoring Implementation of the SAFER Care Bundle

The delivery of the Safer Care Bundle remains a key priority for the Trust. The CCG has previously incentivised this through the local CQUIN, however for 2017-19 the ability to influence the CQUIN indicators from a local perspective has been removed nationally. The Safer Care Bundle has become 'business as usual' within the Trust and whilst there remain challenges and improvements to be made, significant progress has been made to ensure that this has been embedded across the identified wards within the Trust.

4.5 Seven Day Discharge Capabilities

Acute and Community

RCCG monitors the delivery of the seven day clinical standards as per the requirements of the 2017-19 NHS Standard Contract and in line with RCCG's local reporting requirements to support seven day discharge capabilities from the acute Trust. The standards are as follows:

- Standard 2: Time to first consultant review
- Standard 5: Diagnostics
- Standard 6: Intervention / key services
- Standard 8: On-going review.

Social Care

7 day social care working is now in place and embedded at the hospital with on-site social care assessment available to support patients. The hospital and Hospital Social Work Team (now known as Supported Discharge Pathways team) now provide a joint approach to assessments and care planning on a 7 days a week basis. This new pathway also reduces length of stay in hospital medical wards and continues to support discharge and admission prevention. Additional support over and above the dedicated resources identified can be accessed through the out of hour's service on an as needed basis. Over the winter period to support pressures the OOH social care service has also been based within the Supported Discharge Pathways Team, this will continue in 2017-18.

Domiciliary care providers are also now (new this year) contracted to respond to urgent referrals on a 7 day a week basis, delivering urgent packages of care and night visiting packages

Intermediate Care Services receive referrals 7 days a week. Historically hospital discharges could only take place during the working week. Extending the time frame for referrals supports timely discharge and can prevent admissions during the weekend. There is a specialist Mental Health OT and CPN which carry out assessments and management of mental health for individuals whose needs affect their function and ability to undertake rehabilitation. This service also covers the Integrated Rapid Response service.

Integrated Community Equipment Service (ICES) has a range of satellite offices in the community to enable access to community equipment on a 7 day basis.

Mental Health

Home treatment services can support people being discharged from wards within an early discharge pathway. The Rotherham Mental Health Liaison Service also supports 7 day discharge and provides round the clock mental health care to people who attend Rotherham Hospital to provide assessment, treatment and management of mental health

problems to adults aged over 18. The aims of the service include reducing the number of admissions from A&E, reducing length of stay and reducing re-admissions.

4.6 High Impact Change Model

National Condition 4- Managing transfers of care (new national condition) of the Better Care Fund (BCF) sets out the requirement to ensure people's care transfers smoothly between services and settings. This requires all local areas to implement the high impact change model which is also a condition of the Improved Better Care Fund (IBCF).

Rotherham used the High Impact Change Model to self-assess the local position in 2016-17 and developed a Delayed Transfer of Care (DToC) action plan. This self-assessment was completed by the multi-agency effective patient flow group and was reported through to our local A&E Delivery Board prior to winter 2016-17. As a system we have recently commissioned an external review of the discharge processes and pathways by the LGA and NHSE. The outcome of which is as follows;

- Rotherham's Delayed Transfers of Care are comparatively low. However there is an upward trajectory in recent months
- There is an energy, commitment and enthusiasm from staff to make improvements
- There are some examples of good practice on wards i.e. MDT approaches – but this is not consistent
- IT system Rotherham Care Record is best practice model
- Pathways out of hospital are confusing
- Planning around the individual was strong
- Lack of process for agreeing and signing off DTOCs

We have already developed a Memorandum of Understanding around better integrated discharge planning and have piloted 'Trusted Assessor' models in our services i.e. Ackroyd Care Home. We plan to further develop a 'Trusted Assessor' model to streamline the assessment – defined as one person/team appointed to undertake health and social care assessments on behalf of multiple teams, using agreed criteria and protocols in 2017-18).

A set of agreed actions have been developed that form part of the DTOC action plan for 2017-19 included in the BCF Plan 2017-18 as follows;

1) Implement an Integrated Discharge Team:
    - Would help with roles, responsibilities, clarity of teams.
    - Would help structure MDT's better, referral processes, working relationships

2) Agree Joint reporting and Data Set
    - System to have standard, single version of the truth
    - Some things get reported, some things unclear (non-acute delays)

3) Simplify Pathways (including Home First and DST's)
    - Too many pathways and need greater clarity
    - DST's need a better pathway and need to get them home where safe to do so

4) Awareness and Training
    - Understanding of DTOC's, Care act needs improving
    - Training for teams and awareness sessions

The action plan includes specific tasks to support the winter period and alleviate pressure;

1. Integration of discharge functions within the hospital with close links to community – the hospital social work team already work closely with the transfer of care team (TOC) and the therapist however, the teams are not fully integrated, do not use the same assessment process and frequently duplicate work. Work is

underway to identify short to medium term actions to support better integration including initial co-location and streamlining of processes prior to full integration (one assessment/trusted assessor).

2. Commissioning of reablement to support 'Discharge Home' pathway and assessment in the home rather than in our bed based community provision – it is our intention through the IBCF to commission additional reablement capacity on a test basis to work alongside our Integrated Rapid Response Service. This provision will elevate some of the delays created by patients awaiting packages of care at home, create opportunities for appropriate reablement prior to assessment for a package of care and increase independence and resilience.

3. Reporting and analysis of data - agreement on an appropriate collection method for reporting DTOCs is essential to ensure that accurate data is submitted to NHSE and that local analysis of delays is accurate.

Improved Better Care Fund

The IBCF has now been agreed by all partners and will form part of the BCF Plan 2017-19 submitted on the 11th September to NHSE. The plan includes an identified fund of cE400,000 to support winter pressures. This money will be used throughout the remainder of the year to respond to bed pressures following the anticipated winter demand surge. The specific investment has not yet been defined as the aim is that this budget can be used by system partners to respond flexibly to where it is required.

4.7 Continuing Health Care Processes

RCCG 's NHS Continuing Health Care (CHC) service and RMBC's NHS Continuing Health Care social care service have implemented a CHC trusted assessor initiative. The CHC trusted assessor initiative will mean that where the MDT at the DST visit is in agreement of an eligibility recommendation, this will be confirmed as approved at the time of the DST, the initiative will be in practice across the borough, and will benefit patients in any setting with the aim of providing timely outcomes that will improve patient flow.

RCCG CHC service also offer to commission a standard package of care, for individual patients in the acute setting that are eligible for a DST and are medically fit for discharge. This means that RCCG will commission a package of domiciliary or residential care that meets the patients' needs, and allows the patient to be discharged from hospital without delay to a preferred placement and the DST completed in the preferred placement.

RCCG and RMBC CHC services now provide the regular availability of 5 DST visits a week, to D2A and where necessary acute hospital patients that are eligible for completion of a DST, with the option of increasing to 10 a week if the need arises.

4.8 'Home first: discharge to assess' ways of working

As discussed in 4.6 High Impact Change Model the self-assessment process has identified the need for additional reablement capacity in Rotherham. The main areas of concern are;

- The current reablement service is not meeting current demand and will not meet future demand given the requirement for assessment and reviews to be undertaken. The service model of the in house service is not effective in optimising the reablement potential of service users. The DTOC is causing negative impact on the Rotherham Foundation Trust in terms of patient flow through the service.

- There is an immediate requirement for additional capacity and an alternative model capable of achieving reduction in dependency, timely reviews and increased integration with the health community, the voluntary and community sector and utilise assistive technology.

A trusted assessor approach where service users who have reached their optimum level of reablement are promptly discharged from the service if they have no further need for paid care is required. This is achieved through offering

intense support at the commencement of the service (including therapy), a model that is not currently provided through the rebalement provision in place.

The commissioning of this provision on a pilot basis is expected to be delivered prior to winter 2017, through the IBCF.

Discharge to Assess; Community Beds

Rotherham Clinical Commissioning Group (RCCG) commission 14 Discharge to Assess beds (D2A) across 2 placements:

- Waterside Grange Nursing Home
- Oakwood Community Unit

It is believed that patient flow within these beds may not be optimised and therefore in preparation for winter a new process for accessing beds at Waterside Grange will be tested as a pilot. This will be an alternative way of working to improve patient flow.

Waterside Grange Nursing Home D2A team with support from the Rotherham Foundation Trust (RFT) Transfer of Care (TOC) Team will identify 3 beds within the existing provision of 6 D2A beds. These beds will be called CHC D2A Bed 1, 2 and 3 and will be utilised to reduce length of stay in hospital by transferring patients who are medically fit for discharge but require an NHS Continuing Health Care (CHC) Assessment. A copy of the draft report outlining the pathway for the Discharge to Assess Pilot is attached at Appendix 2.

4.9 'Trusted assessor" ways of working

As discussed in 4.6 High Impact Change Model the self-assessment process has identified the need to review and reconfigure the discharge teams within the hospital (Hospital Social Work, TOC and Therapists in particular) to form an integrated team. Significant focus will be taken to ensure that the Trusted Assessor model outlined in the Memorandum of Understanding (signed in 2016-17) is implemented across all pathways.

This model is implemented arbitrarily by teams; in terms of intermediate care progress has been made to implement the trusted assessor approach with some success and it is also working well within the Ackroyd (Independent Sector Home commissioned by TRFT). However, there is much work to be done to ensure a single assessment process across Health and Social Care that meets all requirements including Care Act 2014 compliancy.

It is also recognised that the trusted assessor model should be rolled out across all Care Homes (Recommendation in Enhanced Health in Care Homes). This is discussed in the BCF plan 2017-19 and will include scoping the potential roll out across Domiciliary Care as well.

4.10 Supporting patients' choices to avoid long hospital stays

Rotherham does not have a standard operating procedure for supporting patient choice on discharge. However Friends and Family surveys indicate that communication with patients and families is good.

4.11 Supported Discharge Care Pathways

See System Wide Escalation Plan for details of the 3 Discharge Pathways available in Rotherham.

4.12 Bed Capacity

The Rotherham A&E Delivery Board predicts that demand for beds will be as challenging as 2017/18, with an unknown element attached to the opening of the new Urgent and Emergency Care Centre in July 2017.

Initial findings in the first weeks of opening are as follows;

The current acute bed base is not sufficient to manage the forecast demand alone; therefore a focus on early discharge home is essential. We know that the acuity of patients in winter is higher than in summer. We know that more patients are admitted to hospital beds in winter and that there are specific days when admissions are higher. These days tend to coincide with those when discharges are lower, usually a Monday.

Extreme demand (80+ admissions a day) should be expected and planned for. 50% of days, were the daily admission rate is 80+, occur November to February and 40% occur on Mondays. The data suggests every 2 out of 4 Monday's (at least) could be an 80+ admission day.

The A&E Delivery Board will ensure that there are clear strategies to reduce waiting times, maintain service and promote patient flow during these periods embedded in our plans across the system.

4.13 Establishment of a Fixed-Bed Base and Flex Beds

Rotherham A&E Delivery Board is committed to ensuring that there is enough fixed bed capacity to meet demand. See The Rotherham System Wide Escalation Plan 2017-18 (Including Winter Planning) for more detail.

5. INCREASING THE PROPORTION OF NHS 111 CALLS TRANSFERRED TO A CLINICAL ADVISER

The SYFV outlines the following key deliverables for increasing the proportion of NHS 111 calls transferred to a clinical advisor. By 2019, NHS 111 will be able to book people into urgent face to face appointments where this is needed. NHS 111 online will start during 2017, allowing people to enter specific symptoms and receive tailored advice on management.

5.1 More People Receiving Clinical Assessment

NHS Greater Huddersfield CCG is the lead commissioner for the Yorkshire and Humber NHS 111 service. YAS is already achieving 30% of 111 calls transferred to a clinician by March 2017. Plans are being developed for achievement of 40% of 111 calls transferred to a clinician by December 2017, and 50% by March 2018. Further guidance is awaited on how performance is to be calculated and whether additional resource will be required. This will form part of commissioners' commissioning intentions with YAS once further guidance has been received.

Regarding NHS 111 booking OOH GP appointments, action plans have been developed in partnership with OOH provider and NHS 111. The plans are based around a phased introduction. Initial actions will see the direct booking of a limited number of specific DX Codes with an outcome of GP appointment within 1-2 hours on weekdays from 2 October 2017. This will develop confidence in the new referral system and OOH to ensure clinical staffing levels are appropriate for the change in practice before undertaking a full roll out of the service during November and December. Work is taking place within Rotherham to enable 111 to book directly into practices for telephone triage.

5.2 NHS 111 Online

NHS 111 on-line is live as a pilot scheme in Leeds and is expected to be rolled out across Yorkshire and Humber in December 2017.

6. AMBULANCE SERVICES

The SYFV outlines the following key deliverables for ambulance services to work closely with the Association of Ambulance Chief Executives and the College of Paramedics, to implement the recommendations of the Ambulance Response Programme by October 2017.

6.1 Recommendations of Ambulance Response Programme

YAS was chosen as a pilot site for the APR and have been instrumental in developing and evaluating the program. APR 2.2 is firmly embedded within YAS and delivering a clinically focused service.

7. PRIMARY CARE

The SYFV and the NHSE Final UEC Delivery Plan April 2017 set out priorities to improve urgent GP access and to increase access to pre-bookable evening and weekend appointments with general practice.

7.1 Extended GP Appointments

23 practices continue to provide extended hours in Rotherham and from October 2017, Broom Lane practice will provide extended access for the remaining 8 practices to ensure all Rotherham population have the ability to have appointments outside of the normal working day.

There are two operational hubs in Rotherham providing full population coverage on Saturdays. Preparations are being made for a third hub to provide this closer to the patients in the South of Rotherham and this will be in place from October 2017. Broom Lane will be providing Sunday access from December 2017 for the whole population of Rotherham.

7.2 Technology

Telehealth is now embedded in all GP practices with an additional benefit of the practices being able to utilise the system to message patients with mobile phones with campaign and key messages. All practices have been provided with equipment to undertake remote consultation to provide improved access for patients and reduce travel time for GPs. All GPs have laptops to enable them to work on an agile basis.

7.3 Care Navigation and medical documentation

Rotherham is rolling out care navigation across GP practices and anticipates 20 practices will have implemented navigation to 6 services, physiotherapy, pharmacy, IAPT, midwifery, smoking cessation and sexual health by this winter. Care navigation has been proven, in other areas to reduce dependency on practice staff and therefore improving capacity within general practices. All practices have also been trained to support GPs with medical documentation and again free up capacity for patient facing tasks.

7.4 Capacity and demand

Rotherham has implemented a new Quality Contract to more clearly define the requirements and expectations of primary care. This includes the following requirements:

1. Practices will offer sufficient capacity to achieve
    a. Urgent access within 1 working day
    b. An appointment for patients within 5 days when their condition is routine.
    c. Follow-up appointments within a working week of when the clinician identified i.e. if a 1 month follow-up, the appointment offered will be no more than 1 month and 5 working days.
2. It is a requirement that there is a minimum of 75 contacts per 1000 patients per week. Contacts may be provided by a GP (or training GP) and/or Nurse Practitioner (who is qualified to diagnose) and may be face to face or by telephone (triage followed by face to face consultation will be deemed as one episode).
3. Practices are required to have reviewed their capacity and demand and to ensure they are resourcing to meet this demand. This includes:
    - provision of capacity in alternative ways e.g. virtual (telephone) and using alternative roles.
    - 10 bookable sessions (am/pm)
    - offer access to both male and female clinicians.
4. Ensure acutely ill children under 12 are assessed by a clinician on the same day
5. Accept deflections from Yorkshire Ambulance Service (YAS).
6. Provide an in hours home visiting service for those patients presenting with an urgent clinical need requiring a home visit who live within the practice boundary but are registered with a practice outside of Rotherham CCG Boundary in accordance with GP choice requirements with associated payments (currently £60 per home visit). It is not anticipated that demands for such visits will exceed one per month. http://intranet.rotherhamccg.nhs.uk/standards.htm
7. Improve on patient survey measures.

In addition to this, if the system escalates to Opel 3/4, an arrangement is in place to request that where any clinicians are non-patient facing they commence patient facing duties to support the system.

8. CARE HOMES

The SYFV emphasises the importance of Enhancing Health in Care Homes to ensure that they have direct access to clinical advice, including appropriate on-site assessment. This work is furthered developed within the Framework for Enhanced Health in Care Homes[2]. The elements of this framework include;

1. Enhanced primary care support
2. Multi-disciplinary team (MDT) support including coordinated health and social care
3. Reablement and rehabilitation
4. High quality end-of-life care and dementia care
5. Joined-up commissioning and collaboration between health and social care
6. Workforce development
7. Data, IT and technology

Rotherham has already assessed its self against this framework and have identified actions to improve the local offer through the BCF Plan 2017-19.

Achievements to Date

The Better Care Fund has supported the recruitment of a Clinical Quality Advisor within the Care Home Support Service from February 2017. This post is integral in ensuring that health issues are addressed when monitoring contract quality and performance. The post will work flexibly across health and social care and will improve the standard of care for residents. The Advisor will monitor quality standards of care and will undertake audits, reviews, assessments and provide advice, training and support to care homes. The Advisor will also work with the Local Authority contracting team and will contribute to co-ordinated patient pathways.

The Rotherham Care Home Support Service will carry out targeted interventions on residential and nursing homes who are outliers on emergency admissions. The service will support GPs in the case management of people who are at high risk of hospital admission. The team supports residential and nursing homes in meeting the needs of residents with organic and functional mental health problems, including annual mental health assessments. The assessment will identify residents with depression and dementia who will be monitored sign-posted to appropriate health and adult social care services for support. We will identify residents who have memory problems and ensure that they are referred to the Rotherham Memory Service for a comprehensive dementia assessment. The team will also deliver an extensive and comprehensive training programme agreed with RCCG and RMBC commissioners including safeguarding, infection control, continence, tissue viability, falls and equipment assessment. .

The Integrated Rapid Response Service incorporates an Advanced Nurse Practitioner service to people living in care homes that are registered by the CQC and are within the boundaries of the Rotherham Local Authority. The service is the first point of contact following minor injury or acute minor illness (non-life threatening). ANPs can independently assess, diagnose, treat minor illnesses and injury, and prescribe medication. They also provide a care co-ordinating role for people who are at high risk of admission.

All Rotherham care homes (elderly and EMI residential and nursing homes) are now aligned to a GP practice to improve the overall care for Rotherham people living in care homes. The service is delivered by practices through a Local Enhanced Service and consists of regular planned clinics (minimum fortnightly), 6 monthly reviews (physical review and review of care plan), bi-monthly meetings with the care home manager to discuss unplanned admissions, a practice register for all care homes residents, care plans for all residents, 6 monthly medical reviews and assessment of residents within 2 weeks of admission to the care home.

The Rotherham GP OOHs service provides an advice line for care home staff so that they can contact a clinician for a direct discussion. This helps to reduce calls to 999 and in turn reduce admissions to hospital ensuring better use of

[2] https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf

resources and better patient experience. The OOHs service can offer advice over the telephone or a home visit if appropriate. It can also refer patients directly to specialties, bypassing A&E.

NHSI has issued requirements for winter plans which should include a focus on supporting care homes through the Red Bag Scheme. This was implemented in Rotherham in 2007 with limited effectiveness. RCCG is now leading a re-invigoration of the scheme and developing a local implementation plan.

RCCG is also leading on developing a local implementation group with RMBC and independent care home providers, to implement the Care Home Bed State system. This will provide live information on current bed vacancies across the North of England.

See the Rotherham System Wide Escalation Plan 2017-18 for further detail.

9. PREVENTION AND SELF CARE

9.1 Social Prescribing

The Rotherham Social Prescribing Programme is funded through the Better Care Fund. Social prescribing is an approach that links patients in primary care with non-medical support in the community. The Rotherham social prescribing model particularly focuses on secondary prevention, commissioning services that will prevent worsening health for those people with existing long term conditions, and thus reduce costly interventions in specialist care. Voluntary Action Rotherham (VAR) have been commissioned to employ a social prescribing team which maps voluntary and community services across the borough. The team will attend case management MDTs and link patients into services that promote community integration and re-ablement. VAR provide a one-to-one service to people on the GP Case Management Programme, motivating, signposting and supporting them to access services in the voluntary and community sector.

Rotherham CCG is also running a pilot within Mental Health. This has supported people to move away from traditional secondary care services and to become more independent and integrated within their local communities.

Voluntary Action Rotherham, on behalf of NHS Rotherham CCG, co-ordinates both social care prescribing schemes By connecting people with a range of voluntary and community sector-led interventions, such as exercise/mobility activities, community transport, befriending and peer mentoring, art and craft sessions, carer's respite, (to name a few), the scheme aims to lead to improved social and clinical outcomes for people and their carers; more cost-effective use of NHS and social care resources and to the development of a wider, more diverse range of local community services.

Both services have been independently evaluated by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University and are well regarded.

This initiative has recently been recognised nationally and is being recommended for inclusion in Sustainability and Transformational Plans (STPs).

9.2 Prevention – Cardiology Services

The South Yorkshire and Bassetlaw Urgent and Emergency Care Delivery Plan aims to radically upgrade prevention programmes with targeted interventions around smoking cessation, weight loss, alcohol consumption and CVD clinical risk management. The target is a 5% reduction in demand for cardiology services by 2021.

9.3 Long Term Conditions

Strategic Vision and Key Deliverables

The South Yorkshire and Bassetlaw Urgent and Emergency Care Delivery Plan aims to improve how individuals with long term conditions self-manage to reduce non-elective admissions. It has a target of 2.07% reduction in non-elective admissions by 2021.

Local Planning

When done well, care planning can be effective in improving the quality of life of people with long term conditions. Over the next two decades, shifts in demographics and disease management will result in a greater proportion of people than ever before, living well into their eighth and ninth decades of life. The majority of these people will also be living with at least one long term condition. Ensuring their care is well managed over the long term, including the approach to the end of their lives, will become an increasing challenge for the CCG and the local authority.

One major barrier to supporting this cohort of is the fragmented approach to care planning. Health and social care still have separate systems for preparing care plans. Although communication and connectivity has improved between health and social care professionals, they are hampered by a requirement to have separate care plans.

The Cochrane Review on integrated care planning found that it leads to improvements in physical, psychological and subjective health. Integrated care planning also affects people's capability to self-manage their condition. The studies showed that the effects were greater when it incorporated a single health and social care plan.

In Rotherham through the BCF Plan 2017-19 we will develop integrated health and social care plans for people on the long term case management programme. Now that social care and health records can be matched using the NHS number there is an opportunity to develop single care records and care plans. Using integrated care planning we can avoid duplication and multiple monitoring regimes. This work is already starting to take place within the integrated locality pilot and will be a consideration on commencement of roll out across the borough.

10. CARE CO-ORDINATION

Strategic Vision and Key Deliverables

The South Yorkshire and Bassetlaw Urgent and Emergency Care Delivery Plan aim to deliver an enhanced model of care co-ordination in each CCG area, to reduce non-elective admissions via A&E. It has a target of a 2.6% reduction in non-elective admissions, 3% reduction in A&E attendances and 0.9% reduction in out-patient attendances.

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

The aim of the CCC is to act as a central point of access for health professionals and people into community and hospital based urgent care services. This will expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access through a comprehensive directory of services, driving efficiency and cutting down waste.

Through managing system capacity, carrying out an initial assessment on the most appropriate level of care needed, and deploying the right teams (e.g. integrated rapid response team), the CCC has assisted in meeting targets for emergency admissions, reducing the number of avoidable admissions and ensuring full and appropriate utilisation of community services[3]. It also relieves pressure on GPs by streamlining the referral process into urgent care services and ensuring that GPs are able to make informed choices about the most appropriate level of care for people. The CCC is crucial to The Rotherham Foundation Trust (TRFT) vision of developing a whole system integrated service approach where people receive the appropriate care at the appropriate time in the appropriate place provided by the appropriate professional.

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

- Develop information sharing among all health and social care professionals to quickly identify individuals at risk and where a needs assessment can be made
- Develop and maintain a register of patients who are medically fit for discharge and ensure that they are placed on the correct care pathway

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

- In addition to being the single point of access for community nursing referrals, the CCC will also start to support GPs in the case management of people with long term conditions

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

11. ACTION PLAN

Table 1 sets out the key actions that need to be undertaken to support A&E delivery.

Table 1: A&E Delivery Plan

Priority 1 – A&E Streaming/Urgent Care Centre				
Objective	**Tasks**	**Timescale**	**Lead(s)**	**Comments**
1.1 Urgent Treatment Centre – to meet national specification for UTCs.	Pre-bookable and same day appointments to be available in the centre.	Ongoing	Sarah Lever, Head of Contracts and Service Improvement, RCCG	
Priority 2 – Patient Flow and Hospital Discharge				
Objective	**Tasks**	**Timescale**	**Lead(s)**	**Comments**
2.1 Reduce delayed transfers of care by 3.5% by September 2017	A full action plan in place and agreed through A&E Delivery Board. It forms part of the BCF plan for 2017-19.	March 2018	Claire Smith, Head of Adult Commissioning, RCCG/RMBC	IBCF monies identified for a lead to cover DTOC action plan.
2.2 CHC full assessments in acute settings <15% by March 2018	Action in DTOC plan to support hospital discharge.	March 2018	Claire Smith, Head of Adult Commissioning, RCCG/RMBC	
2.3 95% A&E 4 hour standard – 95% by March 2018	The Trust has a detailed Action Plan for recovery of performance A&E Extraordinary Performance Meetings focusing on the 4 hour access recovery plan to escalate issues and ensure appropriate action take place regularly.	March 2018 24th August next meeting 20th October 2017.	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
2.4 Provision of ambulatory emergency care at least 14 hours a day, 7 days a week	2.4.1 Ambulatory care pathways developed and being developed.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
	2.4.2 Priority action through the Trust Transformation Board.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	

	2.4.3 Action as part of developing 7-day services.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
2.5 Clear frailty pathway in place which includes an early comprehensive geriatric assessment	2.5.1 Trust is currently piloting a Frailty Team model.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
	2.5.2 Business Case developed to fully implement the Frailty Team model.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
	2.5.3 Priority action through the Trust Transformation Board.	October 2017	Sarah Lever, Head of Contracts & Service Improvement, RCCG	
2.6 Mental Health % of acute hospitals that meet the 'core 24' service standard for adults - 13%+ by March 2018	2.6.1 Core 24 Task and Finish Delivery Group established.	Ongoing	Kate Tufnell, Head of Mental Health Commissioning, RCCG	
	2.6.2 Expansion of the current ADMHL team to achieve Core 24 standards (during funding period).	April 2018 to March 2019	Kate Tufnell, Head of Mental Health Commissioning, RCCG	
	2.6.3 Delivery / sustainability of the Core 24 service post NHS England funding period.	Ongoing	Kate Tufnell, Head of Mental Health Commissioning, RCCG	
Priority 3 – NHS 111				
Objective	**Task**	**Timescale**	**Lead(s)**	**Comments**
3.1 By 2019, NHS 111 will be able to book people into urgent face to face appointments where this is needed.	3.1.1 Work is taking place within Rotherham to enable 111 to book directly into practices for telephone triage.	Ongoing – 2019	Jacqui Tuffnell, Head of Co-commissioning, RCCG	
	3.1.2 OOHs bookings - action plans being developed in partnership with OOHs provider and NHS 111.	Ongoing – 2019	Julia Massey, Contracts Manager, RCCG	
	3.1.3 OOHs bookings - initial bookings will be for a limited number of specific DX codes with an outcome of GP appointment within 1-2 hours.	*December 2017?*	Julia Massey, Contracts Manager, RCCG	
	3.1.4 OOHs bookings - meeting to be scheduled August/September to progress.	September 2017	Julia Massey, Contracts Manager, RCCG	

Priority 4 – Ambulance Service				
Objective	**Task**	**Timescale**	**Lead(s)**	**Comments**
4.1 Continue to work ARP recommendations – October 2017	YAS participated in the pilot programme for ARP and are currently operating version 2.2. Target to be delivered on a Yorkshire and Humberside footprint.	October 2017	Julia Massey, Contracts Manager, RCCG	Greater Huddersfield CCG is the lead commissioner for ambulance services in Y&H.
4.2 Hear and Treat as % of total ambulance activity – March 2018	Plans in place to deliver increase the number of clinician with YAS ROC and deliver this on a Yorkshire and Humberside footprint.	March 2018	Julia Massey, Contracts Manager, RCCG	Greater Huddersfield CCG is the lead commissioner for ambulance services in Y&H.
4.3 See and Treat as % of total ambulance activity – March 2018	Plans in place to deliver on a Yorkshire and Humberside footprint.	March 2018	Julia Massey, Contracts Manager, RCCG	Greater Huddersfield CCG is the lead commissioner for ambulance services in Y&H.
Priority 5 - Primary Care				
Objective	**Task**	**Timescale**	**Lead(s)**	**Comments**
5.1 GP Access – 100% population coverage evening and weekend appointments by March 2019		December 2017	Jacqui Tuffnell, Head of Co-Commissioning, RCCG	Plans in place to deliver by December 2017.
5.2 GP Practices to meet seven national core requirements – March 2018	5.2.1 Advertising and ease of access - relaunch Autumn, part of quality contract requirement.	November 2017	Jacqui Tuffnell, Head of Co-Commissioning, RCCG	
	5.2.2 Digital – using telehealth, upgraded telephone systems, commencing work on e-consultation	March 2018	Jacqui Tuffnell, Head of Co-Commissioning, RCCG	
	5.2.3 Effective access to the wider whole system - Hub arrangements set up like 'normal' routine and not requiring the sending practice to action diagnostics	September 2017	Jacqui Tuffnell, Head of Co-Commissioning, RCCG	

Appendix 1 A&E Delivery Plan – Rotherham High Impact Change Action Plan June 2017

Key Milestone	Actions	Start Date	End Date	Lead Organisation	Progress/ Comments	Rag Rate
1. Full integration of discharge planning	Map out current teams/function of Transfer of Care Team, Hospital Social Work and MDTs	July 2017	August 2017	RFT/RMBC	Exercise undertaken through 2x workshops with staff to understand current position including FTEs across each service and main function.	
	Discussion with Doncaster re; their model including possible secondment of Doncaster colleague (6 month).		August 2017	RFT/CCG/ RMBC	Doncaster visit by all partners in late July to understand model and bring back learning. Secondment not available – however Rotherham staff experience of model is being utilised	
	Agree shared model for integration of discharge function		September 2017	All	Project Initiation Document completed on phased approach to implementation – to go through ACS governance in September	
	Integration of Hospital Social Work into new model for discharge. Formalise links with Mental Health and Community Teams		December 2017	RFT/CCG/ RMBC	Standard operating procedures in development. Identification of appropriate office space underway.	
					Overall Rag Rating	
Agree Joint Reporting and Data Set	Agree revised joint reporting structure and governance for reporting (acute, social care and non acute).	July 2017	September 2017	CCG/TRFT/ RMBC	Change 2 Leads for performance (CCG/RMBC/TRFT) met and agreed process for sharing data set.	
	Agree process for signing off delays (acute, social care and non acute)	July 2017	September 2017	CCG/TRFT/ RMBC	Standard Operating Procedures are being developed to support appropriate and consistent	

Key Milestone	Actions	Start Date	End Date	Lead Organisation	Progress/ Comments	Rag Rate
					identification of DTOC across the system. To be agreed shortly.	
Awareness training to include full understanding of Care act 2014	Awareness training required to ensure principles of Care Act implemented – Prevent, Reduce, Delay (Home First) All appropriate Health colleagues complete the E-Learning training commissioned by RMBC	August 2017	March 2018	TRFT Support from Nigel Mitchell RMBC	Change 3 E-Learning packages available through RMBC – TRFT lead to be identified to ensure work is progressed	
Ensure a Universal Home First Approach is offered	Expanded Integrated Rapid Response – incorporate enabling/reablement into the provision to provide a universal offer of discharge home as pilot provision NB requires investment possible IBCF.	July 2017	October 2017	COG/RMBC Jacqui Clark	Change 4 Business Case for additional resource has been agreed and will be funded through IBCF. RMBC are currently in negotiation with provider for a proposed start date in October 2017	
	Map current D&T activity in acute setting. Revise and implement new pathway to D2A provision at Waterside Grange Longer term solutions – • Review of Discharge to Assess beds (potential to shift financial resource to home model) • Review of enabling service provided by RMBC	July 2017	October 2017 March 2018	COG COG/RMBC Support from partners	Pathway process has been developed for 3 of the 6 beds at Waterside Grange. New process to be phased in throughout September	
Agree escalation process and response	All partners on EMS	July 2017	August 2017	All partner leads	All changes All partners have triggers and actions agreed	
	TRFT revise triggers for acute and community		September 2017	TRFT	Report taken to TRFT transformation board to revise triggers – work is ongoing	

Key Milestone	Actions	Start Date	End Date	Lead Organisation	Progress/ Comments	Rag Rate
Social Care offer in new Emergency Centre	Consider how social care will support the new EC model of front end streaming (admission avoidance)	July 2017	March 2018	RMBC Jo Martin CCG/TRFT	Change 4 RDASH integration progressing well. Social Care involved in the frailty team. Further work to embed model and understand role of social care as team becomes integrated	
Review 7 Day Offer	Review 7 Day services offer across acute/community – opportunities to expand or reconfigure provision to better meet need	July 2017	September 2017	RMBC	Change 5 Helen Brown change lead working on therapy pathway and options for flexibility in provision (expansion of OT offer to meet need of service). Potential to take longer to implement service redesign.	
	Provision of robust 7 day week offer from social care providers (Dom Care/Residential Care)		March 2018	Jacqui Clark RMBC / CCG		
Develop trusted assessor model with social care providers	Pilot and look to roll out trusted assessor model in social care – Residential Care	September 2017	March 2018	Jacqui Clark RMBC / CCG	Change 6 Work underway to integrate discharge team. Workshop took place July 2017 with partners and patients re; integrated assessment.	
Patient and Family Choice (19% of DTOCs in 2015-16)	Improve early identification of patient likely to need care home admission. Re-design of discharge leaflet.	September 2017	March 2018	TRFT	Change 7 Reviewing this for IRR/CCC	
Review MoU Agreement	Review of MoU Agreement already in place, to reflect changes in the discharge teams (as above). All partners to implement MoU which includes Trusted Assessor	December 2017	January 2018	CCG/RMBC support from Partners	Change 1 & 3	

Key Milestone	Actions	Start Date	End Date	Lead Organisation	Progress/ Comments	Rag Rate
Review and streamline discharge pathways NB links to wider place plan priority re; reablemet review.	Map current position across the discharge pathways (currently 3 in place – discharge home, discharge to intermediate care beds, and discharge to nursing/assessment beds).	July 2017	October 2017	CCG/RMBC	Change 1 & 3	
	Streamline processes and ensure all relevant partners are aware of the pathways.		March 2018	Support from partners		

Rag Rating

Blue completed

Amber Risk to Delivery to timeframe

Green On Track

Red Off Track

Appendix 2 A&E Delivery Plan – Discharge to Assess Pilot

D R A F T

Rotherham CCG

Discharge to Assess Pilot

Waterside Grange

1. Introduction

Rotherham Clinical Commissioning Group (RCCG) commission 14 Discharge to Assess beds (D2A) across 2 placements:

- Waterside Grange Nursing Home
- Oakwood Community Unit

It is believed that patient flow within these beds may not be optimised and therefore this process will be a pilot of an alternative way of working to improve patient flow.

The new pathway will see Waterside Grange Nursing Home D2A team with support from the Rotherham Foundation Trust (RFT) Transfer of Care (TOC) Team identify 3 beds within the existing provision of 6 D2A beds. These beds will be called CHC D2A Bed 1, 2 and 3 and will be utilised to reduce length of stay in hospital by transferring patients who are medically fit for discharge but require an NHS Continuing Health Care (CHC) Assessment. The difference between the CHC 3 beds and the remaining 3 beds is that the RCCG CHC team will be involved in the agreement of placements that are highly likely to require nursing input (at some level).

2. Eligibility Criteria

Patients will fulfil all the following criteria before they can be admitted to CHC D2A bed. They will;

- Be medically stable and safe to transfer with no further need for acute care
- Confirmation from NHS RCCG CHC Service that the patient has a screened in NHS Continuing Health Care Checklist
- Have a Rotherham GP
- Will have where necessary undergone a Mental Capacity Assessment and, a Best Interests Meeting will be documented in the patient's records.
- Have full understanding of the short term nature of the placement
- Be a clear record of agreement on the understanding of the short term nature of the placement with the patient and/or representative

3. Process for Placement

RFT TOC team will identify patients who are medically fit for discharge but who cannot be discharged home due to the need for an NHS CHC Assessment. Ward Staff will complete a NHS CHC Checklist and consent form, and indicate clearly on the front page of the checklist that it is a **CHC D2A Checklist**, and send to the CHC service either by fax to 01302 566279 or email to ROCCG.continuingcareroth@nhs.net. The CHC team will complete a CHC Checklist Outcome form and return to the TOC Team within a maximum of 48 working hours but with a commitment to try to respond on the same working day.

Where the outcome form confirms that the patient is eligible for an NHS CHC Decision Support Tool (DST) to be completed and the patient is approved for a CHC D2A bed at Waterside Grange, the TOC team will contact the RFT Care Coordination Centre (CCC) and confirm pathway outcome and the CCC will complete the Transfer of Care Documentation in liaison with the ward staff. The CCC will be aware of bed capacity and will work with Waterside Grange Nursing Home to ensure that a bed is available and that the provider can meet the needs of the patient.

The transfer of the patient to Waterside Grange Nursing Home will take place within 24 hours; the CCC will arrange transport and co-ordinate the discharge. Ward staff will collate and provide appropriate information to contribute to completion of the DST which should be made available on the day of the assessment and will also ensure that all appropriate equipment, including a minimum of 28 days medication, 1 week of dressings if appropriate, and continence aids are available ready for discharge. The discharging ward will provide a verbal hand over to Waterside Grange Nursing Home prior to the patient's discharge. The patient will be discharged with the relevant discharge documentation as per Trust Policy.

The TOC team will inform the CCC that the patient has triggered the need for a DST and the CCC will contact the CHC team, Rotherham Metropolitan Borough Council (RMBC), patient and where appropriate their representative to book an appointment for the assessment, the assessment date should be within 10 working days of the patients transfer to the CHC D2A bed. The ward staff will advise the patient and family that there is no longer a need to remain in an acute bed and that the patient will need to transfer to an alternative level of care. Families will be advised by ward staff not to terminate tenancies or take any steps to dispose of property assets at this time. Families will also be advised that placements to the CHC D2A beds are for assessment purposes only. Ward staff will explain that placements last for a maximum of 4 weeks with an expectation that the patient is discharged shortly after completion of the NHS CHC assessment.

The date of assessment will be confirmed in writing to the family and D2A provider using a standard letter provided (Appendix 2).

See diagram on page 5 for flow chart of CHC D2A process

4. Assessment Process

The CHC Nurse Assessor, Social Care Assessor and a Waterside Grange carer/nurse who knows the patient will meet with patient and/or representative at Waterside Grange to complete the Decision Support Tool (DST). The assessment will be completed within 10 working days of the patients discharge from hospital.

The relevant professionals will have gathered available evidence to inform the assessment. The CHC Nurse Assessor will submit the completed DST and supporting evidence to the CHC service. The CHC Service will provide an outcome to the TOC service within 2 working days of the decision being made.

Where the DST MDT agree the recommendation of a DST completed on this pathway the recommendation will be ratified without prejudice to any other ratification process. However where the DST MDT are in dispute on the eligibility recommendation, the DST and the

recommendation will be considered in line with the Quality Assurance Control process of the CHC team (see section 6)

The CHC nurse will verbally inform the patient and/or representative of the eligibility outcome. The CHC Service will send a letter to the patient and where appropriate the representative to confirm the outcome within 48 hours.

5. Discharge Process

Where the outcome of the eligibility is:

NHS Continuing Healthcare: The CHC Nurse assessor will lead on the discharge arrangements in accordance with RCCG's CHC Commissioning Policy and within 2 working days.

NHS Funded Nursing Care: The TOC Team or Social Care will lead on the discharge within 2 working days The CCC will confirm the placement and the date of discharge with to the CHC Team.

Joint Health and Social Care: The nurse assessor and social care assessor will jointly lead on the discharge within 2 working days in accordance with RCCG's CHC Commissioning Policy, this will be an interim funding agreement that is without prejudice to prevent a delay in the discharge and once the appropriate split of funding is agreed between CHC and RMBC, in accordance with RCCG's CHC Standard Operating Policy, this will be back dated to the date of discharge.

Social Care only: The Social Care Team Manager will record the funding commitment in line with RMBC policies and procedures. Social Care assessor will assess the patient for the need for a package of care to be provided in the patient's own home or in twenty four hour residential care.

6. Case Management

Case management responsibility for all patients in the D2A Units will lie with Rotherham FT. Both of the D2A Units are nurse-led, incorporating long-arm consultant support. In the Community Unit medical cover will be provided 24/7, 365 days/year by an RFT consultant. Medico-legal responsibility will lie with the consultant. In the Nursing Home there will be consultant cover 9am – 6pm, Monday – Friday. All patients will be temporarily registered with the Intermediate Care GP Service and medico-legal responsibility for these patients will lie with the GP practice. Out of hours medical cover will be provided by Rotherham's GP OOH service.

Readmission to Hospital

The principle is to return the patient to the D2A Unit if possible. If the patient is not able to return to the D2A Unit, the CCC will give notice to the provider verbally and in writing and

CHC team will be informed. Beds in the D2A Unit can be kept open for up to 48 hours for readmissions. If the patient is able to return to the D2A Unit consideration will be given to extending the assessment period.

Complaints and serious Incidents

Complaints should be submitted to the relevant D2A provider and dealt with according to their internal complaints process. A log of all complaints and serious incidents, including details of complaint/incident and level of seriousness, will be submitted to commissioners on a monthly basis.

Safeguarding Issues

Safeguarding issues will be dealt with under standard procedures and referred to Rotherham MBC where appropriate. The safety of the patient will be of paramount concern. Rotherham FT, Rotherham CCG and Rotherham MBC will work in partnership to ensure patient safety.

Disputes following assessments for CHC

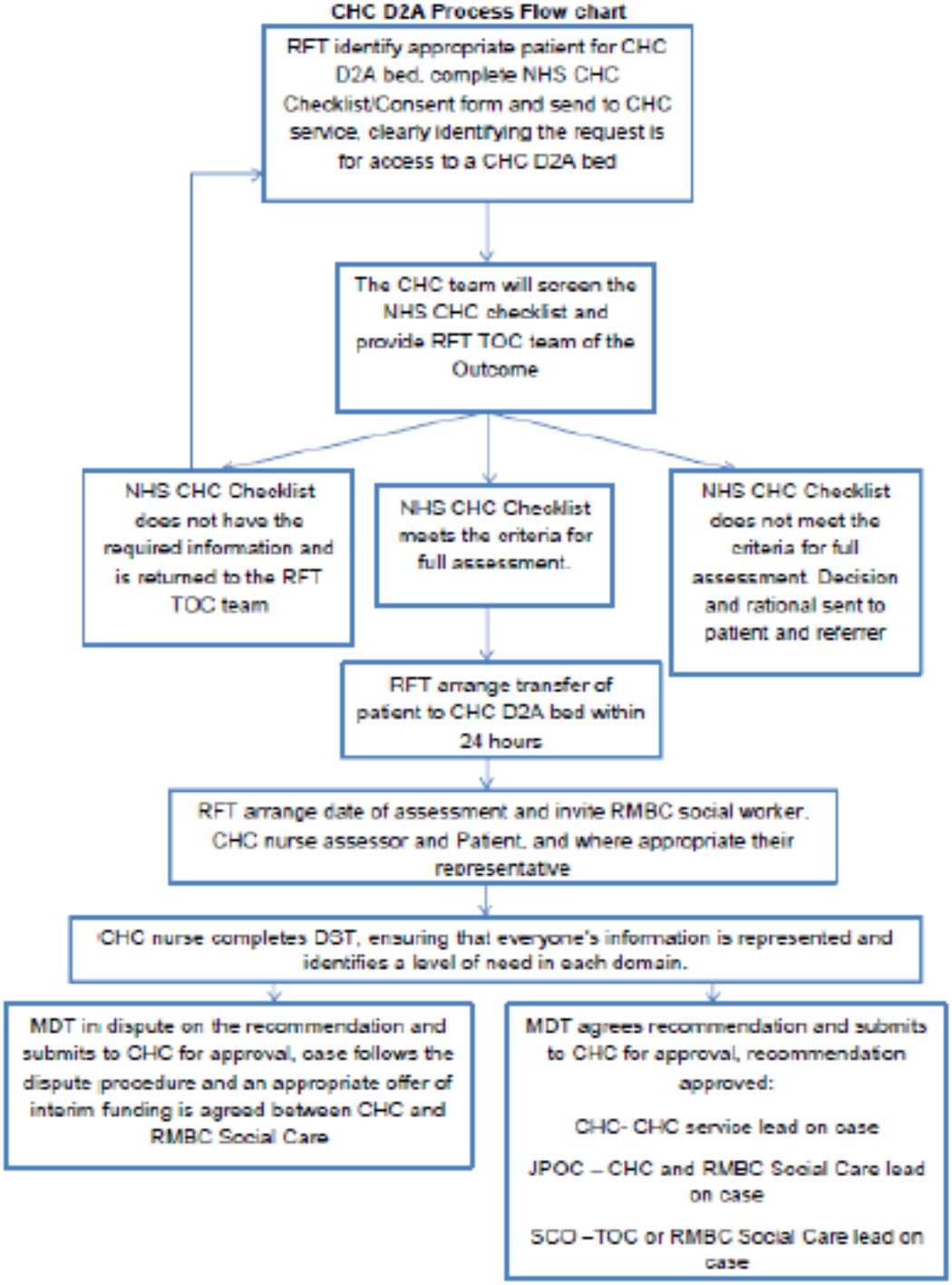
Where disputes arise between Rotherham CCG and Rotherham MBC in respect of the patient's eligibility for NHS continuing healthcare, Rotherham CCG's CHC Dispute Resolution policy will be followed. During the period of the dispute RMBC and RCCG will agree an interim funding arrangement that will be without prejudice to prevent a delay in the discharge and once the eligibility outcome is agreed between CHC and RMBC, this will be backdated to the date of discharge.

7. Monitoring Arrangements

- The CCC will maintain a current and complete patient tracking record for each patient.
- An audit trail and copies of written funding agreements will be included in patient files
- The CCC will maintain a database of patients, where they are placed and when reviews are scheduled
- The CCC Team will send a monthly report as previously agreed under the D2A MOA.
- Performance of all partners to this agreement will be measured using the KPI agreed under the D2A MOA
- Performance management of the Discharge to Assess Care Pathway will be overseen by the ALOC Performance and Service Improvement Group.

Appendix 1

CHC D2A Process Flow chart



Appendix 2: Rotherham 4 Hour Access Recovery Plan

The Rotherham NHS
NHS Foundation Trust

4 HOUR ACCESS RECOVERY PLAN: Immediate Actions – August 2017; Version 2

Blue	completed
Red	Not started
Amber	Started with difficulties
Green	Started and on track

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
1.0 Streaming Processes								
1.1 Inappropriate streaming of patients	Kerry Barnard Matron, UECC	Recommendations from the external review was to review Manchester Streaming and to ensure that value added steps in the process (eg Blood tests) are taken following initial Streaming by an Emergency Department Assistant, this recommendation was implemented	30/09/17	Review streaming guidance to ensure it is line with best practise Review proposed tool by medical team Agree a mentor to support the nursing staff Develop training to improve streaming process Implement training plan Manchester triage to be used for majors patients	Streaming to PC currently at 32% of total attendance Streaming to minors TBC Streaming to majors TBC	Business case predicated on 40% of total attendances streamed to primary care	Streaming tools reviewed by clinical teams Mentor identified and supernumerary Full training plan developed with objectives Training allocated throughout august/September Manchester triage training on-going throughout August/September 2017	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
1.2 Waiting time for assessment excessive	Kerry Barnard Matron, UECC		30/09/17	Implement basic streaming for primary care and minor injury streams Revise SEPIA to reflect UECC escalation protocols	Time to triage average	TBC following implementation	As above Met with Chris Birks - trigger tools in dashboard to reflect the escalation process	
	Kerry Barnard Matron, UECC	Ensure that an Emergency Department Assistant (EDA) is allocated to support the value added steps in Streaming	6/07/17	EDA is allocated to support the Streaming process, this is evidenced within the E-Rostering System	N/A	N/A	Completed	
		Identify additional examination rooms to support the Streaming process	6/07/17	Due to the nature of the environmental constraints whilst the ED is in a temporary location, additional clinical space in the dental suite has been identified to support the minors work-stream. This frees up clinical space for Streaming for the EDA - this will not be a concern when the department moves into the UECC as there is identified clinical space for both Streaming and EDA Support	3 rooms	9 rooms	Completed	
		Ensure that the review of the Manchester Streaming template within the Meditech system is reviewed based on the ECIP recommendations	06/07/17	Meditech template has been reviewed by the IT working Group	N/A	N/A	Competed	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
		Adopt a train the trainer approach to Manchester Streaming by having key trainers in Manchester Streaming	06/07/17	Key Trainers have completed the train the trainer programme in relation to Manchester Streaming and are rolling our training / refresher training to all UECC staff allocated to Streaming	0 trainers	4 trainers	Completed	
		Ensure all relevant staff complete Manchester Streaming Training	September 2017	The Key Trainers have attended training and are working with colleagues who are identified to work within Streaming to offer training and refresher training	10 trained	35 trained (on-going)	On-going	
1.3 Ensure that the correct workforce is allocated to streaming		UECC Rotas have been reviewed and E-Rostering reflects the workforce required in each area of the UECC, which includes Streaming. There is an escalation process in place to ensure that the required workforce is allocated to Streaming to support the required Streaming Assessment performance, quality and safety requirements	31/10/17	Complete the capacity and demand profile work in relation to all work-streams; triage, resuscitation area, RAT, paediatrics, majors, minors, primary care Review existing UECC workforce against the capacity and demand model Review workforce requirements against financial assumptions Recruit to workforce model agreed by Divisional and Executive	17 nurses	22 nurse	Capacity and demand review completed 7 additional staff required - 5 approved for budget 5 additional staff recruited (3 external from Sheffield 2 internal)	
1.4 SEPIA to better display UECC activity and escalation	Chris Birks, Interfacing and Systems Developer	Ensure that average Streaming times are displayed on the ED Sepia screen to act as a status at a glance for use by the Nurse in Charge and Consultant in Charge	11/08/17	Revise SEPIA to reflect UECC escalation protocols	N/A	N/A	Met with Chris Birks Trigger tools in dash board to reflect the escalation process	
	Chris Birks Interfacing and Systems Developer	Review status at a glance options for use by the Nurse in Charge and Consultant in		Matron Barnard and Mark Hill (Head of Nursing) have met with Chris Birks on the 29th June 2017 to devise a prototype of the requirements of a status at a	N/A	N/A		

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
		supervision and mentorship required for their role						
3.0 Workforce								
3.1 Workforce – Medical, **Review UECC medical workforce requirements (based on actual activity)** **Losing PC and OOH workforce due to IR35 need to retain full workforce**	Dr Jez Reynard, Clinical Lead Michelle Teague, Head of UECC	Recruitment of Medical staff - Consultant recruitment - Middle grades – development of CESR programme and business case to BIC	31 July 2017 2 August 2017 (BIC)	Consultant interviews to take place w/c 3 July 2017 Review capacity and demand of the medical team Remove ED clinics to free up consultants to populate weekend rota Reduce Agency costs by recruitment of MGs Recruitment event	N/A	N/A	2 substantive consultants recruited (starting Nov) 1 long-term locum consultant recruited (start date to be confirmed)	
	Dr Jez Reynard, Clinical Lead Michelle Teague, Head of UECC	Review of rotas and rota support	31/10/17	Relocate ROTA team Work with the Rota team to ensure rotas are completed 3 months in advance MG agency to sign up for 3 month placements	2 weeks forward view TBC % Vacancy rate		Team aware of move plans and office identified Met with rota team CVs reviewed for 3 monthly placements	
	Derek Thomson, Head of Medical Workforce supported by Cheryl Clements, Executive HR Director Michelle	Delivery of PC and OOH workforce	15/09/17	Collate info from workforce via questionnaire Meeting to be set up with individual clinicians Meet with Rotherham Federation Recruitment event to be held	38 current but from October unknown approx. 10		Completed questionnaire Meetings taken place with DT/CC/MT	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
	Teague Head of UECC							
	Mark Hill Head of Nursing	Recruit to the substantive role of Matron for UECC	17th July 2017	Current Acting Matron for the Emergency Department in place. The substantive recruitment is ongoing and will be completed by the 16th July 2017	1 WTE on secondment	1WTE substantive	Completed	
	Mark Hill Head of Nursing	Externally advertise for the role of Senior Sister/ Senior Charge Nurse for the UECC	30/09/17	External recruitment via NHS Jobs completed	1	5.47WTE	Band 7 senior nurse budget is 5.47WTE Currently 6.94WTE in post (0.8 WTE maternity cover)	
	Mark Hill Head of Nursing	Recruit to the roles of Senior Sister / Senior Charge Nurse for the UECC	Completed 17th July 2017	Action Completed Recruit to vacant hours not fulfilled by the recruitment process to date	1	5.47WTE	As above	
	Kerry Barnard Matron	Continue to actively recruit to Registered Nurses and Support staff roles within the UECC	Ongoing	UECC recruitment event held. Rolling advert (Monthly) for Band 5 Registered Nurses maintained via NHS Jobs and interviews commenced for shortlisted candidates				
	Kerry Barnard Matron Suzanne Owens Lead Educator and Practitioner	Review the induction and ongoing education, training and competency for Registered Nurses	30th August 2017	Draft Induction and Competency Documents completed and consultation process underway	N/A	N/A	Completed	
	Sally Kilgariff General Manager, Integrated Medicine	Leadership team support	To commence 29 June 2017 6 July 2017	Twice daily senior huddles with senior manager/exec support Head of UECC in place supporting operational management	N/A	N/A	Twice daily huddles commenced as planned on 29 June 2017 Care UK staff to TUPE from October, GM of Care UK now undertaking Head of UECC role.	
ECIP Recommendations	Maxine Dennis Director of	Ongoing support to be requested from ECIP following	Throughout August/September 2017	Identify and request support from ECIP for the clinical team	N/A	N/A	ECIP ED consultant visiting to work clinically with the team on 23	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
	Operations	recent visit from clinical leads					August 2017	
Rules of Urgent Care **Improvement outcome will be evidenced by a reduction in specialty specific breaches**	Dr Reynard Clinical Lead for ED	Revise the ED Rules of Urgent Care specific to ED	6 July 2017	Current guidelines need to be reviewed and be more specific, Development of role specific professional standards			Update in progress, not yet completed	
	Directors of Clinical Services and General Managers	All Divisions to have their own Rules of Urgent Care to respond to ED pressures, including specific responsibilities for key roles	30 June 2017 6 July 2017	Key roles to be identified by each Division Rules of Urgent Care Drafted Final versions to be agreed with ED clinicians	TBC	Reduction in specialty specific breaches and boarding times	Draft roles received from Medicine and Family Health Need discussion and agreement with UECC clinicians	
	Conrad Wareham Medical Director	No specialty to divert to ED without discussion with the ED consultant in charge	With immediate effect	All specialties have agreed	N/A	N/A	Completed	
	Chris Holt Director of Transformation & Strategy	Trust-wide Summit	End September 2017	Summit to support development of clinical pathways, including clinical leads and management teams from each Division	N/A	N/A	Date identified, invite to be sent out Invitees to be identified	
4.0 Escalation								
Escalation	Dr Kay Stenton, Clinical Lead, UECC	Revision of ED workload escalation triggers in line with EMS levels for the UECC	6/07/17	These need to be monitored throughout July 2017 as the UECC becomes fully functional			Completed- operational reviews will take place to monitor	
	Dr Jez Reynard, Clinical Lead for ED	N/A	01/10/17	Implement clinical navigation to move patients across streams in line with departments internal escalation protocols			Not yet commenced	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
	Adele Brear Project Lead	Revision of Escalation Action Cards Trust-wide	Fully complete by 30 September 2017	Redefine triggers and thresholds Revise action cards Complete workshops one for trust-wide actions, one specific to UECC including clinicians Implementation across Divisions to embed			Work commenced on prioritising Action Cards for review Workshop held to review Trust-wide triggers and actions Workshop planned for UECC to be held early September.	
Early Flow/Transfers to Ward from AMU by 10.00am **Improvement outcome will be measured by monitoring the number of pre-noon discharges on a daily, weekly and monthly basis**	Mark Hill Head of Nursing	Develop a Standard Operating Procedure (SOP) to support ward staff in the facilitation of early flow from the base medical wards to ensure early flow from the Acute Medical Unit by 10am	14th July 2017	SOP to be developed and implemented			Draft SOP currently out for consultation with colleagues	
	Mark Hill Head of Nursing Gail Smith Matron, Quality Governance	Risk assessment to be completed in relation to the risks and mitigations identified by the completion of the SOP	Completed	Risk assessment to be undertaken			Individual ward risk assessments completed and amalgamated to one divisional risk – Datix 5123	
	Mark Hill Head of Nursing	Implement and monitor the SOP to support ward staff in the facilitation of early flow from the base medical wards to ensure early flow from the Acute Medical Unit by 10am	14th July 2017	Implementation of SOP Monitor SOP in line with mitigations included in the risk assessment			Implementation of current draft SOP in line with the mitigating actions identified in risk 5123 which is been monitored daily by Gail Smith, Matron for Quality Governance	
	Sally Kilgariff General Manager	Work to be undertaken to address data quality issues with monitoring pre-noon discharges	31 July 2017	Track daily recording of pre-noon discharges			New daily SITREP implemented w/c 7/8/17 which includes pre-noon discharges. This will enable tracking at patient level to support	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
							resolution of recording issues.	
	Matrons, Division of Integrated Medicine	Monitor the daily performance, quality and safety of early flow from AMU to the medical Wards	Daily	Track daily recording of pre-noon discharges	Less than 20%	35%	New daily Sitrep implemented from w/c 7 August 2017, which includes pre-noon discharges.	
Weekend – ways of working	Dr Shaun Nakash Acute Physician Lead	Implementation of revised ways of working	30 September 2017	Define and implement structure of acute take, including realignment of job plans			Draft paper outlining proposed new model for acute take. To be reviewed with workforce and plans to reconfigure beds prior to winter.	
	Louise Deakin AGM, Integrated Medicine	Business Case to be developed to support weekend working arrangements for medical on-call	30 September 2017	Revise proposal for weekend working, to ensure support for wards (both consultant and junior workforce) Business case to BIC			Initial business case submitted to BIC in April, needs revising in line with current availability of consultant workforce.	
Information Dashboard for 4-Hour Access Performance	Tom Ridgeway Head of Performance	Development of new divisional performance dashboards specific to 4-Hour Access performance	31 July 2017	Develop a 4-hour access performance dashboard that also covers; all ED clinical quality indicators, wider Divisional metrics that support 4-hour performance and trends performance	N/A	N/A	Completed – dashboard developed using the Power BI tool Teams developing skills to use and interpret the data	
	Chris Birks Interfacing and Systems Developer	Further development of Sepia to support visual management in UECC (including divisional/specialty views of current demand in ED)	7 July 2017	Revise the Sepia urgent care screen to support the visual management in ED by displaying activity by work-stream. This will support live management of capacity and demand – and staff deployment	N/A	N/A	First version of new screen completed. Further information streams to be added.	
5.0 Pathways								
5.1 Primary Care Streaming	Michelle Teague Head of UECC	Implementation of primary care stream once UECC functional	31 July 2017	Work commenced through the agreement of the UECC clinical model. Will need to be reviewed and monitored though July 2017	0	1	Completed- see 1.0 streaming	

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
5.2 Ambulatory Assessment/CDU Pathways	Dr Kay Stenton, Clinical Lead, UECC	Alternative pathways for patients who would previously be admitted to CDU	Proposed pathways agreed – implementation from 29 June 2017	Outline pathways in place – to be reviewed by 10 August 2017		2 trolleys allocated for 'CDU'	Pathways to be reviewed. This will be reviewed through the UECC Development Board (replacing Programme Board)	
	Dr Shaun Nakash, Acute Medicine Clinical Lead & James Barnard, ANP	Ambulatory pathways	30 September 2017 Throughout Q3 of 2017/18	Define the ambulatory care pathways Implement the new pathways			Some existing established pathways. Further pathways to be developed. Defined area for ambulatory assessments on AMU. Need to define future workforce model and environment.	
5.3 NHS 111 direct booking into PCC (OOH)	Michelle Teague, Head of UECC Andrew Mellor, GP OOH Clinical Lead	National requirement NHS England	31/10/17	Review PCC appointments Review DX codes relevant to direct booking Visit Sheffield OOH Review of systm1 when implemented to allow access to bookable appointment	0	TBC	Reviewed DX codes Met with CCG and 111 Setting up meeting with Sheffield Started to develop systm1	
5. Review all pathways from ED to specialty	Dr Kay Stenton, Clinical Lead UECC Joanne Martin, Project Manager UECC Michelle Teague, Head of UECC	N/A	1/11/17	Set up task and finish group List pathways for review in priority order Develop a plan to revised pathways Implement/mainstream revised pathways Develop a monitoring system to look at baseline referrals V revised referrals			Authorisation to establish group	
6.0 Meditech								

Key Issue	Owner	Recommendation (including ECIP)	Timescale	Specific Actions	Baseline metrics	Progress metrics	Comments	BRAG
6.1 Full review of Meditech post implementation	Chris Holt, Director of Transformation & Strategy Jez Reynard, Clinical Lead ED	Workforce feedback suggests review required	30/09/17	Clinical and Management Lead(s) support team to be developed Arrange for Sunderland to visit Workshop UECC team to understand challenges and any support that can be offered			Workshop currently being arranged	

30 June 2017
Revised 10th August 2017

Appendix 3: Examples of the Escalation Management System Triggers

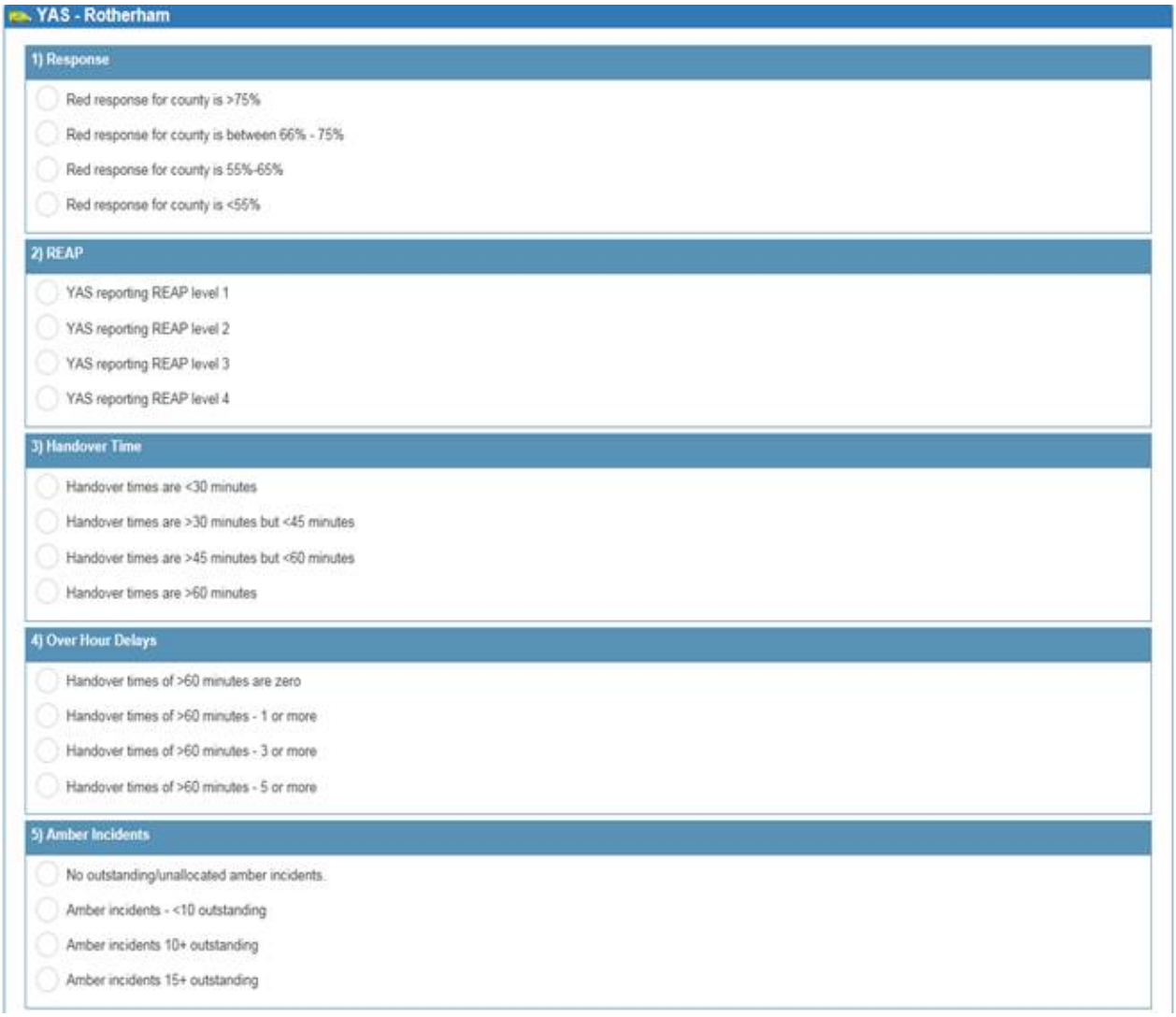
1. The Rotherham NHS Foundation Trust

	EMS Level			
Trigger	**1**	**2**	**3**	**4**
4hr ED Performance				
No current risk of patients waiting more than 4 hours in ED	✓			
Risk of one or more patients waiting more than 4 hours in ED within the next hour		✓		
One or more patients waiting more than 4 hours and a decision is unlikely to be made for the next hour			✓	
One or more patients waiting more than 4 hours and a decision is unlikely to be made for the next 4 hours				✓
Transfer of Ambulance patient care				
Transfer of Ambulance patient care is shorter than 15mins	✓			
Transfer of Ambulance patient care is between 15 & 30mins		✓		
Transfer of Ambulance patient care is between 31 & 60mins			✓	
Transfer of Ambulance patient care is longer than 60mins				✓
Expected capacity vs expected demand				
Expected admission capacity greater than or equal to expected admission demand for the next 24 hours	✓			
There is an expected admission capacity deficit of less than 10% of expected demand for the next 24 hours		✓		
There is an expected capacity deficit of between 10% and 20% of expected demand for the next 24 hours.			✓	
There is an expected capacity deficit of more than 20% of expected demand for the next 24 hours.				✓
Elective Work				
Elective work proceeding as planned.	✓			
Up to 10% of elective and urgent inpatient work cancelled on the day.		✓		
10% to 90% elective and urgent inpatient work cancelled for the next 24 hours.			✓	
More than 90% elective work including oncology patients cancelled for the next 24 hours.				✓
8 hour Trolley Waits				
Patients subject to a decision to admit not at risk of 8 hour trolley waits.	✓			
Risk of one or more patients subject to a decision to admit at risk of waiting 8 hours on a trolley in the next 2 hours.		✓		
One or more patients subject to a decision to admit now waiting longer than 8 hours on a trolley.			✓	
One or more patients subject to a decision to admit now waiting longer than 8 hours on a trolley and at risk of waiting longer than 12 hours.				✓
Medical Outliers				
Medical outliers form less than 0.5% of total inpatient population.	✓			
Medical outliers form between 0.5% and 1% of total inpatient population.		✓		
Medical outliers form between 1% and 3% of total inpatient population.			✓	
Medical outliers form more than 3% of total inpatient population.				✓
Cubicles in ED				
Cubicles in ED are less than 80% occupied.	✓			
Cubicles in ED are 80% -100% occupied.		✓		
All Cubicles in ED are full and patients are waiting in planned overflow areas.			✓	
All Cubicles in ED are full and patients are expected to wait in unplanned				✓

	EMS Level			
Trigger	**1**	**2**	**3**	**4**
overflow areas.				
All Cubicles in ED are full and patients are expected to wait in unplanned overflow areas.				✓
Resuscitation Bays				
More than 1 resuscitation bay available for immediate use.	✓			
Only 1 resuscitation bay available for immediate use.		✓		
No formal resuscitation bay available in ED for the next 30 minutes.			✓	
No formal resuscitation bay available in ED for next hour.				✓
Beds in Assessment Areas				
Beds in Assessment areas are less than 90% occupied.	✓			
Beds in Assessment areas are 90%-99% occupied.		✓		
No Assessment area beds for up to 3 hours minimum.			✓	
No Assessment area beds for more than 3 hours.				✓
Planned Additional Bed Capacity				
Planned additional bed capacity on standby.	✓			
Planned additional bed capacity open and less than 80% occupied.		✓		
Planned additional bed capacity open and more than 80% occupied.			✓	
All planned additional bed capacity open and full; unplanned capacity in use				✓
Infection Control Measures				
No loss of admission bed capacity due to infection control measures.	✓			
Partial or whole ward closed to admission or discharge due to infection control measures.		✓		
More than one ward closed to admissions or discharge due to infection control measures with local restrictions on visiting.			✓	
More than one ward closed to admissions or discharge and whole Hospital closed to visitors due to infection control measures.				✓
Critical Care Capacity				
Critical care capacity less than 80% occupied.	✓			
Critical care capacity is 80%-100% occupied.		✓		
All formal critical care capacity occupied and planned overflow areas in use.			✓	
All formal critical care capacity occupied and planned overflow areas in use. Potential transfers identified but unresolved.				✓
Gender Specific Bed Availability				
Gender specific beds available as planned.	✓			
Patient moves required, expected within 1hr.		✓		
Patient moves required, expected within 4hrs.			✓	
Patients waiting for appropriate gender beds; non-planned or available.				✓
Medically Fit For Discharge				
MFfD cases form less than 9% of the inpatient total.	✓			
MFfD cases form between 9% and less than 11% of the inpatient total.		✓		
MFfD cases form between 11% and 13% of the inpatient total.			✓	
MFfD cases form more than 13% of the inpatient total.				✓

Action cards for key staff/services in response to the above escalation levels have also been agreed at TRFT and are detailed in TRFT's Operational Escalation Plan July 2016.

2. Yorkshire Ambulance Service



3. Social Care

EMS Triggers - Community Services

	Level 1 - Planned Operational Working Hospital Social Care		Level 2 - Moderate Pressure Hospital Social Care		Level 3 - Severe Pressure Hospital Social Care		Level 4 - Extreme Pressure Hospital Social Care	
Staffing	1	Normal staffing levels available	1	<70% of normal staffing levels available	1	<60% of normal staffing levels available	1	<50% of normal staffing levels available
Assessment & Discharge Notices Allocated	2	Discharge Notices - All packages in place for patients within required timescales	2	Discharge Notices Submitted - All packages in place but discharge notice referrals >10 for previous day	2	Discharge Notices Submitted - 0-10 patients with no package set up and outside timeline	2	Discharge Notices >10
Patients in Hospital awaiting choice of care home	3	<4 patients in hospital waiting for discharge to care home	3	5-10 patients waiting for discharge to care home	3	11-15 patients waiting for discharge to care home	3	>15 patients waiting for discharge to care home
Enabling & Domiciliary Care Capacity	4	Full enabling capacity	4	Delays in accessing enabling capacity. No issues accessing domiciliary care	4	Delays in accessing enabling capacity and localised delays (less than one day/specific areas only) in accessing domiciliary care	4	Emergency visits only. Business Continuity Plan Enacted

Appendix 4: A&E Delivery Board Baseline Assessment - Acute Care

Blue = Scheme already in place/alternative in place

Green = actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes

Amber = in plans, but risks associated with delivery

Red = no evidence of existing implementation or in system plans

Rotherham			
		Rotherham	Comments
Initiative	Statement of good practice	The Rotherham NHS Foundation Trust	
1. ED Streaming	All major specialties have a consultant immediately available on the telephone to provide advice & streaming for ED & primary care	Blue	Protocols agreed with all specialties along with an admission protocol on where patients go on arrival (Who Admits Who guidance)
	There is a primary care stream available (if activity levels justify it) with the capacity to meet the true patient demand	Blue	Primary care are present within the ED department
	Patients presenting with mental health illness are assessed, managed, discharged or admitted within the ED standard	Blue	Protocol in place however challenges are faced during out of hours in regard to the provision to see patients within the 4 hour standard
	There is an ambulatory emergency care service available for 12 hours per day, 7 days per week which manages at least 25% of the emergency take	Green	Service provision in terms of recruitment to nurse practitioner posts to support the ambulatory care pathway, Lead Practitioner appointment to develop service and 7/7 working
	There is an acute frailty service available 12 hours per day, 7 days per week which treats all eligible patients	Blue	Specialist Frailty Unit Due to be opened in March 2017. Pathways currently in place in Acute Medical Unit and Acute Medical Wards*.
	Community and intermediate care services respond to requests for patient support within 2 hours	Green	TRFT have on site community services and there are jointly commissioned intermediate care services, protocols are in place to ensure that referrals are picked up within a specified time frame with 24/7 access*.
4. Improved flow	SAFER patient flow bundle implemented on assessment and medical wards as a bare minimum , to improve patient flow	Green	SAFER bundle audits in place
	What percentage of the base wards on each acute site has SAFER in place?	80-90%	Across all medical and surgical wards
	The use of the red and green day approach has been considered	Blue	The approach in Rotherham currently is > 14 day Length of Stay reviews in place
	A baseline assessment of the effective use of EDDs and Clinical Criteria for Discharge has been carried out	Green	SAFER bundle audits in place and daily ward round pro-formas
	Ward round checklists are in use in all wards in the acute hospital/s	Green	Daily ward round proforma in use
5. Improved discharge processes	Systems are in place to review the reasons for any inpatient stay that exceeds six days	Blue	The trigger used by TRFT is 14 days, although flags are available for all patients at 7 days Length of Stay or more
	A 'home first: discharge to assess' pathway is in operation across all appropriate hospital wards	Blue	There is a discharge to assess model in place with a designated bed base. Further development and work is needed to embed a 'Home First' approach
	Trusted assessor arrangements are in place with social care and independent care sector providers	Green	TRFT are currently rolling this iniative out as a pilot from 12 September 2016
	At least 90% of continuing healthcare screenings and assessments are conducted outside of acute settings	Amber	TRFT do a small number of assessements in the acute trust due to availability of specific care beds. This is montiored locally and where ever possible ALOC are used.
	A standard operating procedure for supporting patients' choice at discharge is in use, which reflects the new national guidance	Green	There is policy in place regarding supporting patient choice but no Standard Operating Procedure. The policydoes detail the process for communication with families and patients and how to support appropriate choicewith early conversations.
	There is a responsible director in the trust who will monitor the DToC situation daily and report regularly to the board on this specific issue	Blue	This exists, however work remains around the application and interpretation of DTOC guidance
	Related to the above, there is a named senior individual in every CCG and SSD who will be the single point of contact for the nominated trust exec.	Blue	In place

Appendix 5: A&E Delivery Board Baseline Assessment – NHS 111 and Ambulance

Blue = Scheme already in place/alternative in place

Green = actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes

Amber = in plans, but risks associated with delivery

Red = no evidence of existing implementation or in system plans

Rotherham			
		Rotherham	Comme nts
Initiative	Statement of good practice	Service	
2. NHS 111 calls transferred to clinicians	Given there is a requirement to increase from 22% to an national interim threshold of 30% (or higher) of calls transferred to a clinical advisor by 31st March 2017, the A&E Delivery Board has plans in place to meet this requirement	Green	1) Principles for a Clinical Advisory Service and implementation in progress with a "Go Live" for December 2016, 2) Funding for 2017/18 to be agreed,
	Clinical expertise availability is planned according to demand	Green	1) existing clinical advisors planned according to demand, 2) Phased implementation planned over 4 year period within the CAS, 3) recruiting to the planned establishment remains a challenge, 4) Current funding is non-recurrent.
	The A&E Delivery Board has a lead starting to integrate the NHS 111 service and local Out of Hospital Provision, particularly OOH	Amber	The Rotherham A&E Delivery Board has no plans to integrate the GP OOH Service with NHS 111.The focus is on the integration of GPOOH with the Emergency Centre
	The A&E DoS service type is ranked as low as possible, apart from other A&E-type services and services not commissioned within the CCG	Blue	1) In place where services exist
	There are alternative services which can accept NHS Pathways outcomes for conditions that can be managed oustide A&E E.g. limb injuries, bites, stings, plaster cast problems, suspected DVT, falls	Amber	1) YAS is capable of facilitating this via DOS (NHS 111) 2) local offer is not consistent therefore standardisation is challenging.
	The A&E Delivery Board knows demographics of the area, including if there is a greater demand for OOH services are generated from the elderly	Green	1) CCGs get an MDS monthly, including full patient episode.
3. Ambulances - DoD and coding pilots	There is an ambulance trust executive lead on the A&E Delivery Board able to deliver the required service changes	Blue	Executive Lead has been identified.
	There are working definitions of 'Hear and Treat' and 'See and Treat' agreed across the local health economy and a baseline workforce profile to deliver an increase in these dispositions	Amber	1) Working definition for "Hear and Treat" and See and "Treat" 2) Workforce plan in development
	There are alternative services which can accept ambulance dispositions or referrals and these mapped across localities	Amber	1) local offer is not consistent therefore standardisation is challenging.
	The A&E Delivery Board has established local mechanisms for increasing clinical input into green ambulance dispositions particularly at times of peak demand	Green	1) The Clinical Advisory Service will service both NHS 111 and 999. 2) CAS due to "Go Live" in December 2016.
	The A&E Delivery Board has agreed workforce and service plans in place to deliver an increase in 'Hear and Treat' and 'See and Treat'	Amber	1) Principles for a Clinical Advisory Service and implementation in progress. 2) Funding for 2017/18 to be agreed.

Appendix 6: TRFT Vision for Community Based Healthcare by December 2017

Developing The Rotherham NHS Foundation Trust's Vision for Community Based Healthcare by December 2017

In a typical day at Rotherham NHS Foundation Trust we:

- Make 120 home visits, helping keep people at home
- Look after 20 nursing home patients
- Take 500 calls through our Care Coordination Centre
- Have 80 patients on our DN caseload
- Admit 50 emergency patients into hospital - of which 30 are >65 yrs
- Have 300 locality patients in hospital
- Have 90 patients in hospital on a Community team caseload
- Help discharge 50 patients back to their locality

Why are we Transforming?

Locally

Our hospital is getting full

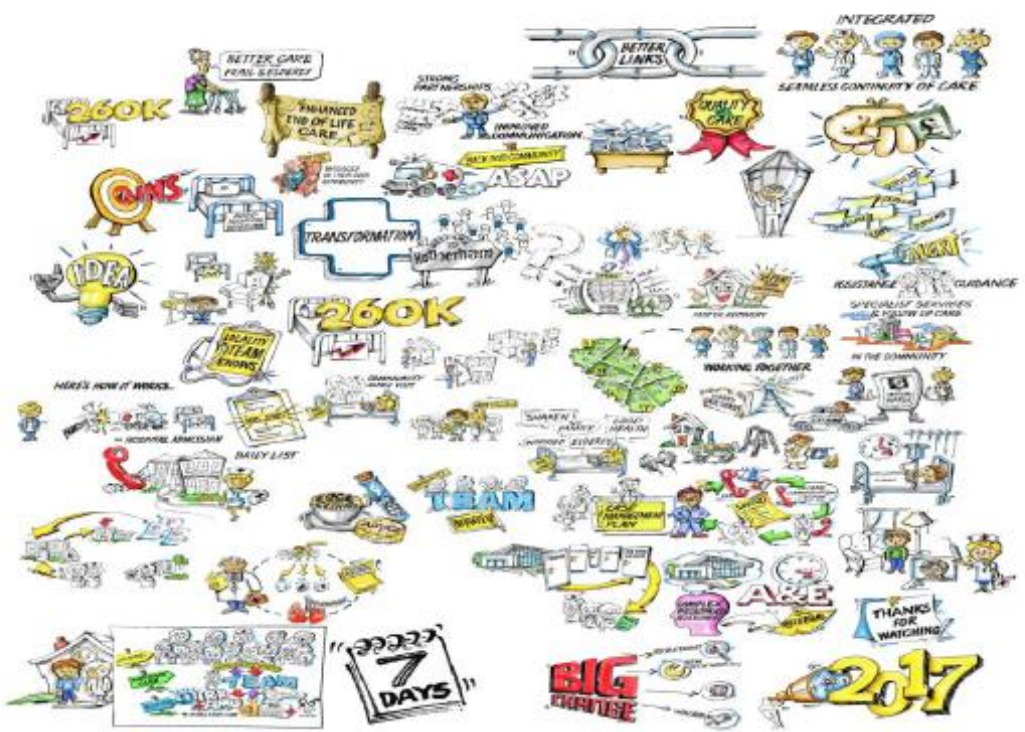
Our local population is living longer, with increasingly complex health issues.

We want to continuously improve the quality of the care we provide.

Nationally

NHS England

NHS England's Five Year Forward View report outlined the need for the integration of care services [Primary, Secondary and Social) in order to sustain an affordable and effective healthcare system.



THE FUTURE OF COMMUNITY BASED HEALTHCARE IN ROTHERHAM (Watch the full video on YouTube)

Our Trust wide objectives help to shape our vision:

Patients:
Excellence in healthcare

Colleagues:
Engaged, Accountable Colleagues

Governance:
Trusted, open governance

Finance:
Strong financial foundations

Partners:
Securing the future together

Foundations for Transformation

Our 15/16 Programme of work centred around 5 key areas.

1. Restructure Emergency Access and Admissions Departments to reduce waiting times
2. Introduce rigour and structure so we can better manage our bed base.
3. Streamline our Admission and Discharge Pathways to ensure the right care is provided in the right place
4. Integrate Acute and Community Care Pathways so patients can enjoy seamless care
5. Develop closer working partnerships with Social Care, Mental Health, Palliative Care and he Voluntary Sector

These have laid the foundations for the next phase of the transformation that will see us providing pre-emptive, proactive, localised care.

Some of the highlights from 15/16 include:

- Successfully embedding our District Nurses into 7 Locality Teams
- Recruitment of more Community Nursing staff and increased number of nurses available
- Increased GP satisfaction rates for the Community Nursing Services
- Reduction in the number of patients who stay in hospital for 14 days or longer
- Establishment of a Single Point of Referral, via our Care Coordination Centre for GP's, Hospital Wards and Community Nurses
- Introduction of Multi-disciplinary hospital and intermediate care ward rounds
- Development of an animated video to share the vision of healthcare in the future for the Rotherham Health Economy

A Clinical Portal developed by Rotherham NHS FT for Rotherham

One of the most exciting developments of 2015/16 was the SEPIA Clinical Portal. This allows our locality teams to see where their patients are being cared for, be it at home, in hospital or in intermediate care/ nursing homes. They can even see their patients care plans.

The Rotherham NHS Foundation Trust 2016/17 Transformation of Acute and Community Integrated Healthcare Programme

Making it Work

In line with NHS England's Five-Year Forward View, Rotherham intends adopting a model of 'place-based systems' of care whereby the local population have their health and social care needs met by a local entity, known in our case as an Integrated Locality Team.

From a healthcare perspective our Community Nursing services already operate in 7 localities which in essence are our foundations.

A key deliverable during 16/17 is to pilot one of the localities as a truly integrated model of care provider.

The pilot will see a single team made up of Health Care professionals (including nurses, therapists and physicians), Social Care professionals, Mental Health nurses and psychiatrists, End of Life & Palliative care professionals, as well as members from the Voluntary Services Sector coming together under one-roof. The team will be responsible for their cohort of the Rotherham population (circa 35,000 out of 260,000) in terms of getting them well and keeping them well.

The overarching theme of providing care closer to home will see services in-reaching into hospitals and places of intermediate care, getting them back into their own communities and ultimately back home. It is also about keeping people well by doing more pre-emptive and proactive work in terms of self-care and education.

The 2016/17 programme will focus on 5 priority areas in order to address The Trusts short term needs of achieving and maintaining its key performance targets but also contribute to its medium and ultimate longer term vision of delivering the Rotherham Integrated Care Model. The following provides a snapshot of the key areas and their associated outcomes:

Emergency Access and Admission Avoidance:
Recruitment to and development of the ED workforce, embed good practice ways of working, alignment of assessment units, invest in ambulatory emergency care and development of a frailty unit

Structured Management of the Inpatient Bed Base
Embedding of the SAFER care bundle, structure of weekend and OOH's working (7/7), establishment of medical workforce model for inpatient wards, launch of a Hospital at Night model

Admission to Discharge Pathways
Multi-disciplinary oversight of medically fit for discharge patients, review of Intermediate Care pathways and settings, launch of a Complex Discharge and Transfer of Care team, closer alignment with care homes and care home providers, and further development of alternative levels of care

Community and Locality Working
Launch of the locality pilot, appointment and development of the community physician role, integration and development of Integrated Rapid Response team and Care Coordination Centre and strengthening our palliative care offering

Daily Operational Management
Establishment of an escalation management system and surge plans, development of the Trust and site coordination team, structured site meetings, daily sit-reports on pressures in the acute and community settings, review of flex / surge beds and a ward re-configuration programme

Underpinning these above priority areas is the development of the new integrated Urgent and Emergency Care Centre

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

October 2017 Refresh

Rotherham CAMHS Local Transformation Plan (LTP) – Action Log

Date amended	Version	By whom	Details
21st December, 2015	Version 1	Nigel Parkes	Added to section 4.3.3 'All age 24/7 Liaison mental health services in emergency departments'.
28th October, 2016	Version 2	Nigel Parkes	Updated and refreshed in line with NHS England requirements. To include 2015/16 actual data.
31st October, 2017	Version 3	Nigel Parkes	Updated and refreshed in line with NHS England requirements. This also includes an update as at Quarter 2 of 2017/18.

Contents

Section 1 – Introduction & Background

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

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

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

Section 2 - Engagement and partnership working

2.1 General Engagement

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

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

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

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

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

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

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

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

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

Progress against participation priorities is being monitored through regular Service Development & Improvement Plan (SDIP) meetings with the CAMHS service.
A significant area of investment through the CAMHS LTP, in terms of better engagement of Children & Young people and their families in developing services has been through the development of the Family Peer Support Service, provided by the Rotherham Parent Carers Forum. Further details are provided below in Priority scheme 5.
Similarly, the Healthwatch Rotherham advocacy service continues to support children & young people and their families and provides feedback to the CAMHS service to help improve services going forward.
Section 5 includes more detailed updates on these two investment areas.

A recent development in Rotherham, through Voluntary Action Rotherham (VAR), is the Voice and Influence Partnership. This is a sub group of the Children, Young People and Families Consortium whose purpose is to strengthen the voice of children, young people and families and involve them in the decisions that affect them. A mechanism has been established through which consultation can be sought with the partnership and this process will help support further development of the CAMHS LTP.

What outcomes have been delivered? –

- Services are more designed around children & young people and their families.

Evidence to support the delivery of the outcomes –

- Locality workers see patients in schools, GP practices and children's centres.

2.3 Needs Assessment

When the Rotherham Emotional Wellbeing and Mental Health Strategy was developed in 2014, a comprehensive needs analysis was undertaken to support that work. This supported the development of the original CAMHS LTP and will be updated in November, 2017. This will then feed into the CAMHS section of the Joint Strategic Needs Assessment (JSNA).
The current Needs Analysis can be accessed through the following link:-
http://www.rotherham.gov.uk/jsna/downloads/file/100/children_and_young_peoples_emotional_wellbeing_and_mental_health_needs_analysis_2014

Section 3 – Current and future expected investment

3.1 Financial Investment in Rotherham

The original LTP outlined investment in Emotional Wellbeing and Mental Health Services in Rotherham for the financial year 2014/15. This table has been extended to include actual investment in 2015/16, 2016/17 and 2017/19(where known) and also where available, proposed investment in 2018/19.

Source of Funding	Area of funding	Investment in 2014/15	Investment in 2015/16	Investment in 2016/17	Investment in 2017/18	Proposed Investment in 2018/19
RMBC	Early Help Counselling	£151,766	£143,989	£130,241	£127,315	£128,649
	RDaSH	£139,000	£139,000	£139,000	£139,000	£139,000
	Rotherham & Barnsley MIND	£60,000	0	0	0	0
	Looked After & Adopted Children's Therapeutic Team	£393,979	£438,848	£443,024	£903,000	£903,000
Education	Support in Schools	£274,918	£156,192	£141,361	£145,316	Not Available
RCCG	RDaSH	£2,319,547	£2,568,105*	£2,752, 560	£2,752,560	2,861,560
	RMBC		£163,555*	£54,000*	£54,000*	£54,000*
	Rotherham Parents Forum		£32,000*	£70,000*	£85,000*	£85,000*
	Healthwatch		£5,000*	£20,000*	£20,000*	£20,000*
	Other		£99,646*		£73,000*	£73,000*
NHS England	Tier 4 Inpatient services	£1,868,414	£1,584,706**	£667,862**	Not Available	Not Available
Total extra LTP funding included in figures above			£363,201	£564,000	£652,000	£765,000
Eating Disorders (RDaSH and South Yorkshire Eating Disorder Association(SYEDA))			£145,242	£135,000	£135,000	£135,000
Perinatal Mental Health			Not Applicable	Not Applicable	Not Applicable	Not Available

*Areas of funding which include the extra funding allocated to CCGs as part of the LTP process.
**Doesn't include patients placed outside of Yorkshire & Humberside.
***includes adoption support funding.

Note – The proposed investment in 2018/19 by the CCG will be subject to approval of the CCG's financial plan.

The CCG is also proposing to further increase future LTP funding in line with NHS England guidelines. This will represent funding in 2019/20 and 2020/21 of £855,000 and £963,000 respectively. This extra funding will be subject to approval of the CCG's financial plan.

The following table shows the current and future investment by Local Priority Scheme, for those still running and also the new schemes (no's 20, 21 & 22).

Local Priority Scheme	Description	Investment in 2017/18	Proposed Investment in 2018/19
1	Intensive Community Support Service	£170,000	£170,000
2	Crisis response		
3	Autism Spectrum Disorder (ASD) Post diagnosis Support	£54,000	£54,000
4	Prevention/Early Intervention	£3,000	
5	Family Peer Support Service	£85,000	£85,000
6	Workforce Development		
7	Hard to reach Groups		
8	Looked After Children (LAC)	£10,000	£10,000
9	Provision of Advocacy Services	£20,000	£20,000
10	Child Sexual Exploitation (CSE)	£50,000	£50,000
11	Increased General Capacity	£200,000	£200,000
12	Increased Funding for Out of Hours services	Included in 11	Included in 11
13	Single Point of Access	Included in 11	Included in 11
14	Interface & Liaison Post	Included in 1	Included in 1
15	24/7 Liaison Mental Health		
16	CYPIAPT		
17	Eating Disorder Service	£135,000	£135,000
18	Transition	£20,000	£20,000
19	Perinatal Mental Health		
20	Self Harm	£40,000	£40,000
21	Children's Wellbeing Practitioners*		£64,000
22	Care Education & Treatment Reviews		£7,000

*Funded by Health Education England in 2017/18

Note – A number of the above local priority schemes were implemented using non-recurrent funding in 2015/16. These include for example, numbers 6, 7, 15 and 19. The fact that these have not been further funded does not mean that there is no further emphasis in these areas and in all cases work is continuing, sometimes supported by

funding in other priority areas. Good examples of this are the Family Peer Support Service being provided by the Rotherham Parent Carers Forum and the Healthwatch Advocacy service, which will, by their nature, pick up some hard to reach groups, who perhaps will struggle to engage through other routes.

Appendix 1 (separate Excel file) includes the finance information and related activity and staffing information for Emotional Wellbeing and Mental Health Services in Rotherham relating to 2015/16 and 2016/17

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

3.2 Future development areas

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

- **A 'One stop shop' model of provision**. This will involve undertaking a scoping exercise to understand how 'one-stop-shops' can be developed in Rotherham. These should be appropriate for all areas, cultures & languages. They should take a Holistic approach and utilise a 'universal screening tool'. They should also 'Support' & 'Direct' to other services as appropriate. This work is scheduled to start in 2018.

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

3.3 Future new areas of investment

Whilst at this stage some proposed areas of future increased investment still require further development, the following are the proposals for new areas for 2018/19.

3.3.1 Employment of two Children's Wellbeing Practitioners (CWPs) by RDaSH (Local Priority Scheme 21)

Two CWPs were recruited by RDaSH from April 2017/18. Funding for the first year is being provided by Health Education England, whilst the CWPs are being trained. From 2018/19, the CCG has committed LTP funding for these two posts.

The main responsibility of the posts is to assess and deliver, under supervision, outcome focused, evidence-based interventions to children and young people experiencing mild to moderate mental health difficulties. The CWP post is a training role within the Children and Young People' Improving Access to Psychological Therapies programme (CYP IAPT).

3.3.2 Care Education & Treatment Reviews (CETRs) (Local Priority Scheme 22)

In line with the requirements of the 'Transforming Care Programme', CCGs are now required to undertake Care Education and Treatment Reviews (CETRs) for all children & young people with learning disabilities and/or autism, who have been or are about to be admitted to a specialist mental health/learning disability hospital.

The aim of the CETR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome.

As at October 2017 the CCG has undertaken two CETRs. It is expected that between 30 and 60 CETRs may need to be undertaken for Rotherham patients each year, some of which will be repeat reviews for the same patient.

A risk register is being developed of children & young people with learning disabilities and/or autism who are considered to be at risk of admission and who therefore would benefit from a CETR.

CETRs involve an independent clinical expert and expert by experience. Recurrent funding has been identified to support the organisation of the CETRs and funding of the independent experts as required.

Section 4 - Local CAMHS Reconfiguration

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

The service has now been reconfigured into a number of distinct pathways:-

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

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

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

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

The Rotherham CAMHS service has also recently (from June 2017) introduced a new 'Advice & Consultation' service. The 'Advice and Consultation' model aims to ensure that those supporting children and young people, including parents/ carers and the professional network around the child, have quick and easy access to specialist support, where there are concerns regarding the child's mental and emotional health. Prior to a child being referred directly by CAMHS, professionals are encouraged to discuss the young person with a Locality Practitioner in the first instance, with the overriding aim of ensuring that the young person receives appropriate and individual support in a timely manner. This links to the THRIVE (2014) model, which attempts to create a clearer distinction than in the current tiered system between treatment and support, self-management and intervention.
This essentially means that there is an initial period of time where CAMHS workers investigate the background to the referred case to gather all relevant information and ensure that an informed initial assessment can be made, alongside initial advice.

The main KPIs associated with the extra investment in the CAMHS service are:-

- To meet the 6 week referral to assessment target of 92% for the incomplete pathway and 95% for the completed pathway.

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

Section 5 - Key areas of the Transformation Plan:-

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

5.1 Promoting Resilience, prevention and early intervention

5.1.1 Perinatal Mental Health Pathway (Local Priority Scheme 19)

The CCG continues to work with the following partners from across the borough on the Perinatal pathway; Rotherham Doncaster and South Humber NHS Foundation Trust, The Rotherham NHS Foundation Trust (RDaSH)and GROW.

In September 2016 the CCG applied for further funding through the NHS England Perinatal mental Health Services Development Fund process but was unsuccessful. Work is ongoing across Rotherham, Doncaster and Sheffield to submit a further bid in the next round of funding.

There is an ongoing review of the care pathway and a multi-agency training programme has been implemented, with fast access to IAPT as required.

5.1.2 Prevention & early intervention work with schools and families

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

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

Some non-recurrent funding was used in 2015/16 (**Local Priority Scheme 4**) to support the Youth Cabinet to deliver a conference promoting self-help tools for children and young people.

Further funding of £3,000 has been provided to the Youth Cabinet in 2017/18, in order to continue to take forward the area of 'Self-Help' and support their manifesto aims for 2017/18 and specifically issues around body image. The work will include another conference and the production of a short film to support other young people.

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

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

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

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

Six schools in total signed up to the initiative and developed action plans to implement the 'whole school approach'. The work finished in July 2017, but all the schools involved have indicated that they will be continuing with the work. An information sharing event will take place on the 25th October, 2017 and will be open for all Rotherham schools to attend and learn about the work that the 6 schools have been undertaking. This work will also be embedded into the wider SEMH work outlined above.

What outcomes have been delivered? –

- Vulnerable and hard to reach children & young people are better able to cope with their school life.
- School staff are better able to support children & young people.
- Children & young people and staff in other schools are being supported.

Evidence to support the delivery of the outcomes –

- Delivery of targeted support to children & young people.
- Staff health & wellbeing is being supported.
- The 'Whole School approach' is benefitting schools not part of the original pilot.

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

5.1.3 Family Peer Support Service (Local Priority Scheme 5)

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

The service is being provided by the Rotherham Parent Carers Forum and is now fully established with a Peer Support Administrator, three Peer Support Co-ordinators, 2 Peer Support Workers and 4 Peer Support Volunteers now in place.

As at Q2 of 2017/18, 93 families have been supported by the service since it started. Similar trends continue in terms of the number of children per family, age and sex of children being supported. Most families had 1 child supported and the majority were aged 5 to 11, with approximately two thirds being male. There also continues to be a significant number of cases related to ASD .

There are many examples of the effectiveness of the service in terms of families starting down the CAMHS route, but then avoiding access to services, through being effectively supported and empowered.

The service continues to offer families a range of methods of access with approximately three quarters being non face to face (Telephone, email and Facebook). A new on-line referral process has also now been developed.

The Rotherham Parent Carers Forum has good links with local services including RDaSH CAMHS, Healthwatch & Early Help teams. There are quarterly meetings with CAMHS independently and monthly meetings with both Healthwatch and CAMHS.

The Forum has a weekly 'drop-in' session which takes place every Wednesday morning. This is often attended by staff from CAMHS.

The service has also recently developed a 'sleep workshop', which specifically looks at issues experience by children & young people diagnosed with ASD & ADHD. They also deliver workshops in conjunction with other services, including; 'Autism – The Basics' and 'Foundations for Communication'.

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

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

Funding for this local priority scheme was increased by £15,000 from 2017/18, which was more than a 20% increase on the funding in 2016/17.

What outcomes have been delivered? –

- Families are empowered to interact more effectively with services.
- Families better understand their child's issues and are better able to cope with them.

Evidence to support the delivery of the outcomes –

- 100% of families surveyed said that:-
    - The information/support they received helped them feel better about interacting with services.
    - Accessing the services has had a positive impact on the family.
    - If they hadn't accessed the service they would not know where else to access information/support.

5.1.4 Early Intervention in Psychosis services

The service continues to meet the new access and waiting time standard, which requires that 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral and covers the age range from 14 to 64.

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

- **Early Intervention in Psychosis Waiting Time Standard** - The Early Intervention Team (EIT) have been required to ensure that 50% of people experiencing a first episode of psychosis are treated with a NICE approved care package within 2 weeks of referral. The service continues to meet this standard.
- **Family Interventions -** All care co-ordinators to receive training in family interventions.
- **At Risk Mental State -** Two members of staff, a psychologist and CBT Therapist, have completed the "Trainers for Trainers Course" and have rolled out 'Comprehensive Assessment of At Risk Mental States' (CAARMS) training to all of the EIT care co-ordinators across the Trust. Work is still ongoing to identify people with at risk mental states (ARMS) and develop a clear pathway of interventions.
- **Physical Health -** All service users taken on by the EIT are immediately invited to a physical health clinic appointment with dedicated EIT staff for a baseline physical health appointment and if commenced on an anti-psychotic their physical health is reviewed at 3, 6 and 12 months as in line with NICE guidelines for physical health and wellbeing.
- **Vocational Interventions -** Plans are underway to have a dedicated Occupational Therapist and support worker (qualified Occupational Therapist) to lead transitions work in the EIT to ensure that all EIP service users have access to vocational interventions. A partnership with the Rotherham RDaSH Vocational Team is currently operational. This promotes direct support and advice to EIP service users and also augments to the required knowledge of community resources and initiatives available to EIP staff.
- **Access to Anti-Psychotic Medication** – The EIT has dedicated psychiatrists including Consultant Psychiatrist and Speciality Doctor who routinely attend EIP weekly multidisciplinary meetings to discuss and review prescribing anti-psychotic medication including the requirement to offer Clozapine. There are also periodic meetings with manager, medical secretary and senior nurses to review prescribing procedures.

A recent quality visit confirmed that the service is working very effectively and In particular is working closely with other agencies who have contact with children and young people, particularly education and a referral form has been devised to assist teachers, youth leaders etc. when referring young people into the service.

Work is also underway to develop a holistic service and physical health monitoring has been introduced in line with national guidance.

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

It is proposed to invest £40,000 in addressing the significant issue of Self Harm in children & young people. There have been some delays in progressing this work and discussions are ongoing to understand exactly how the funding will be used, but it is likely that the investment will be targeted at Primary schools and include a range of areas including prevention, early intervention and support.

A school in Rotherham has already been working with a university on a specific support programme and one possibility is to roll out this out across other schools.

5.1.6 STILL (Stop Think, take Interest, Listen and live Life)

To mark World Mental Health Day on the 10th October, 2017, Rotherham Council and NHS partners launched a new campaign aimed at raising awareness of young people's mental health.

Called STILL (Stop Think, take Interest, Listen and live Life), the campaign which was developed with young people, asks youngsters to take time to think about their mental health and that of their peers. The STILL message is presented in the form of a 'z' card at the request of young people. It may be that other resources are developed later

on. The message is about getting young people to look out for each other and to think about their own mental health. The card contains tips for looking after their own mental wellbeing as well as places that young people can access help.

5.2 Improving access to effective support

As mentioned in section 3.2 above, work is still being planned to investigate a 'One stop shop' model of provision. In addition, the following local priority schemes relate to this area.

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

The CCG has provided funding to develop a Single Point of Access (SPA) for CAMHS services. The SPA is currently operational within the CAMHS structure, but work is ongoing to scope out the option of co-locating this with the RMBC Early Help access service. Regular meetings (twice weekly) take place between the services to understand the appropriateness of referrals and to continue to explore the co-location option.

The SPA provides a single access point for mental health referrals and ensure improved and targeted access to appropriate services. The SPA also provides the 'Advice & Consultation' service as outlined in section 4 above.

What outcomes have been delivered? –

- Children & young people are being signposted to the appropriate services, at an early stage rather than being 'bounced around' the system.

Evidence to support the delivery of the outcomes –

- Low level of inappropriate referrals – 0% as at the end of August, 2017.

The main KPI associated with this scheme will be that 95% of referrals received by RDaSH CAMHS will either be accepted by the service or signposted to an appropriate service.

5.2.2 Healthwatch Advocacy Service (Local Priority Scheme 9)

The Healthwatch Rotherham advocacy service for children & young people continues to be developed and further emphasis will be placed on how the service interfaces with RDaSH CAMHS and the Rotherham Parent Carers Forum so that services can be further developed in order that they are even more accessible to children & young people.

To date, the service is seeing a small number of complex cases (caseload of 10 as at September, 2017), with issues extending in some cases across different areas, including RDaSH, TRFT and schools.

The KPIs associated with the work are:-

- Children & Young People will be seen within 5 days following referral.
- Advocacy support being provided to Children and Young People in Rotherham and positive feedback rating scores, averaging at least 4 out of 5, being recorded following the experience of this service.

Funding for this local priority scheme is planned to continue on a recurrent basis.

5.2.3 ASD Post Diagnosis Support (Local Priority Scheme 3)

It had been recognised that there was a gap in provision of post diagnosis support for children & young people with ASD in Rotherham, particularly concerning support for families at home. The support at school is provided by RMBC's Autism Communication Team (ACT).

Preliminary work was undertaken to scope out the service and a 'Family Support Book' was developed, providing basic strategies to support children & Young People with Autism. This is available in 2 different versions - 'Blue' for use in educational settings and 'Green' for use by families. The 'Green' version has now been translated into 4 additional languages; Urdu, Punjabi, polish and Slovak.

28 referrals in total were received during quarter 1 of 2017/18, 21 from CAMHS and 7 from the Child Development Centre (CDC). These were newly diagnosed patients. 100 additional contacts were made with children & young people who had previously been diagnosed with ASD, through email and other referral sources.

The service is co-ordinating 'The Basics' workshops for parents with delivery being undertaken by the Autism Communication Team, the RMBC Educational Psychology Service and RDaSH CAMHS. Going forwards, more in-depth sessions are planned including; 'Foundations for Communication', 'Teen Life' and also individual workshops from NAS Rotherham around managing anger, understanding autism and sensory differences.

The service continues to provide a number of courses including 'Sensory Workshops'. Feedback from the 4 sensory workshops delivered between January – March has been very positive and a further workshop took place in June. The family practitioners take an active role in presenting the sensory workshops. Representatives from Rotherham Parent Carers Forum are involved and a young person will make a presentation about their experiences. Some places will also be available to staff from other agencies, such as Early Help, Child Development Centre (CDC) and CAMHS.

The service also distributes Sensory equipment to schools.

There are plans to deliver the 'Teen Life programme' in January/February 2018 as an alternative for parents of older children to attend rather than the 2 day Basics course.

As a result of early work undertaken around sensory assessments, there is an ongoing project looking at understanding sensory issues as part of the ASD diagnosis pathway. This will help to clarify the situation around sensory issues related to autism and inform future commissioning decisions.
The service works very closely with other agencies and staff from the Autism Communication Team (ACT), CAMHS learning disability team, SENDIASS (including young people's advocates) and Rotherham Parent Carers Forum are also training as facilitators, to enable a wider audience to be reached.

Expected outcomes of the work:-

- Improved resilience of families and young people.
- Reduction in need for specialist interventions from mental health services.
- Reduction in social care referrals.
- Improved parental mental health.

- Children and young people are able to manage ASD in order to allow them to learn, develop and fulfil their potential.

What outcomes have been delivered? –

- Better understanding and awareness by families of children & young people diagnosed with ASD and development of their coping skills.
- Better contact with hard to reach groups.
- The objective of establishing the service has been achieved and the gap that was identified in services for newly diagnosed children & young people has been filled.

Evidence to support the delivery of the outcomes –

- Attendance of families on ASD courses
- Distribution of support literature to families.
- Translation of key documentation into other languages.
- Positive feedback for sensory workshops.

The main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.

Funding for this service is continuing in 2017/18 and planned to continue thereafter.

5.2.4 Enhanced Crisis Service (Local Priority Scheme 2 & 12)

As part of the reconfiguration of its CAMHS services, RDaSH developed an Intensive Community Support service, which, with the support of the Paediatric Liaison post (Local Priority Scheme 14), provides a Crisis response service from 9am to 5pm. Outside of these hours the existing 'Out of Hours' service (Local Priority Scheme 12)continues to operate, but the intention is that in the future the Intensive Community Support Service will provide a the 8am to 8pm Crisis Service, with the 8pm to 8am service being provided by the Adult/Older People's Access service. This development is still under way but has been delayed due to the need to consult with the Local Authority HR department as the Access team includes a number of social workers.

In addition, the CCG, in partnership with Doncaster CCG, was successful in bidding for extra funding from NHS England for 'Mental Health Crisis and Intensive Community Support for Children and Young People' in September, 2017. This extra £50k will be used across the two areas to support the move to an 'all-age' 8pm to 8am Crisis Service as outlined above.

Another longer term aim is to combine the existing Adult/Older Peoples mental health Liaison service with the Paediatric Liaison Post and for this to provide the 8am to 8pm cover.

The Crisis Service will support the suicide prevention and self-harm work in Rotherham. In particular, referrals to this service will help inform partners of any need to activate the Rotherham Suicide and Serious Self Harm Community Response Plan.
http://rotherhamscb.proceduresonline.com/chapters/g_multi_age_prev_self_harm.html#community_plan

This initiative also links very closely with many elements of the Rotherham Crisis Care Concordat and will help to provide support to Children & Young People before, during and after Crisis.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- Increased child and young person satisfaction;
- Increased staff satisfaction in delivering this model;
- Positive impact on staff recruitment and retention as on-call rota will be replaced.
- Improved support for the welfare and resilience of family/carers.

The main KPIs associated with the work will be:-

- 95% of children & Young people who present at A & E in crisis will be seen within 1 hour.
- 100% of Children & Young people who access CAMHS via A & E will have an initial mental health assessment within 24 hours.
- For all cases where Children & Young People are admitted to TRFT during normal hours, a joint RDaSH/TRFT discharge plan will be in place for 100% of cases, unless there are exceptional circumstances.

What outcomes have been delivered? –

- Children & young people in crisis are supported on a 24/7 basis.
- Children & young people who are admitted to the Acute hospital with mental health issues are discharged as soon as possible in a safe way.

Evidence to support the delivery of the outcomes –

- Patients do not have to be picked up through alternative routes such as section 136 admissions.
- Low levels of Rotherham inpatients.
- Patients admitted to the acute hospital with mental health issues are assessed within 24 hours and have joint RDaSH TRFT discharge plans in place.

5.2.5 Intensive Community Support (Local Priority Scheme 1)

This also links into the RDaSH CAMHS Crisis service (see local priority scheme 2 above) and the CAMHS Interface & Liaison post (local priority scheme 14).

The service has a caseload averaging 34 patients (as at August 2017). There continues to be a low level of inpatients from Rotherham with only one patient as at October 2017. NHS England data for inpatient admissions for 2016/17 shows the number of total admissions per 100,000 as 5.0 for Rotherham, compared to 5.7 for Barnsley, 14.5 for Doncaster and 16.2 for Sheffield.

The service supports patients to both avoid admission to inpatient facilities and also to step down sooner and be supported in the community.

This also links to joint commissioning discussions taking place with NHS England relating to Inpatient activity. See section 5.4 below.

The expected outcomes of the work includes:-

- Reduction in the numbers of children and young people admitted to In-patient settings;
- A reduction in the length of stay in In-patient settings;
- Increased child and young person satisfaction;

- Improved therapeutic outcomes;
- Reduction in the number of children and young people attending A&E with mental health issues;
- Improved support for the welfare and resilience of family/carers.

What outcomes have been delivered? –

- Better support for children & young people who need more intensive treatment.
- More timely urgent assessment of patients referred in to the service.

Evidence to support the delivery of the outcomes –

- Continuing low numbers of Rotherham inpatients.

The Main KPI associated with the work will be:-

- Reduction in average bed-days of children & young people admitted to an Inpatient bed.

5.2.6 All age 24/7 liaison mental health services in emergency departments (EDs) (Local Priority Scheme 15)
The funding for this scheme was non-recurrent in 2015/16 and was used to pump-prime the development of an 'All age 24/7 Liaison mental Health service' at TRFT.

As outlined in the "Five Year Forward View for Mental Health" policy document, it is the aim that by 2020/21, 50% of all acute hospitals will have an all-age mental health liaison service achieving Core 24 service standard (against a current position of only 7%).

A review was undertaken in May 2016 by NHS England, to understand how well prepared acute hospitals were in terms of meeting this objective and the conclusion was that further work needs to take place in Rotherham.

It was highlighted that joint work is ongoing to develop the service and implement plans to move towards a Core-24/ Enhanced/ Comprehensive Liaison service. Additionally, there are service specifications in place and under review and the CCG has indicated there are specific strategies/plans in place for Liaison Mental Health.

The review also noted that the survey undertaken covered all ages, although Core 24 was not written with Children & Young People (CYP) in mind, and is not applicable for CYP. Separate national guidance is still expected in relation to Liaison Mental Health services for CYP. Following this guidance, further actions will be identified.

A new Emergency Centre has opened at the acute trust in Rotherham and a new mental health emergency centre pathway is in place. Work is ongoing to expand the current service to 8am to 8pm and 7 days/week. Funding of £300k has been secured for 2018/19.

Linked to this is the specific funding for a Paediatric Liaison CAMHS post (Local Priority Scheme 14) which is continuing recurrently and is an integral part of the Intensive Community Support service and Crisis response.

5.2.7 Transition to Adult Services (Local Priority Scheme 18)

A transition service specification is still being developed and will link to the national CQUIN for 2017/18 and 2018/19 which covers transition from CAMHS to Adult Services. As at Quarter 1 of 2017/18 the following CQUIN milestones had been achieved by the provider:-

- Sending and Receiving Providers to jointly develop engagement plan across all local providers.
- Sending and Receiving Providers to map the current state of transition planning/level of need and to submit joint report on findings to commissioners.
- Sending and Receiving Providers to develop implementation plan to address identified needs and agree with approach with commissioners.

The expected outcome of this work will be:

- Improved experience of transition from Children's & Young People's services to Adult Services.

What outcomes have been delivered? –

- Children & Young People (C&YP) continue to leave the service in a planned way.

Evidence to support the delivery of the outcomes -

- The service continues to meet the target of 95% of patients who have completed treatment being discharged in a care planned way

The main KPI associated with the work will be:-

- 100% of children & young people in transition will have a transition plan in place.

In addition, discussions are continuing relating to a new support service around transition, to focus on those Children & Young people who still require support for their mental health, but will not transition to Adult Mental Health services. Recurrent funding of £20,000 from 2017/18 has been identified. An initial scoping exercise for a service produced an estimated cost of £75,000, so further discussions are ongoing to understand how the service can be developed in a different way. This includes assessing the potential contributions from current services, such as Early Help, Adult Mental Health services and social services.

5.2.8 Community Eating Disorder Service (CEDS) (Local Priority Scheme 17)

Rotherham Clinical Commissioning Group (RCCG) has continued to work in partnership with Doncaster CCG, North Lincolnshire CCG and RDaSH to develop and roll out the new Community Eating Disorder Service for those aged up to 19 years. This is based on a 'Hub & Spoke' model with a specialist eating disorder team who provide in-reach services to each of the local teams. This specialist team includes the following staff:

- Eating Disorder Specialist Nurse
- Eating Disorders Principal Clinical Psychologist
- Eating Disorders Family Therapist
- Eating Disorders Assistant Psychologist

- Eating Disorder Dietician

RDaSH is working with the South Yorkshire Eating Disorder Association (SYEDA - http://www.syeda.org.uk/) on this pathway which delivers evidence- based training and education sessions to professionals and children, young people, their families/carers and primary care across a range of community settings to raise awareness and sign post people to appropriate services. They can also deliver an in-reach service to provide guidance and advice to relevant workers across Rotherham.

The three CCGs have agreed to run this new Community Eating Disorder as a pilot until March 2018 and an external evaluation of the service is underway.

A service specification has been developed for the Community Eating Disorder Service along with a monthly performance dashboard which reports at both at a footprint and local level to enable the CCGs to compare service delivery in each of their areas. Current reporting demonstrates that the service is meeting the required KPIs and activity is in line with anticipated levels.

Additional funding to establish this new community eating disorder service was received by the CCG from NHS England in 2015/16 and has continued since then and is now part of the CCG funding baseline.

The expected outcomes of this work will be:

- A specialist Eating Disorder pathway for children & young people in Rotherham, which reduces the number of patients accessing specialist Eating Disorder inpatient facilities.
- A service which works pro-actively with children & young people provide prevention and early intervention work to reduce the numbers developing eating disorders.

What outcomes have been delivered? –

- Children & Young People in Rotherham are benefitting from a 'Hub & Spoke' community Eating Disorder service which meets NICE guidelines.

Evidence to support the delivery of the outcomes -

- Community Eating Disorder service in place.
- As at October 2017, no Rotherham patients in specialist Eating Disorder Inpatient Facilities.

The main KPIs associated with the work will be:-

- Emergency cases seen within 24 hrs. from first contact with designated professional (target - 95%)
- Urgent cases to be seen within 5 working days from first contact with designated professional (target - 95%)
- Non-urgent cases to be seen within 4 weeks from first contact with designated professional (target - 95%)

All the above KPIs are being met as at August 2017 reporting.

5.3 Caring for the most vulnerable

Work has already been undertaken in the areas outlined below. Additional specific work is planned relating to Children & Young people in the Criminal Justice system (to supplement the general work being undertaken as outlined in section 4.5.4 below) and scoping out a 'Trauma Pathway'. This will encompass children and young people (and adults) affected by CSE, other abuse and traumatic events such as the Manchester Arena Bombing.. These are reflected in the LTP Action Plan.

5.3.1 Looked After Children (LAC) (Local Priority Scheme 8)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16.

There are excellent relationships between RDaSH CAMHS and the RMBC Looked After and Adopted Children Therapeutic Team (LAACTT), with RDaSH providing enhanced support to LAC as required. The LAACTT or 'Therapeutic Team' was established in 2007, and provides specialist training, consultancy and therapeutic intervention for looked after and adopted children and those involved in their care. The Team comprises a clinical psychologist lead and four therapeutic intervention workers, who can provide attachment focused interventions.

Interventions are delivered using the consultation model working with professionals, social workers for children in care & fostering social workers, carers, schools, and adoptive families. Using a tiered model, direct work can be delivered following consultation, this includes selecting from a range of therapies; primarily working within a 'dyadic model', which means that the carer and child generally attend interventions together, which promote attachments and enables the child to be involved in an intervention from a 'safe base'. Therapeutic models include theraplay, trauma work, narrative therapy, art therapy, and dyadic developmental psychotherapy practices, (DDP, Dan Hughes' model).

From November of 2016, the CCG worked with RDaSH CAMHS and RMBC to undertake a pilot with the specific aim of prioritising (as urgent) the referral of LAC into the CAMHS service. This coincided with much closer working between the CAMHS service and LAACTT regarding the management of patients accessing or moving between the two services. Whilst the pilot identified that there are very small numbers of LAC accessing the CAMHS service (18 referrals between November 2016 & March 2017) and most of these were known to the LAACTT, it has been decided to continue to prioritise as urgent the referrals of LAC into the CAMHS service, recognising that they are a particularly vulnerable group of patients.

The CCG also has a responsibility for supporting LAC placed outside of Rotherham who need to access the local CAMHS service and from 2017/18 has identified recurrent funding of £10k to support this. A protocol has been developed to support this process.

What outcomes have been delivered? –

- LAC are receiving appropriate care from the appropriate organisation.

Evidence to support the delivery of the outcomes –

- Close working between the RMBC LAACTT and RDaSH CAMHS.

5.3.2 Hard to reach groups (Local Priority Scheme 7)

The funding for this scheme was non-recurrent for 2015/16 so will not continue in 2016/17. All required actions were completed in 2015/16. Hard to reach groups are continuing to be targeted through the new CAMHS locality working model and identified through the new CAMHS SPA/Early Help Triage service.

5.3.3 Child Sexual Exploitation (CSE) (Local Priority Scheme 10)

On 26th August 2014 Professor Alexis Jay published an Independent Inquiry into Child Sexual Exploitation in Rotherham. The report, commissioned by Rotherham Metropolitan Borough Council (RMBC) as a review of its own practices, concluded that over 1400 children had been sexually exploited in Rotherham between 1997 and 2013.

In 2015, the 'Report of Inspection of Rotherham Metropolitan Borough Council' by Louise Casey CB revealed past and present failures to accept, understand and combat the issue of Child Sexual Exploitation (CSE), resulting in a lack of support for victims and insufficient action against known perpetrators.

Following these reports, the CCG invested in services to support people who had been affected by CSE and further strengthened this investment in the original CAMHS LTP. Funding has been directed at both Children's and Adult services.

Working with children and adults who have been affected by CSE remains a high priority for Rotherham CCG and a CSE pathway is now part of the newly reorganised CAMHS service. The service not only directly supports the victims of CSE but also staff in other services who deal with these victims. It also works directly with the voluntary sector in Rotherham, working with organisations such as GROW and Rotherham RISE.

The CAMHS pathway supports one full time Psychotherapist (2days CAMHS, 2 days Adult mental health and one day to support the voluntary sector through consultation and liaison) providing leadership, consultation and a range of clinical of interventions. A part time CAMHS practitioner is also employed to undertake consultation and clinical interventions within CAMHS. The psychotherapist supports an NHS funded full time trainee child psychotherapist employed for a fixed term until July 2020 who works across the CAMHS service.

A recent audit of 60 cases coming into CAMHS and seen under the CSE pathway for either direct work or consultation (sample period September-December 2016) revealed a number of emerging themes:

- 7% were male and 93% female.
- The age range was between 10-18yrs and the most prevalent age was 15-17yrs.
- Only 15 % were identified as victims of CSE at referral.
- Only 28% were identified as 'at risk or vulnerable to CSE' at referral.
- Total identified as 'affected by CSE' at referral was 43%.
- Evolve (CSE social care team) referred 28% or (17 children).

The pathway is also seeing the emergence of a group of children who have been referred for help and who it emerges have parents who have been historical victims of CSE.

Other work in this area includes an Intensive infant mental health course which was set up with funds from the Department of Health 'Tackling sexual abuse project' which was awarded to Rotherham in 2016/17. The course was aimed at skilling up the workforce to be more confident in working with survivors of CSE who had babies and young

children. The participants were drawn from the voluntary sector projects, social care, adult mental health, early help and health visiting. The multi-agency approach has contributed to building a community of practitioners confident in working in this area. One participant used the course as a foundation for successfully applying for the post of perinatal nurse within RDASH.

A 'Listening into Action' group also worked between November 2016 and July 2017 and specifically looked at child CSE victims, and how they potentially traverse the transition between child and adult and services. The group was able to reduce the waiting times between services from months to weeks and fostered better relationships between the two services.

Finally, a CSE Study afternoon will take place in October 2017 and a national speaker has been invited to present her work with mothers who have experienced sexual violence and their babies. This is a multi-agency conference and addresses the transmission of trauma and what can be done to help.

Expected outcomes;

- A holistic and joined up approach to address the mental health needs of people affected by CSE and a trained and supported workforce.

What outcomes have been delivered? –

- Patients affected by CSE receive direct support from a dedicated pathway.
- Staff from other agencies who deal with patients affected by CSE feel more able to deal directly with these patients.

Evidence to support the delivery of the outcomes –

- Numbers of contacts and consultations by the pathway (from April to August 2017) –
    - 12 referrals to the service – triaged in 24 hours
    - 138 follow-up appointments
    - 95 CAMHS consultations & 36 Adult consultations.

The main KPIs associated with the work will be:-

- Children & Young people who are believed to have been affected by CSE will be triaged for urgency within 24 hours.
- If the referral is deemed to be urgent, then the Child or Young Person will be seen within 24 hours.

As at August 2017 monitoring, these KPIs are being met.

The CAMHS CSE pathway also interfaces with the service being provided by Barnardo's which benefits from £3.1 million of funding. This is a discrete service which works across South Yorkshire. The Barnardo's service will be delivered by a team of 15 specialist workers up to 2018.

5.3.4 Patients referred from the Sheffield Sexual Abuse Referral Centre (SARC).

From the SARC, patients can be referred to the Paediatrician Child Health at The Rotherham Foundation Trust (TRFT) and the Rotherham CAMHS service. The SARC service also refers to the Independent Sexual Violence Advocacy (ISVA) service and the Rotherham Abuse Counselling Service (RACS), which take patients from 13 years.

5.3.5 Multi-Agency Safeguarding Hub (MASH)

Agencies in Rotherham have established a MASH which brings together all relevant agencies in Rotherham to ensure that any safeguarding issues are responded to in a multi-agency manner. The CCG has recurrently funded two staff to be based in the MASH, including a Band 8a Senior Manager. In addition the CCG now commissions RDaSH to have an ongoing presence in the MASH.

5.3.6 Children & Young People Bereaved by Sudden Traumatic Death

A care pathway has been developed (October 2017) for children & young people bereaved by sudden traumatic death. This outlines the role of various agencies including voluntary and statutory and ultimately involves CAMHS in cases where increased levels of anxiety and/or an inability to regulate emotions are present. This would result in CAMHS offering the child/young person an appointment within 24 hours.

5.3.7 Changes to the use of police custody suites

Rotherham CCG has worked collaboratively with other CCGs in South Yorkshire and with South Yorkshire Police to ensure that provision is made for Children & Young People who would previously have been detained on custody suites. The current practice is that Children under 16 years will be taken to the Rotherham Hospital, and 16 and 17 year olds will be taken to the 136 suite at Swallownest Court.

5.3.8 General improved access to mental health services (for C&YP with a diagnosable MH condition)

The CCG has invested significant extra funding in increasing the capacity of the CAMHS service in Rotherham, through a general funding increase and specific local priority schemes as outlined above.

It is recognised that future investment will also need to be made in CAMHS capacity in future, in order to meet the aims of improved access by 2020/21 as outlined in 'Future in Mind'.

See 5.5.3 below for details of plans in 2017/18 to continue to increase and develop the workforce in Rotherham.

5.3.9 Learning Disability/Developmental Disorders

As detailed in Section 4 above, the local CAMHS service has undergone significant reconfiguration and there are now dedicated Learning Disability and Developmental Disorder pathways (ASD & ADHD).

The CAMHS LD service works closely with the Adult LD service and there are regular meetings to discuss patients transitioning between the 2 services.

See section 3.3.2 above for details of Priority Scheme 22 relating to Care Education and Treatment Reviews (CETRs).

5.4 To be accountable and transparent

5.4.1 Co-Commissioning of Children's' Services in Rotherham

A Joint Commissioning Strategy has been developed which sets out the agreed joint and integrated approach for the commissioning of services for children and young people between RCCG and RMBC. It is intended to inform children, young people, families, partners, stakeholder's and communities about children's commissioning and to set out the intentions for 2015-17 based on demographics, the Joint Strategic Needs Assessment and what the parties have learnt from all stakeholders.

The Strategy describes the way RCCG and RMBC will work with all key partners to co-produce joint commissioning as a means of delivering the strategic vision of the Children and Young People's Partnership in Rotherham. This will include, for example, potentially pooling budgets, aligning service specifications and combining performance frameworks.

The two organisations work very closely already on the current commissioning of CAMHS services and RMBC is an associate to the mental health contract between RCCG and RDaSH and contributes £140k. The two parties are also finalising a Section 75 agreement, which will further strengthen the commissioning links between the two organisations, particularly in relation to the services provided to Looked After Children. This will take effect from 1st November, 2017.

5.4.2 How the CAMHS LTP links with the Health & Wellbeing Strategy.

The Rotherham Health &Wellbeing Strategy sets the strategic direction in Rotherham. In respect of Children & Young people, this includes the following strategic aims:-

- All children get the best start in life.
- Children and Young people achieve their potential and have a healthy adolescence and early adulthood.

This is currently being refreshed and will be aligned with the integrated Health & Social Care Place Plan, and include specific reference to the implementation of the CAMHS Local Transformation Plan.

5.4.3 Collaborative Working with NHS England

Both NHS England Specialised Commissioning Team and NHS England 'Health & Justice' have contributed to the development of the Local Transformation Plan as detailed below.

5.4.4 NHS England Specialised Commissioning Team

Mental Health Specialised Commissioning Team

The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support, the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS

England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should "consume its own smoke". As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

NHS England Specialised Commissioning is a member of the CAMHS Strategy & Partnership Group.

Inpatient activity for Rotherham patients since 2012/13 is detailed below:-

Year	2012/13	2013/14	2014/15	2015/16	2016/17
Total Inpatients	45	23	22	22	13
Admissions	42	20	18	15	8
Occupied Bed Days	2,768	2,113	2,015	2014	623

Regarding the admission gateway processes for Children & Young People with learning difficulties and/or challenging behaviour, RCCG continues to work with NHS England to ensure that this process is working. This relates to the use of a care & treatment review (CTR). See section 5.3.6 above.

Rotherham CCG, along with other CCGs in South Yorkshire is in a continuing dialogue with NHSE Mental Health Specialised Commissioning Team regarding the commissioning of the Amber Lodge facility in Sheffield. This facility supports children in primary schools with more severe behavioural issues with either an outreach or day care service. A service specification has been finalised and funding for this service will in future be channelled through the South Yorkshire CCGs who will directly commission the service. It is expected that there will be more equitable access to the service across South Yorkshire with the change in commissioning.

5.4.5 NHS England 'Health & Justice'

The Health and Justice Children and Young People's Mental Health Transformation Work stream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Welfare children and young people who are being looked after.
- Being seen by Liaison and Diversion services

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice Commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.

5.5 Developing the workforce

5.5.1 Specific investment in Workforce Development and Development of Skills for Parents/Carers and Young People. (Local Priority Scheme 6)

An initial Workforce Development survey was undertaken and informed an outline Workforce Development Framework. This is being updated, which will help to provide clarity on training requirements at designated levels across a wide range of staff and organisations.

In addition, specific work has been undertaken at a Yorkshire & Humberside level to develop 'A Social Emotional Mental Health Competency Framework for Staff Working in Education'. This includes both a competency & self-assessment tool and a training directory and was published in September 2017. This will be piloted over the next year, with the objective of being rolled out at a later stage.

What outcomes have been delivered? –

- None so far as the work is still in progress.

Evidence to support the delivery of the outcomes –

- None so far.

5.5.2 Evidence based practice and Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Rotherham has participated in the CYP IAPT initiative since October 2012 and **Local Priority Scheme 16** encompasses the specific training which is being undertaken by staff in Rotherham.

The CCG has a Memorandum of Understanding (MOU) with NHS England which covers the cost of the training and backfill for staff undertaking training through CYPIAPT. In the past NHS England has provided the full backfill costs to CCGs, but this is not the case for 2016/17 and future years. This will be a cost pressure for the CCG in future years and is being considered as a potential use of new funds in future years.

The CCG also started a local CQUIN in 2016/17 which supported the roll-out of Outcome monitoring in the CAMHS service. Whilst the CQUIN has now finished, the work is continuing and is monitored through the monthly CAMHS Service Development & Improvements meetings.

RDaSH is also reporting its progress against the actions in 'Delivering with and delivering well' at the quarterly CAMHS Strategy & Partnership Group meetings.

For wave 7, the CAMHS service is including the following training :-

- 1 x Cognitive Behaviour Therapist
- 1 x Systemic Family Practitioner Therapist
- 2 x Service Leadership
- 1 x Enhanced Evidence Based Practice

What outcomes have been delivered? –

- Staff are benefiting from improved training and an increased enthusiasm as a result of the new PWP roles.

Evidence to support the delivery of the outcomes -

- Better staff morale.

5.5.3 Joint Agency Workforce plans

Through the extra funding made available to RDaSH CAMHS over the last few years, the workforce has been increased and strengthened. The CCG is also actively working with partner agencies and is planning to prepare a Joint Agency Workforce plan.

Once completed, this will outline in more detail the expectations for additional staff to 2020/21.

In preparation for this, a scoping exercise has started (in October, 2017) to gain an understanding the mental health/ emotional wellbeing training that is being provided in Rotherham, who it is targeting and the learning outcomes.

A number of initiatives are also promoting the development of the workforce in Rotherham:-

- CAMHS Locality workers are interfacing with schools & colleges to improve the understanding of mental health issues in those environments by education staff.
- The CAMHS CSE pathway is actively working with staff in universal health & social services to better deal with patients who have been affected by CSE.
- The CCG is supporting the CYPIAT initiative as detailed in 5.5.2.
- Funding from 2015/16 enabled a number of training courses to be delivered, including Mental Health First Aid (MHFA) and new staff in Rotherham are now able to deliver these courses.

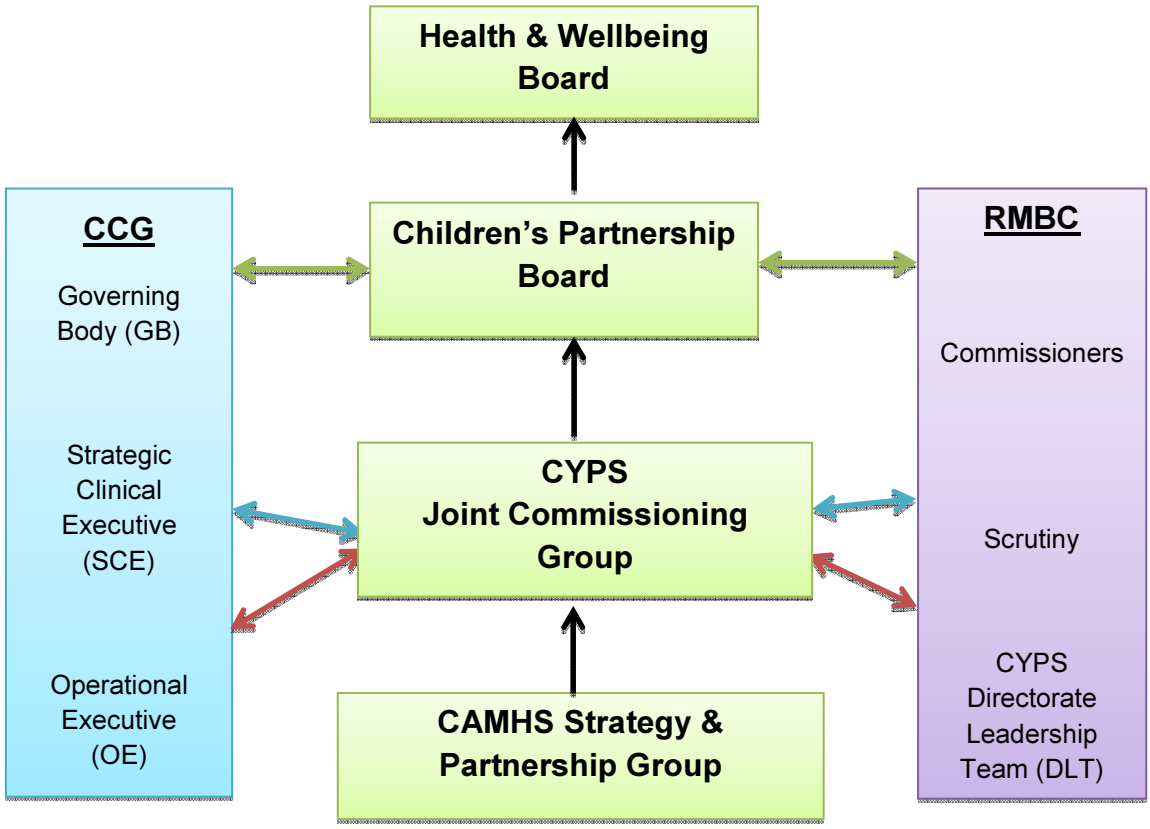
Section 6 - Governance and next steps.

6.1 Local sign-off of the Transformation Plan

This refresh of the Rotherham Local Transformation Plan has been signed off by the Chair and Deputy Chair of the Rotherham Health & Wellbeing Board, who are respectively:-

David Roche - Chair of the Rotherham Health & Wellbeing Board and RMBC Councillor
Richard Cullen - Vice chair of the Rotherham Health & Wellbeing Board and Chair of Rotherham CCG.

The following shows the governance arrangements:-



Implementation of the plan continues to be taken forward through monitoring of the action plan by the CAMHS Strategy & Partnership Group.

A new body was established in September, 2015 – The Rotherham Partnership – which the Health & Wellbeing Board now reports to.

6.2 Equality & Diversity

The Equality Act 2010 unifies and extends previous equality legislation. Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

The Protected characteristics within the Equality Act 2010 are:

- Age
- Disability
- Sex
- Sexual Orientation
- Race
- Gender reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Religion & Belief

This Transformation Plan specifically meets these requirements through work in the areas of Family Peer Support Service (Section 5.1.3), Looked After Children (Section 5.3.1) and Child Sexual Exploitation (Section 5.3.3). In addition, work to engage with Children & Young People and their families and improve access to services through the SPA and Crisis response will ensure equality of access and good relations.

Going forward, Equality Impact Assessments (EIA) must be undertaken for all the development areas.

6.3 Ongoing monitoring of the Transformation Plan

The Rotherham CAMHS Local Transformation Plan 'Action Plan' continues to be the main mechanism through which the LTP is monitored. This is updated on a regular basis and discussed at the quarterly CAMHS Strategy & Partnership group meetings. Appendix 2 contains a list of the key areas of the 'Action Plan'.

6.3.1 Risks around delivery of the Transformation Plan

The main concern initially with the deliverability of the LTP was the ability of the CAMHS service to recruit the required staff to complete the reconfiguration. This was not a significant issue in practice and the reconfiguration has been successful.

Other issues relate to the volume of work that the LTP has involved and the large number of initiatives that were initially developed. Whilst some priority schemes have been delayed, most are on track and indeed now well established, such as the Autism post diagnosis support service and the Family Peer Support Service. It is

acknowledged that there are some specific delays in taking forward the workforce aspects of the LTP and also outlining the expected position in 2020 in respect of activity/access and workforce numbers. This work will be given extra focus in quarter 3 and 4 of 2017/18.

It will also be an ongoing challenge for the CCG to continue to increase the funding in the CAMHS area, whilst still maintaining financial stability. The extra CAMHS funding is often achieved by cost savings in other areas.

6.4 Publishing of the Plans and declaration

The original LTP was published on the websites of key stakeholders including:-

- RCCG
- RMBC
- RDaSH
- The Rotherham Foundation Trust (TRFT)
- Healthwatch

This refresh, and future updates, will also be published in the same way.

Section 7 - Summary and Conclusion

In preparing this re-fresh of the Rotherham CAMHS Local Transformation plan, it was felt important to update on all the local priority schemes which made up the original LTP and outline how these have developed and been added to. Much work is still ongoing and there are robust processes in place – through the LTP Action Plan and quarterly CAMHS Strategy & Partnership group meetings – to continue to drive through the developments and ensure that the aspirations outlined in 'Future in Mind' remain on track.

There is still much to do, including developing a clear picture of what the future will look like, but it is clear that CAMHS services in Rotherham will be more robust, better able to meet the demands of the patients and their families and more focussed on real prevention. Agencies are working much closer together and providing much more 'joined-up' support to Children & Young people and their families. This is clearly evidenced in the ASD Post diagnosis service, which works very closely with the Rotherham Parent Carers Forum, CAMHS and the Autism Communication Team in the joint delivery of support to the patients and their families.

It is encouraging that there continue to be very low numbers of Rotherham children accessing inpatient hospital services and the roll out of CETRs will only help to further strengthen that position. The NHS England reconfiguration of inpatient facilities will also help to ensure that where patients need inpatient services; these will be as locally based as possible. The primary aim will be to get children & young people back into the community and to their families.

The Family peer support service has provided encouragement and support to families and is empowering them to support not just themselves but other families by volunteering to be part of the service delivery themselves.

Work continues to target the most vulnerable children & young people, whether that is where they have been affected by abuse, such as CSE or they struggle to cope with situations which for other people don't present any challenges, through developmental difficulties such as ASD and ADHD or learning difficulties..

As has already been emphasised, and was a key point in the original LTP, this is a 'live' document which will continue to evolve to ensure that the aspirations of 'Future In Mind' are met.

David Roche,
Chair of the Rotherham Health & Wellbeing Board

Signed…… Date……..

Dr Richard Cullen,
Vice Chair of the Rotherham Health & Wellbeing Board and Chair of the NHS Rotherham CCG Governing Body.

Signed…… Date……..

See below embedded document with scan of the above signatures.

Scan of Signatures
at 18th October, 201

Appendix 1

Summary information relating to activity, funding and staffing of Emotional Wellbeing and Mental Health Services in Rotherham

See separate Excel sheet.

Note: The CCG has identified a number of non-NHS agencies who are providing services to children, young people and their families but who are not currently providing this data to the Mental Health Service Dataset. (MHSDS). These are specifically:-

- The Rotherham Parent Carers Forum
- The Autism Family Support Team
- The South Yorkshire Eating Disorders Association
- The RMBC Looked After and Adopted Children's Therapeutic Team
- Voluntary Action Rotherham

These are examples of services which have been funded through the LTP monies and increased their activity with children young people and their families but which activity is not reflected in current reported activity. Being able to reflect this activity in future will help to outline progress to the year 2020.

Appendix 2

Summary of key Rotherham CAMHS development initiatives from the Local Transformation Plan 'Action Plan'. .

General Area, incl. ref. no.	Specific initiative	Timescale
Promoting Resilience, prevention & early intervention		
1.1 Perinatal Mental Health Pathway	Perinatal Task and Finish Group established (partnership group)	15/16
	Review current pathway	15/16
	Revise pathway following guidance	16/17
1.6 Family Peer Support Service	Implement Service	15/16
	Evaluate/refine service	16/17
	Further develop the service	17/18
2. Whole school approach	Roll out SEMH initiative	15/16
	Enhanced mental health support to schools	16/17
	Further roll-out of the 'Whole School' approach	17/18 & ongoing
5. CAMHS Website	Further development	Ongoing
5b. Self-help	Youth Cabinet 'Self-help' conference	15/16
	Develop self-help techniques	16/17 & 17/18
Improving access to effective support		
6. New CAMHS model, e.g. 'Thrive'	Scope out new model	17/18
	Develop & roll out new model	17/18 & 18/19
7. Single Point of Access	Develop RDaSH SPA	16/17 & 17/18
7.5 One Stop Shop	Scope out one stop shops	17/18 & 18/19
8. Improving Communications & referrals	Implement Locality worker model	15/16
	Develop Family & patient based post diagnostic ASD support	16/17
	Named mental health leads in schools	16/17
	Scope out links between CAHMS & LD	16/17
	Appraise SEND roll-out	15/16
	Extend current peer support schemes	16/17 & 17/18
12. Crisis Care Concordat	Implement 'All Ages' Crisis Service	17/18 & 18/19
13. Intensive Community Support Service	Develop Intensive Community Support service	15/16
	Evaluate new service against inpatient activity	16/17
	Investigate 'place of safety' options.	16/17 & 17/18
15. Transition	Scoping exercise around transition	15/16
	Implement CAMHS Transition specification for both mental health and Learning Disabilities	16/17 & 17/18
	Develop & evaluate 'Ageless' service	17/18 & 18/19
17. Access & waiting time standards	Implement 18 weeks RTT reporting based on treatment	15/16
Caring for the most vulnerable		
20. Discharges from services	Audit the current DNA policy	Ongoing
24. Services for those sexually abused or exploited	Enhance CSE support	15/16
26. Co-ordination of services	Assess lead professional approach	15/16
28. Looked after and adopted children	Looked After and Adopted team in place	Ongoing
29. Children excluded from Society	Mental Health Locality workers embedded in the Early Help and other local teams.	15/16

To be accountable and transparent		
30. Lead commissioner arrangements	Continue co-commissioning discussions between RCCG and RMBC	15/16, 16/17 & 17/18
31. Health & Wellbeing Board & JSNA assessments	Ensure up to date information & into the future	Ongoing
32. Co-commissioning of services	Develop Co-commissioning of community & Inpatient services to ensure smooth care pathways	16/17 & 17/18
33. NICE Quality Standards	Ensure that Providers take account of relevant NICE guidance	15/16
35. Mental Health Minimum Data Set	Ensure RDaSH implement in line with guidance and other providers as appropriate	15/16, 16/17, 17/18 & 18/19
37. Access/Waiting Times/Outcomes	Implement waiting times standard for Early Intervention in Psychosis	16/17
Developing the workforce		
40. Training needs	Formulate Workforce development strategy	15/16, 16/17 & 17/18
43. Children & Young Peoples IAPT	Continue local involvement	Ongoing
46. Engagement of Children, Young People & families in service development	Scope out engagement	15/16
	Implement & assess the new engagement strategy	16/17, 17/18 & 18/19
47. Eating Disorder Community Service	Improve the access & waiting times for young people with an Eating Disorder	16/17 & 17/18

CYP Emotional Health Baseline Data Collection

Introduction & Instructions

Yorkshire and the Humber Clinical Networks

This template for recording emotional health services activity, workforce and investment builds on the template used in Y&H last year. The main difference is that a distinction is made between 'core' and 'allied' activity in the tables, as well as allowing a comparison between 14/15 and 15/16. The tables allow more discretion for individual services to subdivide services, or not to do so - within the overall divisions set out in the tables.

'*Core services*' are defined as those services with a sole or predominant 'emotional health/ mental health' focus. '*Allied services*' are those services that make a contribution to the emotional health of children and young people, but are not exclusively provided/commissioned for this purpose. Some services, particularly in the third sector, may be funded to provide both core and allied services, and proportions of such services can therefore be allocated to both broad categories.

It is expected that the 'core columns' are completed. *It is at the discretion of individual areas as to whether they wish to complete the 'allied' columns.*

If you are unable to provide information please define whether it is either 'Not Known' or 'Not Applicable'.

The information provided will form part of what areas are expected to make publically available via other means. The overall intention of these tables is fourfold:

- To be transparent as the level of activity, workforce and investment in emotional health services in a CAMHS Partnership area, across all providers and commissioners.
- To demonstrate the changes in activity, workforce and investment levels over time.
- To provide some baseline data to enable areas to estimate changes in activity over time, as required for national reporting. (It is important to note that much activity, (e.g. at school level) cannot currently be collated, and that therefore overall increases will need to be estimated.)
- To highlight areas of service that are being provided, but where no data is available. (e.g. services based in schools). This inhibits the ability of the lead commissioner to plan services across the whole spectrum.

The core services are as follows:

'Emotional health' focused staff located in schools/clusters
Looked After Children CAMHS services
Multi Systemic Therapy Services
Early intervention emotional health focused service
Headstart projects
Youth Counselling Services
Public Health activities with an EH focus
NHS based CAMHS teams
Intensive home treatment CAMHS services
Projects working to address emotional impact of abuse
Specialist CAMHS services with specific remits - forensic, LD, ADHD, YOT etc
Third sector Services, or sections of services, with an explicit emotional health remit
Projects ascertaining YPs views as to local emotional health services
Any other service with an exclusive emotional/mental health remit

Allied services are as follows:

(These descriptions are drawn from are baseline statements in 14/15)

School Based Services

School based staff with overall pastoral and learning responsibilities (e.g. learning mentors, SENCOs)

Local Authority and Third Sector Based Services

Health visiting service
Children's Centres
Early Help and Safeguarding Support
Early Help Hubs
Generic family support services
Parenting support projects
Youth Support Services
Educational psychologists
Special Education Needs Assessment and Review Team
Behaviour support teams
Inclusion Teams
SEMH provision
Inclusion teams (Autism)
Complex medical needs and education team
Designated Looked After Children nurse
Leaving Care Services
Generic looked after children's teams
Overall YOT services
Young People's Drug services
School Nursing Service
Public Health activities focus on children generally.
Healthy Schools Projects
Teenage pregnancy projects
'Homestart' type third sector services
Young carer's schemes
Services with an overall remit to support young people
Services addressing abuse, trauma etc

Activity Tables

Name of Area: Rotherham CCG

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES							ALLIED SERVICES						
	No. Refs. 15/16	No. Refs. 16/17	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	Active Cases 31/3/16	Active Cases 31/3/17		No. Refs. 15/16	No. Refs. 16/17	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	Active Cases 31/3/16	Active Cases 31/3/17
School Based Services	[Use/insert as many rows as necessary]						**School Based Services**	[Use/insert as many rows as necessary]					
RMBC	NK	NK	NK	NK	NK	NK	[Insert Service name]						
LAC (Virtual School)	NK	NK	NK	NK	NK	NK	[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
Sub-Total	0	0	0	0	0	0	Sub-Total	0	0	0	0	0	0
LA Based Services	[Use/insert as many rows as necessary]						**LA Based Services**	[Use/insert as many rows as necessary]					
LAACTT	511	403	479	360	208	NK	[Insert Service name]						
Early Help Counselling	478	NK	464	NK	123	NK	[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
Sub-Total	989	403	943	360	331	0	Sub-Total	0	0	0	0	0	0
Third Sector Based Services	[Use/insert as many rows as necessary]						**Third Sector Based Services**	[Use/insert as many rows as necessary]					
MIND	NK	NK	NK	NK	NK	NK	[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
[Insert Service name]							[Insert Service name]						
Sub-Total	0	0	0	0	0	0	Sub-Total	0	0	0	0	0	0
NHS Based Services	[Use/insert as many rows as necessary]						**NHS Based Services**	[Use/insert as many rows as necessary]					
RDaSH CAMHS	1841	1918	1033	937	761	NK	[Insert Service name]						
Eating Disorder RDaSH CAMHS	NK	34	20	34	15	22	[Insert Service name]						
LD Pathway	43	42	43	36	91	81	[Insert Service name]						
ASD Diagnostic	162	105	88	78	NK	NK	[Insert Service name]						
ADHD Pathway	NK	NK	NK	NK	NK	NK	[Insert Service name]						
[Insert Service name]							[Insert Service name]						
Sub-Total	2046	2099	1184	1085	867	103	Sub-Total	0	0	0	0	0	0
Total	3035	2502	2127	1445	1198	103	Total	0	0	0	0	0	0

Workforce Tables

Name of Area: Rotherham CCG

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES			**ALLIED SERVICES**		
	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17		Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17
School Based Services	[Use/insert as many rows as necessary]		**School Based Services**	[Use/insert as many rows as necessary]	
RMBC	NK	NK	[Insert Service name]		
LAC (Virtual School)	NK	NK	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	0	0	Sub-Total	0	0
LA Based Services	[Use/insert as many rows as necessary]		**LA Based Services**	[Use/insert as many rows as necessary]	
LAACTT	5	5	[Insert Service name]		
Early Intervention Emotional service	2.4	NK	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	7.4	5	Sub-Total	0	0
Third Sector Based Services	[Use/insert as many rows as necessary]		**Third Sector Based Services**	[Use/insert as many rows as necessary]	
MIND	NK	NK	[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
[Insert Service name]			[Insert Service name]		
Sub-Total	0	0	Sub-Total	0	0
NHS Based Services	[Use/insert as many rows as necessary]		**NHS Based Services**	[Use/insert as many rows as necessary]	
RDaSH CAMHS	NK	NK	[Insert Service name]		
Eating Disorder RDaSH CAMHS	NK	NK	[Insert Service name]		
LD Pathway	NK	NK	[Insert Service name]		
ASD Diagnostic	NK	NK	[Insert Service name]		
ADHD Pathway	NK	NK	[Insert Service name]		
[Insert Service name]	NK	NK	[Insert Service name]		
Sub-Total	0	0	Sub-Total	0	0
Total	7.4	5	Total	0	0

Investment Tables

Name of Area: **Rotherham CCG**

Only include any investment in the most appropriate category. Do not include any service twice.
If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES - 2015/16							
Service type	LA Funded 15/16	LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other Funding Source 15/16	Other Funding Source 16/17	Specify Funding Source(s)
School Based Early Intervention Services [Use/insert as many rows as necessary]							
MIND	0	0					
Schools			80000	0	156192	NK	Education
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	0	0	80000	0	156192	0	
Early Intervention Services - Other Bases [Use/insert as many rows as necessary]							
RMBC	143989	130241	31738				
Patient Engagement			5000				
Family Support Service			32000	70000			
C&YP Advocacy Service			5000	20000			
[Insert Service name]							
[Insert Service name]							
Sub-Total	143989	130241	73738	90000	0	0	
Services Targeted at Specific Vulnerable Groups [Use/insert as many rows as necessary]							
LAACTT	438848	443024	50000	10000			
ASD Post diagnosis support			60500	54000			
Hard to Reach Groups			21317				
CSE Training			14646				
[Insert Service name]							
[Insert Service name]							
Sub-Total	438848	443024	146463	64000	0	0	
Specialist CAMH Services [Use/insert as many rows as necessary]							
RDaSH	139000	139000	2568105	2752560			
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	139000	139000	2568105	2752560	0	0	
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]				NHS E funding for 14/15 to be supplied by NHS E and entered here	NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS England
Total	721837	712265	2868306	2906560	#VALUE!	#VALUE!	

ALLIED SERVICES - 2015/16							
Service Type	LA Funded 15/16	LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other Funding Source 15/16	Other Funding Source 16/17	Specify Funding Source(s)
School Based Early Intervention Services [Use/insert as many rows as necessary]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	0	0	0	0	0	0	
Early Intervention Services - Other Bases [Use/insert as many rows as necessary]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	0	0	0	0	0	0	
Services Targeted at Specific Vulnerable Groups [Use/insert as many rows as necessary]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	0	0	0	0	0	0	
Specialist CAMH Services [Use/insert as many rows as necessary]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
[Insert Service name]							
Sub-Total	0	0	0	0	0	0	
Total	0	0	0	0	0	0	

Comments
CCG funded work around whole school approach
Rotherham Parents Forum
Healthwatch Rotherham
2014/15 figure revised by RMBC
ASD diagnosed C&YP
LGBT
C&YP affected by CSE
[Insert type of vulnerable group]
[Insert type of vulnerable group]

Comments
[Insert type of vulnerable group]
[Insert type of vulnerable group]
[Insert type of vulnerable group]
[Insert type of vulnerable group]
[Insert type of vulnerable group]
[Insert type of vulnerable group]