

HEALTH AND WELLBEING BOARD

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

Date: Wednesday, 20th March, 2019

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 Chair 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 held on 30th January, 2019 (Pages 1 - 12)

For Discussion

7. Local Authority Declaration on Healthy Weight (Pages 13 - 18)
Kate Green, Public Health Specialist
8. Voice of the Child Lifestyle Survey 2019 (Pages 19 - 84)
Bev Pepperdine, Commissioning, Performance and Quality
9. NHS Long Term Plan
Chair/All (verbal discussion only)
10. Health and Wellbeing Strategy Aim 4 (Pages 85 - 95)
Steve Chapman, District Commander
11. Harmful Gambling (Pages 96 - 98)
Glennis Leathwood, Financial Inclusion Co-ordinator

12. Health and Wellbeing Strategy Performance Framework (Pages 99 - 103)
Becky Woolley, Policy and Partnerships Officer
13. Health and Wellbeing Board - Updated Terms of Reference (Pages 104 - 109)
Becky Woolley, Policy and Partnerships Officer

For Information

14. CQC Inspection of Rotherham Hospital (Pages 110 - 131)
15. Minutes of the meetings of the Rotherham ICP Place Board held on 12th December, 2018 and 6th February, 2019 (Pages 132 - 140)
16. Draft Minutes of the Health Select Commission held on 28th February, 2019 (Pages 141 - 156)
17. Date and time of future meetings

2019/2020:-

Wednesday, 29th May, 2019
10th July
18th September
20th November
22nd January, 2020
11th March

2020/2021:-

Wednesday, 10th June, 2020
16th September
11th November
13th January, 2021
10th March

HEALTH AND WELLBEING BOARD
30th January, 2019

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Steve Chapman	District Commander, South Yorkshire Police
Chris Edwards	Chief Operating Officer, Rotherham CCG
Shafiq Hussain	VAR (representing Janet Wheatley)
Sharon Kemp	Chief Executive, RMBC
Jenny Lingrell	Assistant Director, Commissioning, Performance and Inclusion (representing Jon Stonehouse)
Kath Malecki-Kathell	Assistant Chief Nurse, TRFT (representing Louise Barnett)
Kathryn Singh	RDaSH
Jacqui Wiltschinsky	Public Health

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Paul Woodcock	Acting Strategic Director, Regeneration and Environment Services
Becky Woolley	Policy and Partnerships Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Report Presenter:-

Ruth Fletcher-Brown	Public Health Specialist, RMBC
Kate Green	Public Health Specialist, RMBC

Apologies for absence were received from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Anne Marie Lubanski (Strategic Director, Adult Care, Housing and Public Health), Councillor Mallinder, Dr. Jason Page (RCCG), Dr. Richard Cullen (RCCG), Terri Roche (Director of Public Health), Jon Stonehouse (Strategic Director, Children and Young People's Services), Councillor Watson and Janet Wheatley (VAR).

A member of the public and a member of the press.

38. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the public arrived after this item had been taken on the agenda. The relevant officers agreed to stay behind after the meeting to discuss the member of the public's issues.

40. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 21st November, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 21st November, 2018, be approved as a correct record.

Arising from Minute No. 30 (Refreshed Joint Strategic Needs Assessment Consultation), Chris Edwards undertook to contact Miles Crompton to discuss Ward profiles/Health localities.

ACTION: Chris Edwards

It was noted that the consultation was about to close. Anyone interested in becoming involved in the steering group should contact Gilly Brenner.

41. DEVELOPING A ROTHERHAM 'HEALTHY WEIGHT FOR ALL PLAN'

Kate Green, Public Health Specialist gave the following powerpoint presentation:-

What we know

- 25.5% of 4-5 year olds and 36.1% of 10-11 year olds are overweight or obese
- Obesity levels are much higher in our most deprived communities: the three most deprived Wards (Rotherham East, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6
- Adult obesity levels are significantly higher than the England average with 71.2% of adults aged over 18 either overweight or obese and 6 of the 7 most deprived Wards are above the Rotherham average for obese adults
- Only 1 in 20 obese children at Reception will have a healthy weight at Year 6
- These levels of obesity cost the local economy an estimated £23.7M

“There comes a point when you had to stop pulling people out of the river, get upstream and find out why they are falling in” Desmond Tutu

- Current ‘Weight Management’ Service for age 4+ identified with weight concern
- Model of delivery only able to work with around 150 children per year
- There were around 1,000 obese children in Reception and Year 6 alone in 2017/18
- If only 1 in 20 obese children at Reception have a healthy weight at Year 6, resources need to be directed much more towards early years
- Obese children are more likely to become obese adults and will generally have poorer health than their non-obese peers – the Health and Wellbeing Board has a strategic aim to ensure “all Rotherham people live well for longer”

- Need a much stronger focus on prevention
- Use a whole systems approach to understanding local causes of obesity and what works best to tackle them

A Whole System Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone

- 6 phases which aim to help local authorities deliver co-ordinated actions involving stakeholders across the whole local system
- Early phases focus on preparation – securing senior leadership support, developing stakeholder groups, building an understanding of the local obesity picture
- The next phases are all about collective working: stakeholders from across the system are brought together to create a map of the local causes of obesity in their area and identify and prioritise areas of action – it allows stakeholders to recognise their role in the system and how they can make a difference
- The latter phases of the process focus on taking actions forward as a group, continuously monitoring and revising them and reflecting on how things can be improved

Local Plans and Strategies

- Health and Wellbeing Strategy
 - Aim 1: All children get the best start in life
 - Aim 3: All people live well for longer
 - Roll of Aim 4 in preventing obesity
- Children and Young People's Plan – being refreshed for 2019
- Rotherham Active Partnership Plan
(contributing to Cultural Strategy and Health and Wellbeing Strategy)

Aim: for everyone in Rotherham to achieve and maintain a healthy weight
Strategic Themes:

- Whole systems approach
- Effective use of intelligence and data (including assets)
- Reducing inequalities
- Workforce development

Priorities:

- Maximise universal preventative action across the life course
- Give every child the best start in life
- Create environments that promote healthy weight
- Effective early intervention and support when needed

Outcomes

- More children and adults with a healthy weight
- More children from deprived communities with improve health outcomes (reduced gap in excess weight between the least and most deprived areas)
- More people with improved mental wellbeing
- More people active, more often

- More children and adults eating '5 a day'
- Fewer people with Type 2 Diabetes

Key Actions

Priority 1. Maximise universal preventative action across the life course

- a. Sign up to the Local Authority Declaration of Healthy Weight
 - Food Active developed the Declaration in North-West which is now being rolled out across this region
 - Led by the Local Authority but partner engagement is crucial
 - 14 'set' commitments with option to include further local priorities (e.g. linking to existing work) including:
 - Engagement with the local food and drink sector to consider responsible retailing
 - Reviewing provision in all public buildings, facilities and via providers to make healthy foods and drinks more available, convenient and affordable and limit access to high calorie, low nutrient foods and drinks
 - Increase public access to fresh drinking water on Local Authority controlled sites
 - Consider supplementary guidance for hot food takeaways specifically in areas around schools, parks and where access to healthier alternatives are limited
 - Advocate plans with partners including the NHS and all agencies represented on the Health and Wellbeing Board to address the causes and impacts of obesity
 - Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer
 - Invest in the health literacy of local citizens to make informed healthier choices
 - Ensure clear and comprehensive healthy eating messages are consistent with Government guidelines
 - Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity
- b. Increase physical activity levels for all ages across Rotherham:
 - Continue to support the Rotherham Active Partnership to increase physical activity levels for the least active children and young people and older people
 - Support roll out of the 'daily mile' in primary schools
 - Continue to support the Physical Activity Clinic Advice Pad trial
 - Explore opportunities to use Social Prescribing to promote physical activity
 - Explore opportunities in the work place to promote physical activity such as stair challenges, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)

Priority 2. Give every child the best start in life

- a. Upskill the workforce to deliver a healthy weight programme for families with young children:
 - Train professionals in 0-19 Service and CYPS to deliver an evidence-based longer term behaviour change programme for families of young children (0-5 years)
 - To include breastfeeding, weaning, sugar smart, active play, oral health
 - Provided for all families to access but with targeting in deprived communities (via Children's Centres)
- b. Actions to support maternal health
 - Targeted to areas of deprivation
 - What is already being done/what more could be done

Priority 3. Create environments that promote healthy weight

- a. Explore opportunities to ensure the local environment does not 'promote obesity' including
 - Planning policies and local developments (including the Town Centre)
 - Increasing availability of healthy food and physical activity opportunities
 - Explore opportunities presented in the Childhood Obesity Trailblazer Eol
- b. Continue to roll out the Healthy Workplace Award
 - Supporting employers to create healthy environments in the workplace
- c. Commit to actions described in the LA Declaration on Healthy Weight
 - Impacting on the environment in relation to food and opportunities to be physically active

Priority 4. Effective early intervention and support when needed

- a. Develop pathway to support the National Child Measurement Programme (NCMP)
 - Upskill staff within 0-19 Service and CYPS to deliver an evidence based longer term behaviour change programme for families of children aged 5-11
 - To provide an appropriate pathway for primary age children identified with a weight concern following NCMP
 - To enhance the NCMP 'offer' by providing more personalised support and advice for families
- b. Explore opportunities for providing support/advice for young people aged 12+ identified with a weight concern
 - Evidence (both national and local) suggests traditional 'weight management programme' not as effective for this age group
 - Need a more 'holistic' positive approach which focuses on healthy behaviours not just 'weight'
- c. Get Healthy Rotherham to continue to provide adult weight management service until 2021

National and Regional Context

- Government Childhood Obesity Strategy
- PHE-led Community of Improver Group (Healthy Weight and Physical Activity)
- Regional Childhood Obesity Action Plan
- Yorkshire and Humber sign up to the Local Authority Declaration on Healthy Weight

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

- How would it be evaluated to ascertain if it was working?
- Obesity was a priority within the Place Plan. Consideration was needed as to whether signing up to the Declaration would provide anything additional
- The HENRY Programme focussed on the 0-5 age group. Its evidence suggested that resources targeted much earlier in a child's life was where the most benefit would be achieved. There was an opportunity to possibly work with HENRY on a pilot programme for primary aged children which they would evaluate
- The current service, although successful, was successful in very small numbers – something different was needed
- The School Meals Service provided approximately 1,500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards
- Engagement with Head Teachers in a deprived area
- Proposed to reactivate the Active Schools Group
- Food for All worked with children to develop healthy cooking of food
- Stocktake required what all partners were currently doing to avoid duplication and ascertain where the gaps were
- Activity currently took place in Children's Centres and with Health Visitors on weaning and breastfeeding support, however, should it be a time fixed programme of support that families could be referred into?
- Was there a danger of over simplifying

Resolved:- (1) That work take place in gathering together all the work that already existed on this issue.

Action: Kate Green

(2) That Kate Green contact Lydia George, RCCG, to discuss the Obesity Priority within the Place Plan.

Action: Kate Green

(3) That the Local Authority Declaration on Healthy Weight be circulated to members of the Health and Wellbeing Board

Action:- Kate Green/Dawn Mitchell

(4) That a further discussion take place on the Local Authority Declaration on Healthy Weight at the next meeting of the Board.

Action: Becky Woolley

42. **PROGRESS OF THE HEALTH AND WELLBEING BOARD**

The Chair reported that, at the recent agenda setting group, the following issues had arisen which the Board's views were sought:-

Were Board members happy with the direction of the Board and the way it was going forward? Some Board members may have been contacted as a key partner to gather their views as to how they felt the Board had progressed in the last year.

Update on the leads and sponsors of the Health and Wellbeing Strategy:-

Aim 1	Jon Stonehouse and Jason Page
Aim 2	Kathryn Singh and Ian Atkinson
Aim 3	Sharon Kemp and Louise Barnett
Aim 4	Steve Chapman and Paul Woodcock
	Sam Barstow, Ruth Fletcher-Brown, Bronwen Knight, Polly Hamilton and Sarah Watts

Register of Attendance – would start from April.

Membership – it was not felt that the Board should increase. Representatives were invited as when an issue arose.

Place Board/Health and Wellbeing Board – there were occasions when reports were duplicated between the 2 Boards. Did it need to be the same report that was submitted to the Place Board?

Meeting arrangements – venues of meetings were rotated between Voluntary Action Rotherham (The Spectrum), CCG (Oak House) and the Council (Town Hall).

Frequency of meetings – the Board normally met every 2 months but there may be occasions when additional meetings had to be convened.

Length of meetings – normally the Board meeting lasted 2 hours.

Gambling – there was National Guidance that Health and Wellbeing Boards should take the lead on gambling. Agreement that it should be included within one of the Aims due to its links with mental health, suicide prevention work.

BCF Executive Group – there was a growing trend for the BCF Executive Group to have a wider remit. It was suggested that, rather than setting up another group, the Executive Group become the Joint Commissioning Team across Social and Health Care for Rotherham and report back to the Health and Wellbeing Board for transparency.

Resolved:- (1) That the Place Board consider the issue of duplication of reports and the format they would wish to receive information.

Action:- Chris Edwards/Sharon Kemp

(2) That the offer made by South Yorkshire Police to hold meetings of the Board at Main Street Police Station be included in the rota of venues.

Action:- Becky Woolley/Steve Chapman

(3) That Becky Woolley obtain an electronic version of the LGA guidance on the role of gambling and its effects and circulate to Board members.

Action:- Becky Woolley

(4) That gambling be included within the remit of Aim 2 of the Health and Wellbeing Strategy.

Action:- Becky Woolley/Kathryn Singh/Ian Atkinson

43. **UPDATE ON HEALTH AND WELLBEING STRATEGY AIM 2**

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

Kathryn Singh, RDaSH, presented an update in relation to Aim 2 of the Health and Wellbeing Strategy 2025.

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well
What are we worried about
What needs to happen

Discussion ensued with the following issues raised/clarified:-

- IAPT (Improving Access to Psychological Therapies) was something that historically Rotherham had done very well, however, now was the challenge of upskill capacity. The Mental Health workforce was something that took more time than other areas in terms of the system

- There had been a commitment by partners to look within their organisations as to how Mental Health First Aid training would be rolled out. A report back was required on how each individual organisation had progressed this
- Within Aim 2 there were no measures for children and young people's mental health
- The NHS Long Term Place set out objectives for mental health. A stark gap was the mental health provision from birth to 3 years which had never been seen before. An evidence base was gathering that showed the sooner agencies were involved the better. There were access targets for children who needed to access mental health services who did not have the opportunity to access. It also included trauma informed services; RDaSH was seeing an increasing number of referrals and having to respond to childhood trauma issues. Work was required around restructuring the workforce to deal with the issue of trauma

Resolved:- That the report be noted.

44. ROTHERHAM SUICIDE PREVENTION AND SELF HARM ACTION PLAN

Ruth Fletcher-Brown, Public Health Specialist, presented an update on suicide prevention and the self-harm action plan.

The latest suicide rate data for Rotherham showed that, after a small decrease between 2013-15, the 3 year combined rate had increased from 13.9 to 15.9 per 100,000 DSR (directly standardised rate) between 2014-16 and 2015-17. Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA Nearest Neighbour local authorities. There had been 107 deaths over the 3 years 2015-17 with males accounting for approximately $\frac{3}{4}$ of suicide deaths. The female rate had also increased every period since 2010-12 and was now significantly higher than England. The rate for Rotherham females ranked as the highest amongst CIPFA Nearest Neighbours.

Progress against the 2016-2018 Suicide Prevention and Self Harm action plan had been reported on a monthly basis to the Mental Health and Learning Disability Transformation Board, a sub-group of the Rotherham Place Plan Board. Annual updates had also been submitted to the Health and Wellbeing Board.

The refreshed draft action plan followed the same national areas for action. Also local intelligence had been used to inform the priority areas for Rotherham during 2019-21.

South Yorkshire and Bassetlaw Integrated Care System had received funding for 2 years from NHS England for suicide prevention. The funding could not fund local plans in their entirety but could support work in line with the national priorities i.e.

1. Reducing suicide and self-harm in Mental Health Services
2. Reducing self-harm in Community and Acute Services
3. Suicide prevention in men and/or work with Primary Care

Discussion ensued with the following issues raised/clarified:-

- The excellent work of the Suicide Prevention Group
- From a Police perspective the numbers had recently increased. Reassurance was required that the appropriate referrals had been made at the right time for early intervention, what happened with the partnership assessment, was the threshold too high. They attended post-event but there was a desire to deploy resources before an event took place
- There had been a lot of care and attention in Rotherham for a long time and some of the work carried out had been ground breaking. However, due to the recent increase was there still the critical support and challenge? If Rotherham was at the forefront of good practice but still finding these issues it was important that work/discussion took place with regional and national players to benefit from their experiences
- The National Enquiry Team, who was working out of Manchester University, had recently given a presentation to RDaSH. The information shared had been very thought provoking and driven the organisation to think about where was there clear evidence about what made a difference
- An event should be held bringing together all the key partners to think differently about what partners were doing as it had not been successful of late and ascertain if there was anything underlying that was being picked up

Resolved:- That the draft Rotherham Suicide Prevention and Self-Harm Action Plan 2019-21 be noted.

45. HEALTH AND WELLBEING STRATEGY: DRAFT PERFORMANCE FRAMEWORK

Becky Woolley, Policy and Partnerships Officer, presented the final draft of the Performance Framework, together with the aid of a powerpoint presentation, to measure the successful delivery of the Health and Wellbeing Strategy.

The draft Framework (Appendix 1 of the report submitted) sought to compliment additional information available to the Board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high level and outcomes-focused overview of performance through a number of priority indicators.

The priority indicators had been selected to reflect the aims and strategic priorities within the Health and Wellbeing Strategy and aimed to capture some of the key improvements that the Strategy sought to make by 2025 to the health and wellbeing of Rotherham people.

Once approved, a scorecard would be developed including data benchmarking Rotherham's position to national and regional averages. It was proposed that the scorecard be included as a standing item on future agendas.

As data publication cycles were not aligned for all of the indicators, it was recommended that updates to the scorecard become a standing item on Board agendas. This would ensure the Board had continued oversight of performance and could escalate any emerging issues at the earliest possible opportunity.

It was also proposed that partners participated in an annual session dedicated to performance providing an opportunity to evaluate trends and identify any areas that required further attention.

Discussion ensued on the proposed Indicators within each Aim:-

Aim 1: All children get the best start in life and go on to achieve their potential

- Child excess weight in 4-5 year olds rather than 10-11 year olds
- Query why Children in Need rate and not Child Protection
- Query why Average attainment 8 score rather than NEETS

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

- Include work taking place across South Yorkshire and Bassetlaw and the Sheffield City Region and how supporting people with mental health issues into employment
- Probable refresh of the timelines due to the NHS Long Term Plan
- 3 targets at South Yorkshire level – Dementia Diagnosis, IAPT and early intervention in Psychosis

Aim 3: All Rotherham people live well for longer
No comments

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

- Should rough sleepers be included?
- Anti-social behaviour?

Resolved:- (1) That the draft Performance Framework be approved in principle.

(2) That discussions take place with Jon Stonehouse with regard to the queries under Aim 1.

Action:- Becky Woolley/Jon Stonehouse

(3) That sub-group be established to look at good practice from other areas and the NHS Long Term Plan with regard to Aim 4.

Action: Becky Woolley

(4) That the Board participate in a dedicated annual session on performance.

(5) That the proposed approach to receive updates on performance be approved.

(6) That Becky Woolley attend the next meeting of the Place Board to discuss the scorecard.

Action:- Chris Edwards/Becky Woolley

(7) That the scorecard be included as a standing agenda on future Board agendas.

46. DESIGN VERSION OF THE HEALTH AND WELLBEING STRATEGY

The Board noted the design version of the Rotherham Joint Health and Wellbeing Strategy “A healthier Rotherham by 2025”.

47. ROTHERHAM ICP PLACE BOARD

The minutes of the Rotherham Integrated Care Partnership Place Board held on 7th November, 2018, were noted.

48. NHS LONG TERM PLAN

Resolved:- That the Kings Fund explainer of the NHS Long Term Plan be included as an agenda item on the next meeting of the Health and Wellbeing Board

Action: Becky Woolley

49. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 20th March, 2019, commencing at 9.00 a.m. venue to be determined.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	20 March 2019
	LEAD OFFICER	Kate Green, Public Health Specialist, Rotherham Metropolitan Borough Council
	TITLE:	Local Authority Declaration on Healthy Weight

Background

- A Rotherham-wide 'Healthy Weight for All' plan was proposed to the Health and Wellbeing Board (HWbB) in January. This set out four high-level priorities to focus on, which would sit under 'Aim 3' of the Health and Wellbeing Strategy (with a link also to 'Aim 1') and be overseen and monitored by the HWbB.

The plan will include four strategic themes:

 - Whole systems approach
 - Effective use of intelligence and data (inc. assets)
 - Reducing inequalities
 - Workforce development

With four priorities:

 1. Maximising universal preventative action across the life-course
 2. Giving every child the best start in life
 3. Creating environments that promote healthy weight
 4. Providing effective early intervention and support when needed

The plan will include specific actions under each of the priority areas, which all partners contribute to; helping Rotherham become a place where local people feel able to make healthy choices for themselves and their families.

One of the key actions presented as an option to take forward under Priority 1: maximising universal preventative action, was the 'Local Authority Declaration on Healthy Weight' (LADHW).

What is the Local Authority Declaration on Healthy Weight?

The LADHW is a local authority commitment encompassing services such as planning, public health, environmental health, culture and leisure, to work collectively to positively impact on the health of the local population.

The declaration was developed by Food Active in the North West. It is now being rolled out across the Yorkshire and Humber region, following the regional Director of Public Health network collectively commissioning this from Food Active.

It is proposed that RMBC works towards the LADHW, as a way of bringing together relevant services, as well as engaging with partners across the 'health and wellbeing' system, to use collective influence to create a healthier environment for its staff and residents.

The declaration comprises of 14 standard commitments which are designed to be bold but achievable, with the opportunity for areas to make further local commitments to supplement the declaration if they wished (see appendix A for overview of commitments).

Activity in relation to the commitments will be focused mostly around the 'environment' and culture e.g. availability of food and drink, opportunities for physical activity and promotion of healthy messages to local people. Therefore working towards the declaration has potential to support and enhance other actions in the wider 'Healthy Weight for All' plan, which will contribute towards the local Health and Wellbeing Strategy and Place Plan.

Key Issues

- 2.** To fully understand the opportunities and implications in relation to adopting the declaration, a paper is being taken through council governance arrangements, to ensure council-wide agreement and engagement in actions.
- 'Signing' the declaration does not mean that all the actions in relation to the commitments are complete, but a statement of intent that the whole council, working closely with partners, is committed to actions to address key challenges in relation to obesity.
- It is advised by Food Active to allow adequate time to develop a local action plan against the commitments, and 'launch' this to demonstrate publically what will be done.

Key Actions and Relevant Timelines

- 3.** Food Active suggest 7 'steps' are needed to successfully adopt the declaration. The table below shows the steps along with activity already taking place, or suggestions for how to take these forward:

7 STEPS	Current or proposed activity
STEP 1: Help frame the problem. Make sure to provide a clear evidence base using local data.	Locally there is a clear picture of obesity for both adults and children, which has already been presented to various forums setting out the problem.
STEP 2: Work with elected members, ensure they identify with the issues and appreciate how the council is able to support their local communities through the Declaration. Identify a champion to help the declaration through the democratic process.	Cllr Roche as chair of the HWbB has been engaged in this to date, and agreed to champion this work. Consideration needed as to how best to engage other elected members across Rotherham.
STEP 3: Make sure all sections of the council are involved, not only public health. Use champion to garner support from all local authority departments.	A paper setting out the opportunities and implications of the declaration is being taken through council governance, to ensure engagement with whole council.
STEP 4: In establishing local priorities work with the Health and Wellbeing Board and a Healthy Weight Steering Group (if in place). Refer to local strategies and identify how the declaration can help to meet these.	An outline of the declaration is presented to the HWbB within this paper. Proposal to establish a task group to consider the commitments, and what actions are needed in order to adopt the

		declaration.
	STEP 5: Sign up and celebrate! Share commitment with the media and establish ownership.	Once the task group has considered all commitments and actions needed (although appendix A demonstrates this is not starting from a blank page, and some activity is already being done), consider a launch event to celebrate – suggest appropriate time is given to working towards this e.g. signing declaration by end of 2019.
	STEP 6: Make sure you maintain the momentum once the Declaration is signed and make people accountable for their actions.	Task group to ensure actions are delivered on.
	STEP 7: Monitor and evaluate the Declaration.	Suggest this is done via regular reporting on the wider 'Healthy Weight for All' plan to the HWbB (as part of 'Aim 3' updates) as well monitoring of actions by the declaration task group and reporting to the Cabinet Member/Chair of HWbB.
Recommendations		
4.	<p>Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> a) Note the proposal by RMBC to work towards adopting the Local Authority Declaration on Healthy Weight. b) Agree to contribute to activity where appropriate and consider other local priorities to be included in the declaration. c) Agree to monitor activity as part of the wider update on the 'Healthy Weight for All' plan (under 'Aim 3' of the Health and Wellbeing Strategy). 	

Appendix A

Local Authority Declaration on Healthy Weight: commitments and opportunities

Commitment	Examples of good practice / what is already being done locally
Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing (such as not selling energy drinks to under 18s), offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products.	Examples from other areas where work has been successful e.g. engaging with local fast food outlets to consider 'healthier' options, voluntary action in relation to energy drinks, and catering provided at local events.
Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.	For example: Public Health England has published information for local authorities in relation to Coca-Cola (e.g. providing sponsorship for events and the Coca-Cola truck). Locally this would mean ensuring that messages around healthy weight weren't compromised by food and drink promotions, town centre events etc
Review provision in all public buildings, facilities and 'via' providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low nutrient foods and drinks (this should be applied to public institutions such as schools, hospitals, care homes and leisure facilities where possible)	Examples from other areas include action on vending machines in council buildings, leisure centres, hospitals and either removing them altogether or reviewing the offer so that they include healthier alternatives/no sugar drinks etc (e.g. conversations have already started with Rotherham leisure centres to address this), ensuring cafes in council buildings have healthy options, catering provided for council-run events are not high in fat, sugar or salt.
Increase public access to fresh drinking water on local authority controlled sites	Water already provided in some sites, explore how this could be rolled-out to other buildings.
Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited	Supplementary planning guidance is already being drafted to sit under the Rotherham Local Plan, which includes a checklist for health and wellbeing implications and a proposed restriction of hot food takeaways close to schools and colleges.
Advocate plans with our partners including the NHS and all agencies represented on the Health and Wellbeing Board, academic institutions	Locally a 'Healthy Weight for All' plan is being developed, which will sit under the Health and Wellbeing Strategy and be monitored by the

and local communities to address the causes and impacts of obesity	Health and Wellbeing Board; setting out actions across all partner agencies. How communities are engaged in this needs consideration.
Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites	Potential to work with the School Improvement Service to engage schools in supporting health and wellbeing and reducing promotion of food high in fat, sugar and salt. Example: Sheffield currently exploring work with 'Clear Channel' to consider advertising of unhealthy food and drink in bus shelters.
Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities	Ensure local plans support the Government Childhood Obesity Strategy where appropriate.
Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer	Consider what is on offer at local events, including Rotherham Show, and explore how to promote messages about healthy weight.
Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight	Examples of activity in other areas includes: consistent messages being promoted to all staff, ensuring food available in staff buildings has healthy options (inc. culture of cakes and biscuits in the workplace), staff encouraged to take up physical activities.
Invest in the health literacy of local citizens to make informed healthier choices	Consider communications plan to support the declaration and consider the role of local people (inc. elected members) to champion messages around healthy weight in communities.
Ensure clear and comprehensive healthy eating messages are consistent with government guidelines	Consider communication to all staff in relation to healthy eating messages. Public Health currently working with the 0-19 Service to look at training options for staff who work with children and families (in the council and The Rotherham Foundation Trust) to support them in being able to talk to families about the importance of healthy weight.
Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity	Strategic Director of Regeneration and Environment (R&E) sits on local Health and Wellbeing Board and engaged in discussions around healthy weight. Actions will also be included in the 'Healthy Weight for All' plan in relation to the built environment e.g. discussions have already taken place with colleagues in R&E in relation to the town centre public realm, elected member group looking at promoting walking and cycling in the borough, Rotherham Activity Partnership now established to plan and promote physical activity and sport locally.

Monitor the progress of our plan against our commitments and publish the results.	Will be monitored by a local Task Group to ensure actions are delivered, and this plan will be overseen by the Health and Wellbeing Board (as part of the broader 'Healthy Weight for All' plan).
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BRIEFING	TO:	Health and Wellbeing Board
	DATE:	20 th March 2019
	LEAD OFFICER	Bev Pepperdine, Performance Assurance Manager, Rotherham Metropolitan Borough Council Sue Wilson, Head of Service, Performance & Planning, Rotherham Metropolitan Borough Council
	TITLE:	Voice of the Child Lifestyle Survey 2019
Background		
1.	<p>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 11 years. In the past 5 years 17,324 young people have shared their views about their health and wellbeing through this survey.</p> <p>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 3499 young people, who participated in 2018, is 52% of the relevant population.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The 2018 Lifestyle Survey saw 12 out of 16 secondary schools in Rotherham participating. The 5 schools that did not participate were Rawmarsh, Wickersley, Clifton and Saint Bernards.</p>	
Key Issues		
2.	<p>The findings from the results in the 2018 survey that show what’s working well that relate to Health & Wellbeing are as follows:</p> <ul style="list-style-type: none">• Overall pupils saying they have a diagnosed medical condition has declined from	

7.4% in 2017 to 5.8% in 2018.

- The % of Year 10 pupils who are drinking the recommended 6-10 glasses of water per day has increased to 18.2% (245) from 13.5% in 2017
- Overall there has been an increase in the % of pupils who said they do not drink regular sugar fizzy drinks, this has improved to 38.8% (1270) from 37% in 2017.
- Overall there has been an improvement in the % of pupils who say they do not consume high energy drinks, this has improved to 64.3% (2104) from 61.5% in 2017.
- Overall there has been an improvement of pupils saying they have a school meal, this has improved to 52.5% (1720) from 49.7% in 2017.
- There has been an improvement in Y10 pupils rating their mental health feelings as excellent, this has increased to 29% in 2018 from 22% in 2017. Also those rating their mental health as poor has decreased in 2018 to 10.9% from 12% in 2017.
- Pupils in Y10 have a better perception about the way they look, those saying they did not like the way they look has decreased to 41% from 43% in 2017.
- There has been a decrease in the overall % of pupils who said they have been cyber bullied, this has decreased to 6.2% from 6.6% in 2017.
- There has been a decline in the % of young carers, who said they care for more than 8 hours per day, this has declined to 6.3% in 2018 from 9.5% in 2017.
- When asked how being a young carer makes them feel the majority of young carers responded that it makes them feel like they are doing something good. 44.3% gave this response.
- More young carers are aware of support that is available, overall 47.2% of young carers said they have heard of young carers' service, compared to 37.3% in 2017.
- Pupils in Y10 who said they do not smoke, 82.5% of them said they have never smoked, this has improved from 76.7% in 2017.
- 34.6% (408) of Y10 pupils said they have never had a proper alcoholic drink, this has improved from 32.3% in 2017.

The findings from the results in the 2017 survey that show what we are worried about that relate to Health and Wellbeing are as follows:

- There has been an increase in the % of pupils who have a diagnosed medical conditions both autism and asthma.
- Overall there has been a decrease in the % of pupils having the recommended portions of fruit and vegetables each day. This has decreased to 15.5% in 2018 from 18.2% in 2017.
- Overall there has been an increase in the % of pupils who said they do not eat any fruit or vegetables. This has increased to 6.9% from 6% in 2017.
- There has been a decrease with Y7 pupils who rate their mental health as excellent, this has declined to 35.5% in 2018 from 39% in 2017.
- Overall more pupils are concerned about their weight. The 2018 results show that 30.6% said they were worried about their weight, compared to 25.7% in 2017.
- There has been an increase in Y7 pupils saying they do not feel good about the way they look, this has increased to 35% from 28% in 2017.
- There was a slight increase in the % of pupils who said they have experienced bullying. Out of those pupils who said they have been bullied, 68.5% of them said they have been verbally bullied, this has increased from 64.3% in 2017. There was also an increase in the % of those saying they have been sexually bullied (inappropriate touching/actions or comments), this has increased to 3.2% from 2.6% in 2017.

- Overall 8.5% of pupils said they smoke regularly, this has increased from 6.7% in 2017.
- Overall pupils saying they can obtain cigarettes from a local shop has increased for the first time in 3 years, out of those who said they smoke, 18.5% said they obtained cigarettes from a local shop, this has increased from 17% in 2017.
- Cocaine has become the 2nd most popular drug/substance tried by young people in both Y7 and Y10
- Overall there has been an increase in the % of pupils who said they have tried drugs on more than 10 occasions, which indicates that young people are using drugs more often, this has increased to 36.7% of those who have tried drugs from 27% in 2017.
- Overall there has been a decrease in the % of pupils who said they have received education around child sexual exploitation in both Y7 and Y10. Y7 has decreased to 67.8% from 72.5% in 2017 and Y10 has decreased to 86.7% from 89.8% in 2017.
- There has been an increase in the % of Y10 pupils who said they have had sexual intercourse and this has happened after either drinking alcohol or using drugs, this has increased to 36% from 15.4% in 2017.
- Out of the Y10 pupils who said they have had sexual intercourse, there has been an increase in those not using any form of contraception; this has increased to 29.1% in 2018 from 27.5% in 2017.

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 for each stakeholder to highlight areas that we are worried about which will include the relevant trend data for their area / service.

Key stakeholders will be asked to provide feedback on actions taken or planned to address any issues that have been highlighted by the results of the Lifestyle Survey.

Feedback

Each of the schools that have participated in the survey are requested to provide feedback to share how they use the results and they are asked if they wish for this method of capturing the voice of the child to continue. The 2018 results on feedback show:

- 66% (8/12) of schools provided feedback
- 100% of these wish for the Lifestyle Survey to continue
- 100% of these have shared their results with pupils and staff
- 100% said they find the information very useful
- 1 school has used 2018 results to shape new Y7 Life Skills and PSHE provision
- 1 school has made changes to their curriculum plan taking into consideration their results
- 1 school has brought forward to Y7 instead of Y8 the subject around puberty
- 1 school has brought forward to Y8 the subject of substance misuse learning
- 1 school has triggered a full review of their sexual health and relationship education and making changes to curriculum
- 1 school has added the subject around sexting in their sexual health and healthy relationships lessons
- 1 special school is using some of their results to focus on children's actual lives and input them into their plans for child-centred learning
- 1 school said it informs their sex and relationship, drugs and alcohol and healthy

lives education.

Key Actions and Relevant Timelines

3. The results from the 2018 will be shared with the Health and Wellbeing Board, Rotherham Together Partnership Steering Group, Children & Young People Safeguarding Board. An outline of how the findings of the report have been shared is included within the table below:

Date	Meeting	Officer
11 th December 2018	SLT - Report Distributed to SLT Members by Email	Virtual
15 th January 2019	Improving Lives Scrutiny	Bev Pepperdine
22 nd January 2019	Children and Young People's Partnership & Transformation Board	Bev Pepperdine
12 th March 2019	South Yorkshire Passenger Transport Executive	Bev Pepperdine
20 th March 2019	Health and Wellbeing Board	Bev Pepperdine

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

- Public Health
- Healthy Schools Consultant
- Safer Neighbourhood Partnership
- South Yorkshire Police
- South Yorkshire Passenger Transport Executive
- Health and Well Being Board
- Young Carers Provider – Barnardos
- School Nursing
- Families for Change
- Youth Cabinet
- Children & Young People's Partnership & Transformation Board
- Looked After Children Council
- Voice & Influence Voluntary Sector
- Regeneration & Environment
- Commissioning C&YP
- Communications Team

Recommendations

4. The Health and Wellbeing Board:
- a) Note the report and consider its content;
 - b) 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.
 - c) Identify if the results from the survey can support measures for actions within the Health and Wellbeing Strategy action plan

Rotherham
Voice of the Child
Lifestyle Survey
2018

Borough Wide Report

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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 2018.

In 2018, **12 out of 16** secondary schools in Rotherham participated in the survey along with 3 pupil referral units. In 2018 the survey was also offered to students at all Special Schools, following a successful pilot with Newman School in 2017. 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 **3499** 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 2018 Lifestyle Survey.

The survey is open to all pupils in Y7 and Y10 at secondary schools and pupil referral units, elective home educated and special schools. Pupils are 11/12 years and 14/15 years of age.

The survey was open from Tuesday 1st May 2018 and closed Wednesday 18th July 2018. Overall in this age range in 2018 there were **6723** young people attending a secondary school, a pupil referral unit, special schools or electively home educated.

This survey is open annually for 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 **3499** young people, who chose to participate in 2018, is **52%** of the relevant population.

In the past five years, **17,349** 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 some 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 12th 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: The imaginative and stimulating PSHE education curriculum is skilfully designed, taking into account local 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 are 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 special schools survey.

The borough wide results will be shared with the Health & Well Being Board and other partners, they will receive specific trend data in relation to their specialism to allow them to take action and address any issues.

The 2018 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 child friendly and enable the survey to contribute measures for the vision for Child Friendly Rotherham, the Health & Wellbeing Strategy,

Safer Rotherham Partnerships priorities, Regeneration & Environment strategy and contribute to improvements with transport for young people. The changes to the 2018 survey include questions to find out from young people what they feel the Safer Rotherham Partnership should concentrate as their priorities to improve cohesive communities. New questions were added about libraries and parks in Rotherham and young people were asked to share their views on improvements for the new Rotherham bus station. One further change made to the survey, with exception of the About Me section, was that all other questions were made non-mandatory, to give young people a choice whether they answer every question. This does have an impact on the volume of young people who answered the questions, and it is apparent that there is a higher number of young people not answering questions towards the end of the survey. This option will be reviewed again in readiness for the 2019 survey. The volume and % will be shown for young people who did not respond to a particular topic.

2. Executive Summary

In total 3499 pupils participated in the 2018 lifestyle survey out of a possible 6723 young people who live in the borough in this age range. This is an overall 52% participation rate.

A higher % of girls completed the survey compared to boys and a higher % of Y7 completed the survey compared to Y10, this follows a similar trend to previous years.

4 schools chose this year not to participate in the 2018 lifestyle survey. 3 schools had initially indicated they did not wish to participate, this excluded 1340 pupils. 1 further school did not participate, due to staffing resources, therefore a further 279 pupils were excluded.

2.1 What is working well?

The results of the 2018 Lifestyle survey show that there have been improvements in specific areas, in particular health, perceptions of Rotherham, areas of medical conditions, reductions in consumption of high sugar drink and high energy drinks, pupils aspiring to go to university, improved ratings of leisure facilities in Rotherham, the fear of protests and marches almost ceased, reductions in cyber bullying, improved awareness of support for young carers and improved results showing that pupils feel their voice is heard. The full list of the results that show what is working well can be found in Appendix 1.

The results in the 2018 Lifestyle survey show that far more young people from Rotherham say they visit their dentist at least once per year. Almost 90% 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 to Y6 pupils in primary school. This appears to be having particular impact with Y7 pupils; almost 20% of Y7 pupils are eating the recommended portions of fruit and vegetables, which is more than double the % of Y10.

Feedback has been received from some schools to say they have banned the sale of high sugar and high energy drinks as a result of previous years' lifestyle survey results. The results in 2018 show this is having an impact. 38.8% of pupils say they do not drink high sugar drinks, this has improved from 37% in 2017 and 64.3% of pupils say they do not drink high energy drinks, this has improved from 61.5% in 2017. This could have resulted in the improvement of Y10 drinking the recommended 6-10 glasses of water, this has improved to 18.2% from 13.5% in 2017.

There have been improvements around pupils saying they have been diagnosed with a mental health condition, this have changed to 5.8% in 2018 from 7.4% in 2017. There has been particular improvement with Y10 pupils around their feelings of mental health. Y10 pupils rating their mental health as excellent has improved to 29% in 2018 from 22% in 2017. The Health & Wellbeing Board have specific objectives to reduce the occurrence of common mental health problems and reduce the risk of self-harm and suicide among young people. Data from Public Health England shows in 2017 there was 17 admissions to hospital for young people aged between 11 to 19 years for mental health conditions, this is below Yorkshire & Humberside region and national figures.

Pupils perception of Rotherham leisure facilities appears to be improving, the % of pupils rating youth centres, leisure centres, theatre and museum have all improved in the 2018 results.

The opening of Rotherham University could have contributed to the % increase in the number of pupils who aspire to go to university. The overall figure for pupils aspiring to go to university is at 43.1% in 2018 from 42% in 2017.

Partners have a greater awareness of the survey and the potential data it could provide to them. Some partners have agreed to make a financial contribution to assist with the delivery of the survey.

The results in 2018 show overall that pupils are feeling they have their voice heard and they have avenues in school to contribute and make a difference. Overall 15.6% of pupils said they are actively involved with their school council; this has increased from 10% in 2017.

2.2 What are we worried about?

The results of the 2018 Lifestyle survey show that there are areas that need action to address what pupils' are telling us, in specific areas, perceptions of Rotherham and their future in Rotherham, using the leisure facilities in Rotherham, safeguarding, increased regularity of using drugs or substances, education around sexual exploitation, relationships and sexual health. The full list of the results that show what is we are worried about can be found in Appendix 2.

The results in the 2018 survey follow a national picture with more pupils saying they have been diagnosed with asthma; this has increased to 25.8% in 2018 from 21.6% in 2017. The hot summer of 2018 is a contributing factor to this.

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 overall decrease in the % of pupils having the recommended portions of fruit and vegetables; this has decreased to 15.5% in 2018 from 18.2% in 2017. Pupils having a snack at break time have chosen fruit as the 5th most popular choice.

Overall pupils feeling concerned about their weight has increased. The 2018 results show that this has increased to 30.6% of pupils feel concerned, compared to 25.7% in 2017.

Pupils' perception of Rotherham and willing to recommend Rotherham as a place to live or wanting to live in Rotherham in 10 years' time has declined.

Overall in 2018, 23.7% of pupils said they would not recommend Rotherham as a place to live, compared to 20.5% in 2017. Also in 2018 32.4% of pupils said they would not like to be living in Rotherham in 10 years' time, compared to 27.2% in 2017.

The 2018 results overall show that less young people are using leisure facilities in Rotherham, there has been a decline in the % of pupils using Youth Centres, Leisure Centres, Clifton Park Museum and Rotherham Libraries.

Safeguarding is a high priority but the 2018 results show that there has been a decrease in the % of pupils who said they have received education around child sexual exploitation. In 2018 67.8% of Y7 pupils said they had received this education, compared to 72.5% in 2017 and 86.7% of Y10 pupils said they had received this education, compared to 89.8% in 2017.

There has been an increase in the % of pupils who said they never feel safe in and around Rotherham, although there has also been an increase in the % of pupils who said they always feel safe.

3. Participation Table 2018

This table shows the 12 schools, 3 Pupil Referral Units, Electively Home Educated and Special Schools 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	207	214
Brinsworth	112	139
Dinnington	155	144
Maltby	167	183
Oakwood	151	126
Saint Pius	152	130
Swinton	218	145
Thrybergh	131	47
Wales	369	230
Wath	50	99
Wingfield	37	92
Winterhill	73	47
Pupil Referral Units Total	5	10
Rowan Centre	0	4
Riverside Aspire	1	2
Swinton Lock	4	4
Home Educated	1	6
Special Schools All Years	53	

4. A little bit about me



Of the pupils that completed the 2018 survey, **1813 (51.8%)** were female and **1686 (48.2%)** were male. **1831 (53.2%)** were in year 7 and **1615 (43.8%)** were in year 10. The results show that 53 pupils from special schools participated in the survey. The table below shows the participation by school year of pupils at special schools.

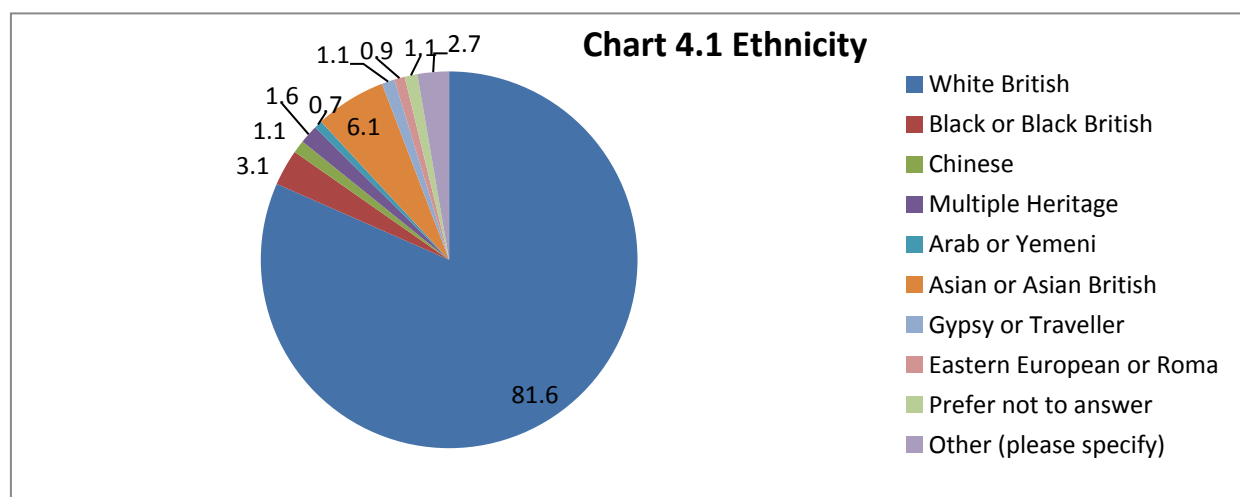
Special School Participation	
Year	Volume
Y7	9 (17%)

Y8	15 (28%)
Y9	2 (4%)
Y10	2 (4%)
Y11	2 (4%)
Y12	23 (43%)

4.1 Ethnic Origin

When asked about their ethnicity, 81.6% (3,857) of pupils described themselves as White British (compared to 80.8% in 2017). 14.6% (510) described themselves as from Black or Minority Ethnic group (BME) (this compared to 16.8% in 2017). 1.1% (39) preferred not to say and 2.7% (93) described themselves from 'other' ethnicity group. Pupil level annual school census data for 2018 shows that overall for secondary schools that 82.7% of pupils are White British; therefore the lifestyle survey results are similar to census data.

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. 0.97% (34) pupils said they were looked after in a foster care placement. 0.4% (14) pupils said they were looked after in a children's residential placement. 0.28% (10) pupils said they were looked after in other residential placements. Overall the results show that 1.68% (59) 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 69 young people who were looked after in the age range of Y7 and Y10, 85% of this figure participated in the 2018 survey.

4.3 Health - Disabilities

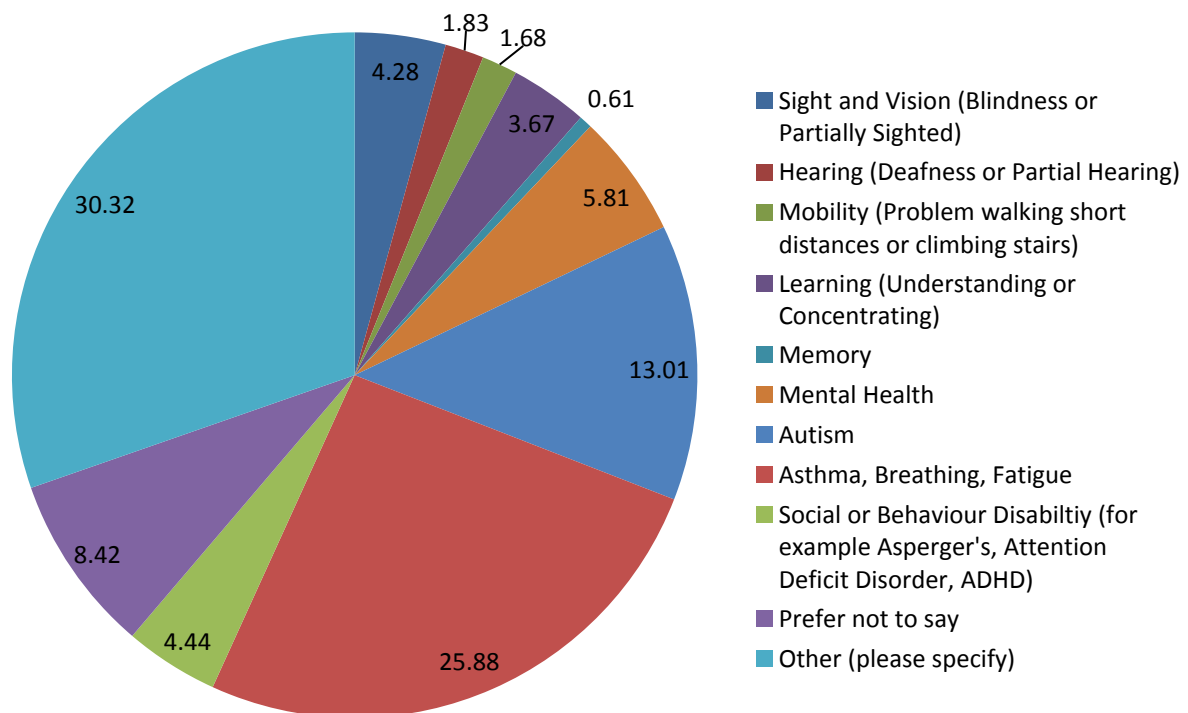
Pupils were asked if they had a diagnosed long term illness, health problem, disability or medical condition. 20.5% (720) of pupils said they had a diagnosed condition (compared to 20.9% (796) in 2017). A higher % of Y10 pupils said they had a diagnosed medical condition. A higher % of boys said they had a diagnosed medical condition compared to girls, this is a reverse of the 2017 result.

Out of the 720 pupils (20.9%) who said they have who said they have a diagnosed medical condition, 653 (90.5%) of these answered the follow-up question about what their diagnosed condition is, 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 Conditions, Hay fever or multiple choices.

There has been a decrease from the 2017 results in the % of pupils saying they have diagnosed condition in sensory, mobility, learning, memory and mental health categories. Pupils saying they have a diagnosed mental health condition have declined from 7.41% in 2017 to 5.81% in 2018. There has been an increase from the 2017 results in the % of pupils saying their diagnosed condition is autism, this has increased to 13% in 2018 from 8.35% in 2017 and those saying their condition is stamina, breathing, fatigue or asthma has increased to 25.88% in 2018 from 21.67% in 2017. This follows a national trend when there have been more cases of asthma diagnosed with the significant warm weather in 2018.

Chart 4.3 Disability Diagnosis



4.4 Oral Health

The results in the Rotherham lifestyle survey for 2018 show that 3122 (89.2%) of pupils said they go to the dentist at least once per year. This is a lesser % than in 2017 when (93%) said they go to the dentist regularly. 2604 (74.4%) said they visit every 6 months

(79%) in 2017. 115 (3.3%) said they visit the dentist less than once per year and 141 (4%) said they have never visited the dentist, compared to (3.5%) in 2017. 121 pupils (3.4%) did not answer this question.

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 have declined since 2017, but they still show a better picture than the national figures from National Smile Month in 2017.

Benchmarking

Public Health England
Child & Maternal Health Data

Children with 1 or more decayed, missing or filled teeth

Regional – Yorkshire & Humberside 30.4%

National – 23.3%

No specific data for Rotherham available for this subject.

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 2018 show that there has been a decrease overall in the number of pupils having the recommended 5 or more portions of fruit and vegetables each day, this has decreased to 15.5% (508) in 2018 from 18.2% (723) in 2017.

There has been an increase in the % of pupils who said they do not eat any fruit or vegetables up to 6.9% (227) in 2018 from 6% in 2017.

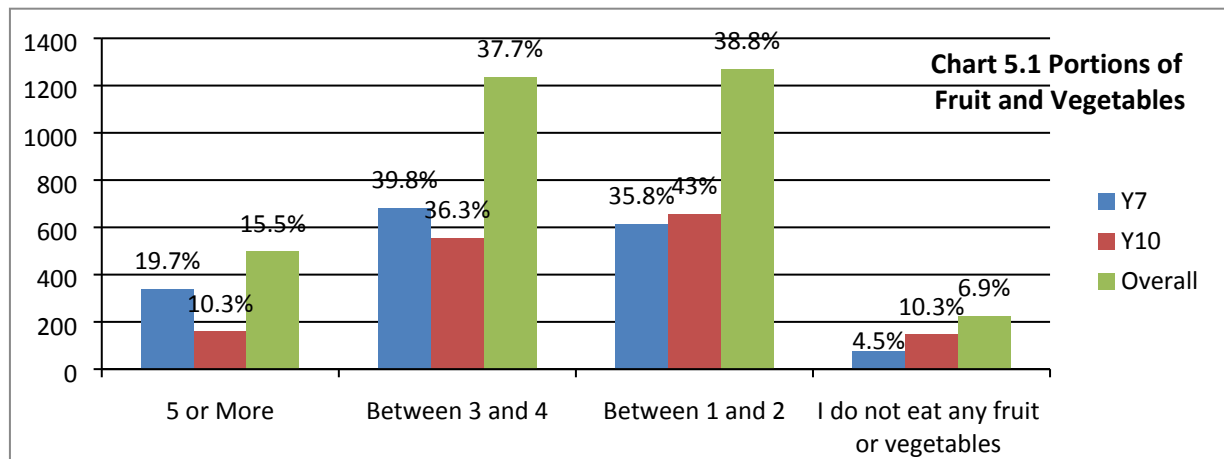
The results show that Y7 pupils are more likely to eat fruit and vegetables than Y10 pupils. Y7 results show that 4.5% said they do not eat any fruit or vegetables, compared to 10.3% of Y10.

What's working well?

'Change for Life' resources have been promoting in Primary Schools and delivering free fruit and vegetables, to encourage and promote healthy eating. This could contribute to Y7 pupils being more likely to eat fruit and vegetables.

Almost 20% of Y7 eat the recommended 5 portions compared to 10% of Y10.

Chart 5.1 below shows the breakdown of 2018 results.



In Y7 it is girls who are more likely to eat fruit and vegetables each day and in Y10 it is boys who are more likely to eat fruit and vegetables. 228 pupils (6.5%) did not answer this question.

5.2 Water

When asked about how many glasses of water they drank a day, 74.7% (2444) of pupils responded that they drank 1 to 5 glasses of water (76.5% in 2017), 18.5% (607) said they had 6-10 glasses, this is an increase in the number of young people consuming the recommended amount of water per day, compared to (18.29% in 2017). There has been an increase in the number of pupils who responded that they drank no water at all; this has increased to 6.72% (220) from 6.1% in 2017. 228 (6.5%) did not answer this question.

The results from 2018 show that there has been an increase in the % of Y10 pupils who are drinking the recommended 6-10 glasses per day. This has improved to 18.2% (245) pupils, compared to 13.5% in 2017.

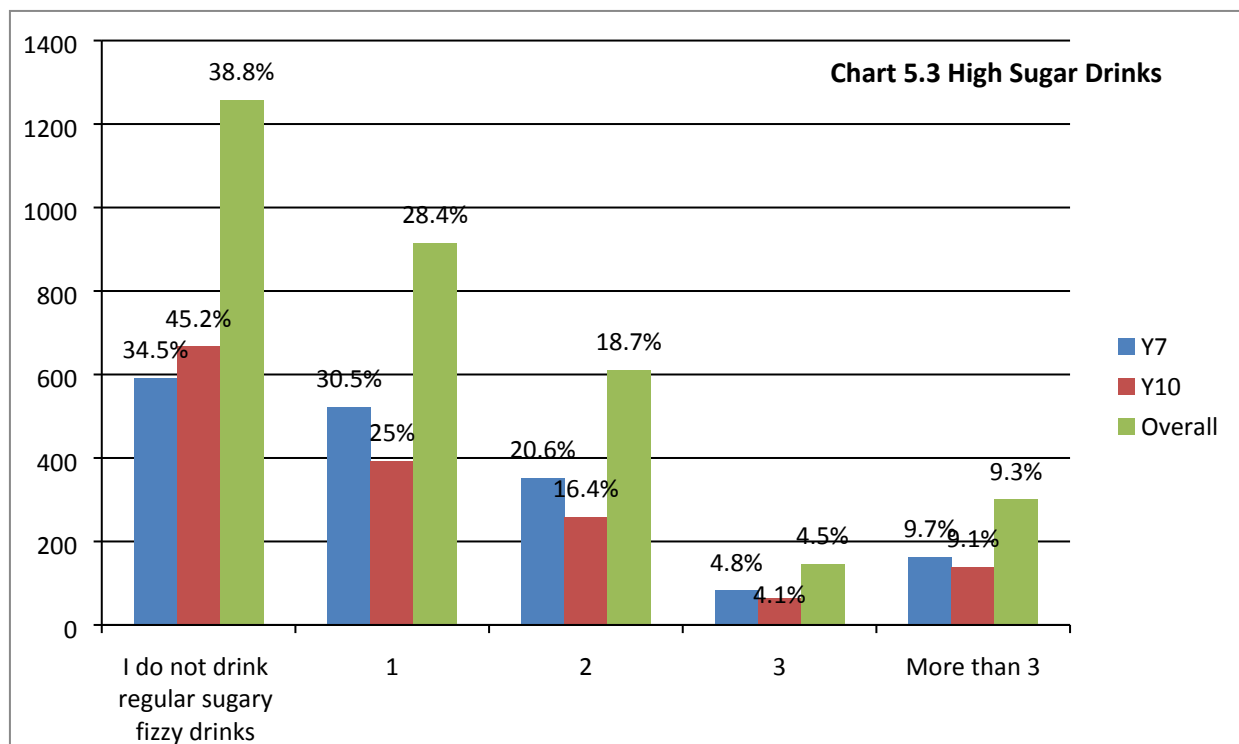
What's working well?

The promotion of the benefits of drinking water and low sugar drinks that some schools introduced, could be contributing to more Y10 pupils drinking the recommended amount of water.

This could also attribute to the increase in the % of pupils who do not drink regular sugary fizzy drinks.

5.3 High Sugar Drinks

The results from 2018 show overall there has been an increase in the % of pupils who said they do not drink any regular sugary fizzy drinks, this has improved to 38.8% (1270) from 37% in 2017. The % of pupils drinking 2 or more high sugar drinks each day has remained similar to 2017. The overall responses for Y7 & Y10 are detailed in Chart 5.3 below.



The analysis shows that for Y10 pupils there has been improvement in the % of these pupils not consuming high sugar drinks, this has increased to 45% (606), compared to 40% in 2017. The results for Y7 pupils are similar to 2017. 227 (6.4%) did not answer this question.

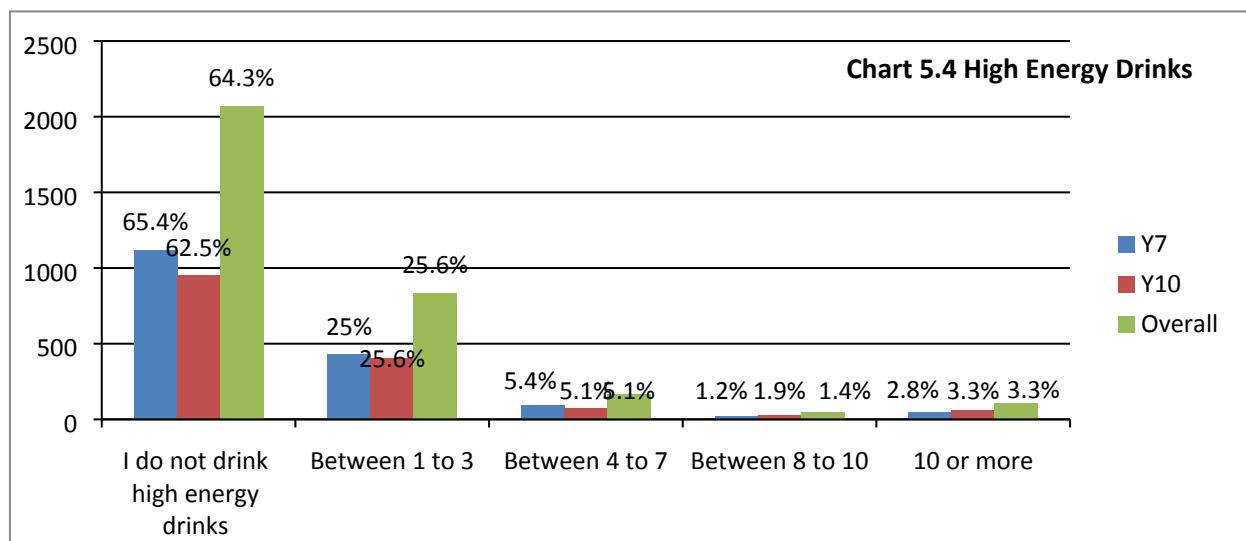
5.4 High Energy Drinks

There has been an overall improvement in the % of pupils who said they do not consume high energy drinks. 64.3% (2104) of pupils who said they do not consume high energy drinks, compared to 61.5% in 2017.

What's working well?

The decision made by some schools to ban the sale of high energy drinks, could have contributed to the improvement in the % of pupils, saying they do not consume these type of drinks.

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



The analysis shows that there has been an improvement for both Y7 and Y10 pupils, who say they do not consume high energy drinks. 65.4% of Y7 pupils said they do not, compared to 62% in 2017 and 62.5% of Y10 said they do not, compared to 61% in 2017. Girls are less likely to drink high energy drinks in both Y7 and Y10. 227 (6.4%) did not answer this question.

5.5 Breakfast

The % of pupils who said they have breakfast has remained the same as 2017 at 81% (2623). The analysis shows from the pupils who said they have breakfast 71.8% said they have breakfast at home, this has decreased from 89% in 2017. Y7 pupils are more likely to have their breakfast at home compared to Y10 pupils.

The overall results show that 3.9% (125) have their breakfast on the way to school; 4% (126) have their breakfast at school; 1.3% (45) have their breakfast at a breakfast club at school. 19% (649) said they skip breakfast, this figure is similar to the 2017 figure of 18.9%. Girls are far more likely to skip breakfast than boys. 227 (6.4%) did not answer this question.

Out of the 12 schools that participated in the Lifestyle Survey 7 (58%) of them have responded that a Breakfast Club is offered at their school.

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?

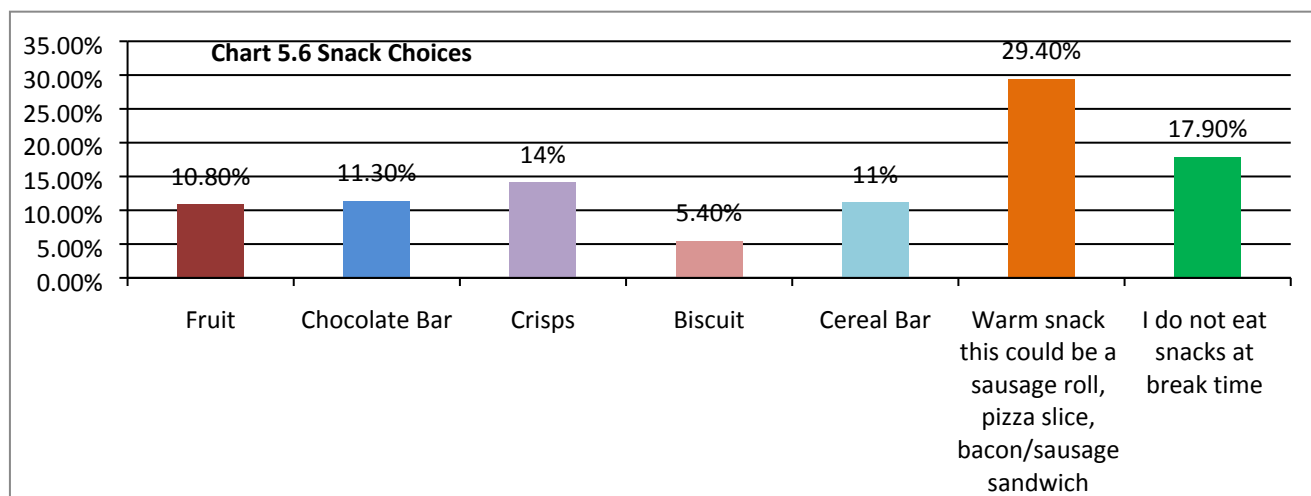
A number of national studies have shown that between 25% to 32% of children of school age, go to school without breakfast

Rotherham 2018 Lifestyle Survey results show that 19% of pupils said they skip breakfast.

5.6 Snacks

There has been an increase in the number of young people who said they have a snack at break time, 82.1% (2683), compared to (79.7% in 2017). The 2018 results show that a

warm snack is the most popular choice, following the same trend as 2017. Crisps are 2nd most popular choice and a chocolate bar is 3rd choice. Fruit has moved down to 5th choice from being 3rd most popular choice in 2017. Out of the 2683 young people who said they 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. More Y10 pupils choose not to have a snack at break time compared to Y7. 228 (6.5%) did not answer this question.

5.7 Lunch

When asked where they mainly eat lunch 52.5% (1720) of pupils said that they have a school meal, this has increased from 49.7% in 2017. Year 7 pupils are more likely to have a school meal with 61.9% (1059) saying they have a school meal compared to 40.5% (543) of Y10. 34.9% (1143) of pupils brought a packed lunch; this is a decrease from 38% in 2017. 2.9% of pupils go home for lunch; this has increased from 2.2% in 2017. 4.2% (138) visit a local shop to buy lunch; this has decreased from 4.6% in 2017.

There has been a small % increase in the number of pupils who said they did not have a meal at lunch time; this has increased to 5.3% (175) in 2018 from 5.2% in 2017. Y10 pupils are far more likely to skip lunch compared to Y7. 8.5% (115) of Y10 pupils said they skip lunch, compared to 2.4% (42) of Y7. Girls are more likely to skip lunch compared to boys, in both Y7 and Y10. 227 (6.4%) did not answer this question.

5.8. Exercise, Health & Weight.

There has been a small decrease in the number of pupils who said that they regularly take part in sport or exercise, 82.8% (2698) compared to 83.6% in 2017. Y7 pupils are more likely to exercise regularly 88% (1500) compared to 82.1% (1156) of Y10. Boys are more likely to take part in regular sport or exercise compared to girls. 243 (6.9%) did not answer this question.

Out of the 3256 number of pupils that said they do some sport/physical activity the frequency results are:

- 19.2% (629) exercise 6 to 7 times per week, decrease from 2017 (23.4%)
- 30.1% (981) exercise 4 to 5 times per week, increase from 2017 (28.4%)
- 38.4% (1250) exercise 1 to 3 times per week, increase from 2017 (37.3%)
- 7.4% (241) exercise less than once per week, increase from 2017 (6.1%)
- 4.7% (155) said they never did any exercise increase from 2017 (4.5%)

What are we worried about?

There has been a slight decrease in the % of pupils who said they regularly exercise and also a small increase in the % of pupils who said they never did any exercise.

What is happening?

Health regular exercise is promoted to young people through the One Stop Shop Website about getting healthy
Rotherhamgetactive.co.uk

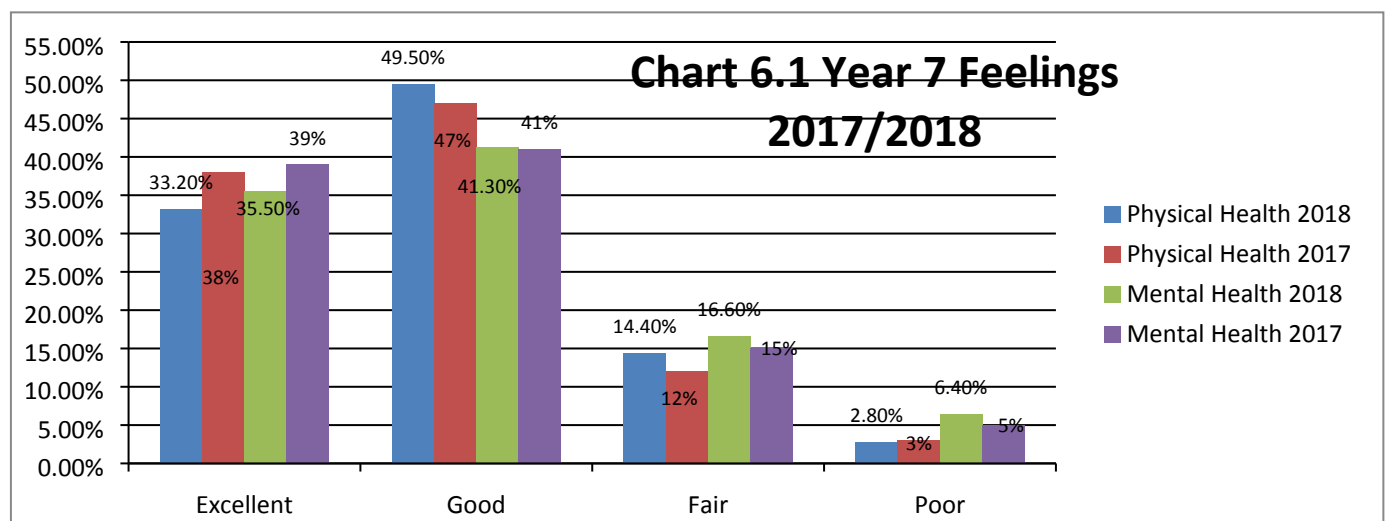
6. Feelings



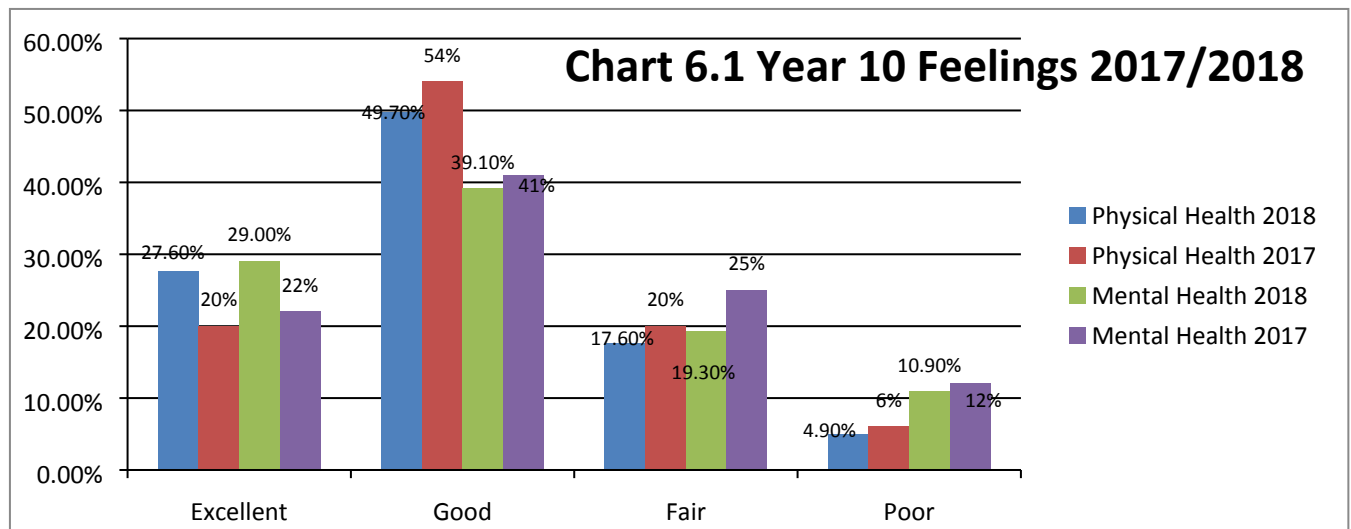
6.1 Feelings Physical & Mental Health

The following questions were changed in 2017 to encourage young people to express how they feel about their physical health and mental health.

The responses are detailed in the two charts below for Y7 and Y10 with a 2017/2018 comparison. 331 (9%) did not answer this question.



The Year 7 data shows that less Y7 pupils expressed that they felt excellent about their physical and mental health in 2018 compared to 2017 and more Y7 pupils felt their mental health was poor in 2018 compared to 2017.



The Year 10 data has the opposite trend to Year 7 pupils.

There is an increase in the % of Year 10 pupils who expressed that they felt excellent about their physical and mental health in 2018 compared to 2017. There has also been a decrease in the % of Y10 pupils who felt their mental health was poor compared to 2017.

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**

From the 2018 Results, these actions appear to be having a positive impact with Y10 pupils.

**Public Health England
Child & Maternal Health**

In 2017 for Rotherham there was 17 admissions to hospital for mental health condition for children aged between 11 to 19 years – this is below the regional and national average.

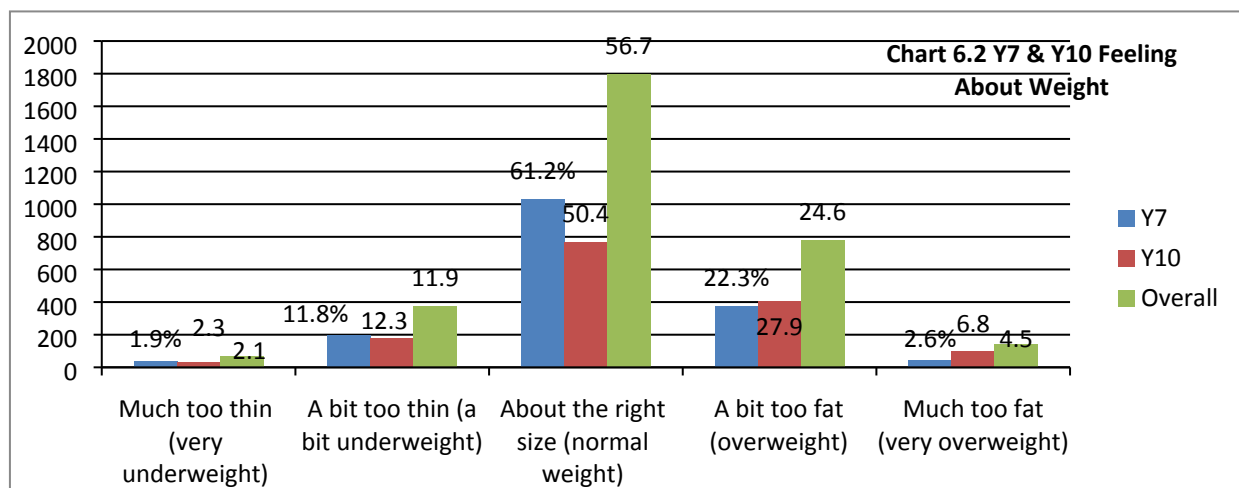
6.2 Feelings and Weight

Pupils are asked to share their feelings about their weight. The 2018 results show that overall 30.6% (966) said they were worried about their weight, compared to 25.7% in 2017. 331 (9.4%) did not answer this question.

Girls in Y7 are less likely to say they feel they are the ideal weight. In Year 7 58.4% of girls said they felt their weight was about the right size compared to 64.3% of boys. In Y10 the comparison is much closer 50.3% of girls said they felt their weight was about the right size compared to 50.6% of boys.

When asked if their weight worried them, girls in both Y7 and Y10 are more likely to be worried about their weight. In Y7 35.7% of girls said they were worried about their weight, compared to 23.1% of boys and in Y10 42.1% of girls said they were worried about their weight, compared to 21.8% of boys.

Chart 6.2 details how pupils overall feel about their weight.



Key overall findings from Y7 & Y10 results:

Category	2018 Result	2017 Result
Feel they are the ideal weight	56.7% (1799)	64% (2315)
Feel they are very overweight	4.5% (144)	2.7% (136)
Feel they were are overweight	24.6% (780)	20% (844)
Feel they are very underweight	2.1% (68)	1.96% (75)
Feel they are underweight	11.9% (377)	10.8% (413)

Benchmarking
Public Health England
Child & Maternal Health Data

Obesity Data for 10-11 Years
Rotherham 22.2%
Regional Yorkshire & Humberside 204%
National 20%

What Are We Worried About?

From National Benchmarking Data

Rotherham has a higher % of children in age group 10-11 years that are defined as obese, compared to regional and national data.

The 2018 Lifestyle survey results highlight that there has been an increase overall of pupils who feel they are overweight or very overweight

What is happening?

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 of obesity services and consultation 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. The tables below shows overall from 2017 and 2018 what Y10 and Y7 pupils said they most felt good about. 325 (9.1%) of pupils did not answer this question.

How pupils Feel Y10		
Rating	2018	2017
1st	Friendships	Home Life
2nd	Home Life	Friendships
3rd	Future	Myself
4th	Myself	Future
5th	Relationships	Relationships
6th	Schoolwork	Schoolwork
7th	How I look	How I look

How Pupils Feel Y7		
Rating	2018	2017
1st	Home Life	Home Life
2nd	Friendships	Friendships
3rd	Future	Future
4th	Myself	Myself
5th	Schoolwork	Schoolwork
6th	Relationships	Relationships
7th	How I look	How I look

35% of Y7 pupils said they did not feel good about the way they look, this has increased from 28% in 2017. 41.7% of Y10 pupils said they did not feel good about the way they look, this has improved from 43% in 2017.

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. 9.4% (330) pupils did not answer this question. Overall the number one choice for someone to discuss a problem with is a friend which is a change from 2017 when an adult at home was the first choice.

Overall the results show

- Adult at home 29%
- Family member 26%
- Friend 29.1%
- Other 8%
- I do not have anyone I could talk to 3.4%
- Member of staff at school 2.7%
- Youth worker 0.5%
- Social worker 0.7%
- School nurse 0.3%
- Health professional e.g. GP 0.4%

Analysis of the comments input into the 'other' option showed in the majority, pupils said they would talk to either boyfriend/girlfriend. More young people in 2018 said they would discuss a problem with either a member of staff at school, a youth worker, a social worker or a school nurse.

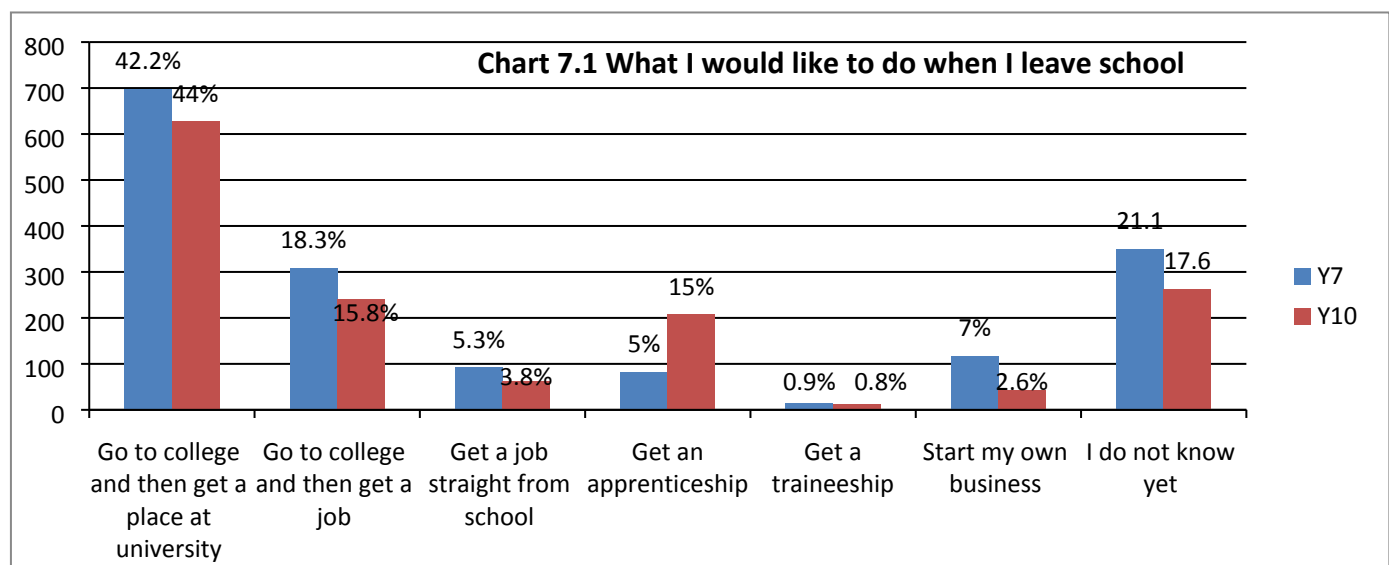
There has been an increase in the number of pupils who said they would not have anyone they could talk to, if they had a problem. Overall 3.4% (107) this has increased from 3.2% in 2017. In 2018 girls are more likely to say they did not have anyone they could talk to, which is a reverse of 2017 results. Y10 (64) pupils are more likely to say they do not have anyone they could talk to, compared to Y7 (37)

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 was a new option added for pupils to choose from in the 2018 survey, this was getting a traineeship. 10% (349) of pupils did not answer this question.



There has been an increase since 2017 of the number of young people overall who said they aspire to go to university. This has increased to 43.1% (1592) from 42% in 2017. The biggest increase has come from Y10 pupils.

- 44% of Y10 chose this option up from 42.6% in 2017
- 42.2% of Y7 chose this option up from 41.6% in 2017



What's working well? New to Rotherham

University Centre of Rotherham opened September 2018. Brand new campus dedicated to degree and professional training qualifications.

4.5% of pupils said they would like to get a job straight from school, this has reduced from 5.7% in 2017.

- 3.8% of Y10 chose this option, down from 4.2% in 2017
- 5.3% of Y7 chose this option, down from 6.3% in 2017

10% of pupils said they would like to get an apprenticeship when they leave school. This has increased slightly from 9.5% in 2017

- 15% of Y10 chose this option up from 13.2% in 2017
- 5% of Y7 chose this option down from 5.9% in 2017

17% of pupils said they would like to study at college and then move into employment, this is a similar response to 2017.

- 15.8% of Y10 chose this option down from 18.7% in 2017
- 18.3% of Y7 chose this option up from 16.8% in 2016

4.8% of pupils aspire to start their own business down from 5.5% in 2017.

- 2.6% of Y10 chose this option down from 3.59% in 2017
- 7% (152) of Y7 chose this option same as in 2017

19.3% of pupils have not yet made their choice of what they would like to do when they leave school, this has decreased from 20% in 2017.

- 17.6% of Y10 chose this option down from 19.5% in 2017
- 21.2 of Y7 chose this option up from 20.2% in 2017

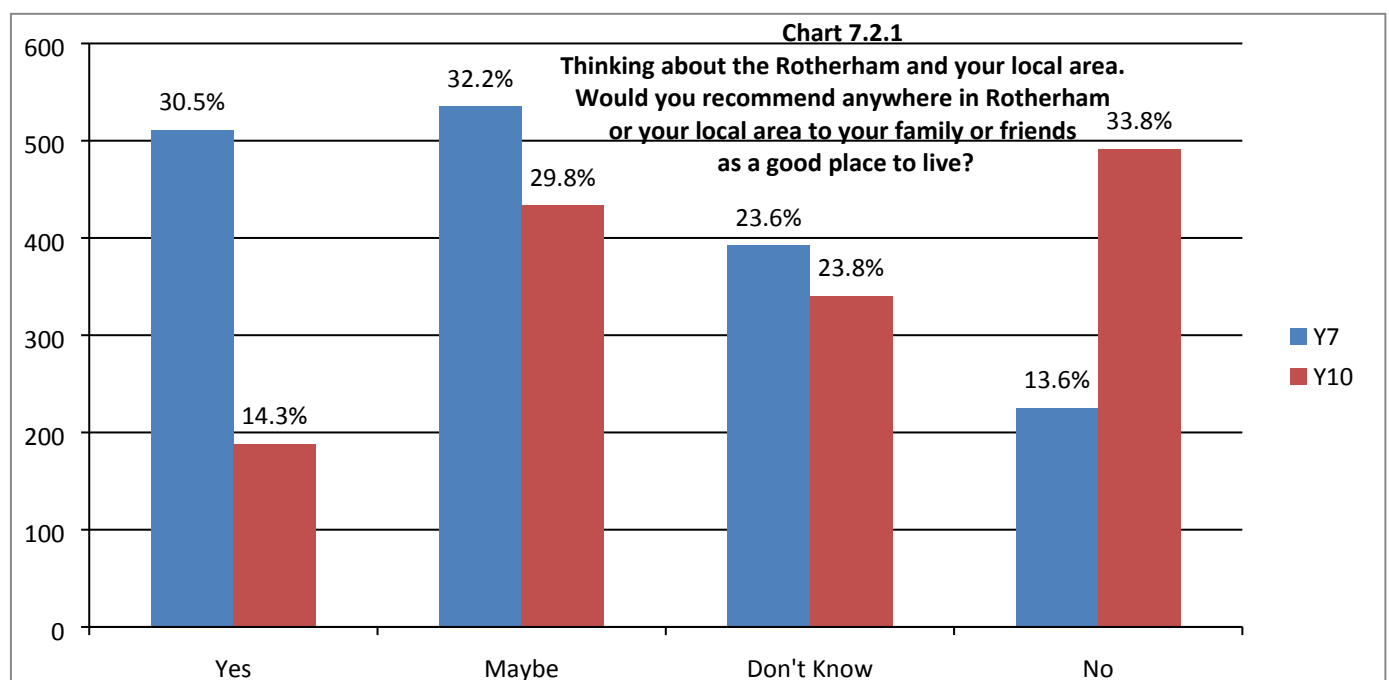
Overall 0.8% of pupils said they would like to get a traineeship when they leave school

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. 10.9% (384) of pupils did not answer these questions.

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.

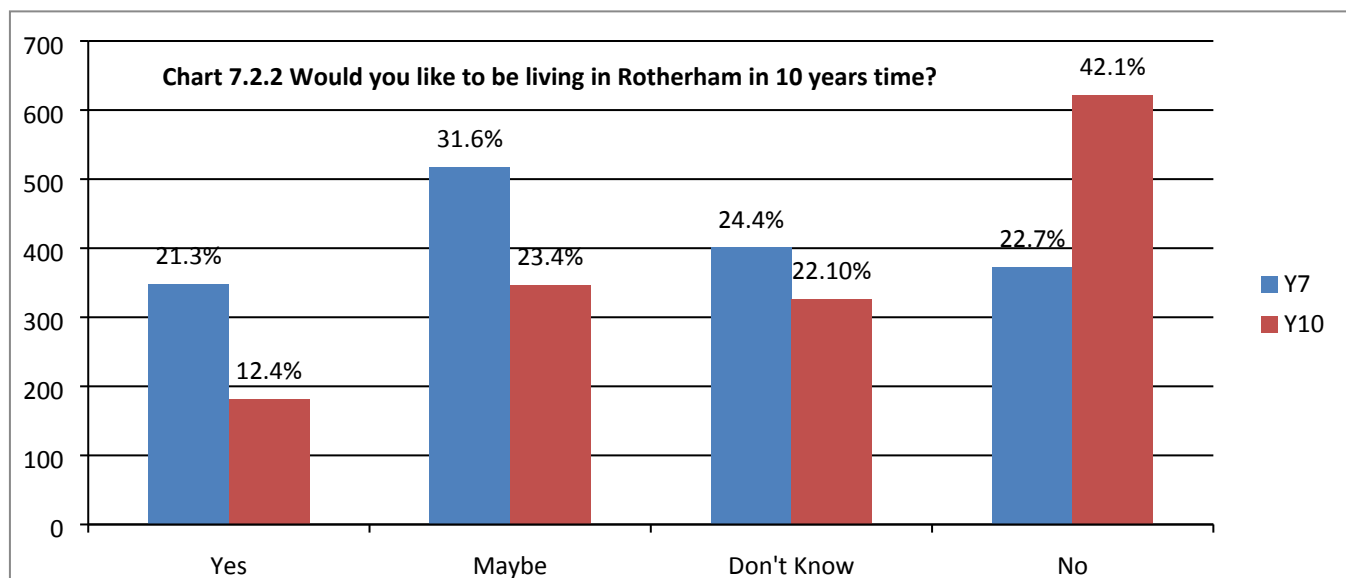


Overall 23.7% (716) of pupils said no, they would not recommend Rotherham as a place to live, this has increased from 20.5% in 2017.

There has been a decrease in the number of pupils who would definitely recommend Rotherham as a place to live, 22.4% (699) compared to 26.1% in 2017.

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 32.4% gave the response that they would not like to be living in Rotherham in 10 years' time, this has declined from 27.2% saying no in 2017. There has been in a slight decrease in the number of pupils who would definitely like to be living in Rotherham in 10 years' time 17% (529) said yes they would, compared to 17.5% in 2017.

Pupils in Y7 are more likely to want to continue to live in Rotherham 21.4%% (348) of Y7 said yes they would like to be living in Rotherham in 10 years' time, compared to 12.4% (181) of Y10.

What are we worried about?

There has been a decline in the 2018 results about pupils' perception of Rotherham and recommending Rotherham as a place to live and wanting to remain in Rotherham in the future.

We need to ensure that all young people have an opportunity to have their voice heard about the future plans for Rotherham and they have contribute to improvements through initiatives:

Different But Equal Board

The Embassy for Reimagining Rotherham

Youth Groups – Youth Cabinet, Young Inspectors & Looked After Children Councils

A follow-on question, was added for the first time 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. The table below shows comparison with 2017 & 2018 results.

Table 7.2.3 shows the overall results and how Y7 and Y10 rated the choices.

Choices	Ranking					
	Overall		Y7 & Y10 Rating			
	2018	2017	Y7 2017	Y7 2018	Y10 2017	Y10 2018
Make Rotherham Safer (This could be for example - improve walkways, cycle paths, road safety, police/security patrols).	1698 (55%) 1 st	2137 (56%) 1 st	2 nd	3 rd	1 st	1 st
Make Rotherham Cleaner (This could be for example - improve the cleanliness of streets, town-centre and parks).	1675 (54%) 2 nd	2136 (56%) 2 nd	1 st	1 st	2 nd	2 nd
More entertainment places (This could be for example - cinema, bowling alley, skating rink, amusements, theatre).	1579 (51%) 3 rd	1948 (51%) 3 rd	3 rd	2 nd	3 rd	3 rd
More activities to do (This could be for example - more parks, better play areas, age appropriate activities).	1333 (43%) 4 th	1723 (45%) 5 th	4 th	4 th	9 th	8 th
Make sure there is affordable Housing in Rotherham for when we need it	3123 (42%) 5 th	1698 (45%) 6 th	5 th	5 th	8 th	6 th
Make Rotherham transport young person friendly, safe and have reasonable prices.	1318 (42%) 6 th	1748 (46%) 4 th	6 th	6 th	5 th	4 th
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).	1245 (40%) 7 th	1654 (43%) 8 th	9 th	9 th	4 th	5 th
Stop Rotherham being seen as a negative place to be. Celebrate more and be proud of Rotherham and the good things in Rotherham.	1228 (39%) 8 th	1671 (44%) 7 th	7 th	8 th	7 th	9 th
Make Rotherham a place where there is a good range of shops.	1218 (39%) 9 th	1585 (42%) 10 th	10 th	11 th	6 th	7 th
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).	1216 (39%) 10 th	1592 (42%) 9 th	9 th	7 th	10 th	10 th
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).	1173 (38%) 11 th	1477 (39%) 11 th	11 th	10 th	11 th	11 th

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

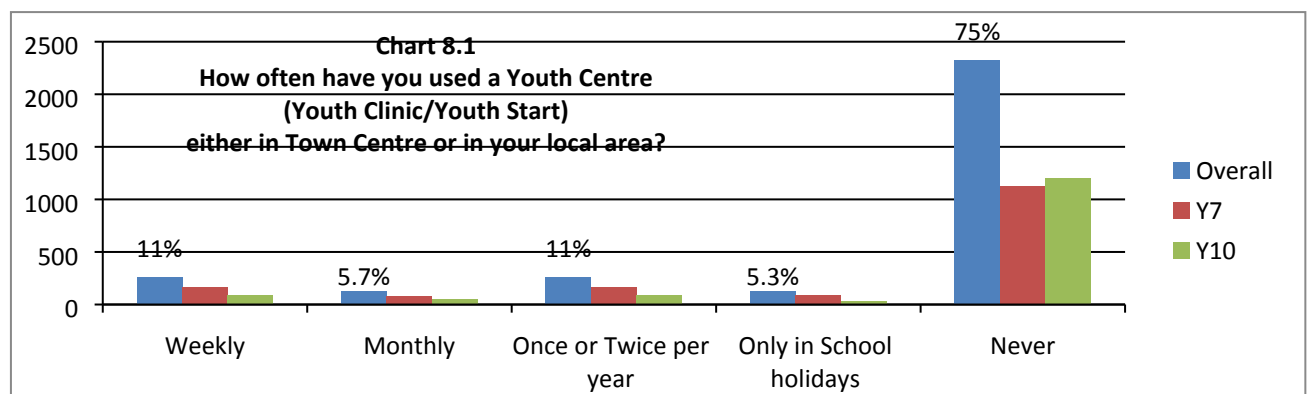
Following consultation around the content of the Lifestyle Survey, questions were amended to the 2018 survey, to ascertain from young people, how often they use leisure facilities either in Rotherham town centre or their local area and feedback on how they rate these services.

8.1 Using Youth Centres

398 (11.3%) of pupils did not answer the youth centre questions.

Overall 25% (773) of pupils said they use a Rotherham Youth Centre, this is a decline from 27.6% in 2017.

Chart 8.1 shows the frequency that pupils use the centres.



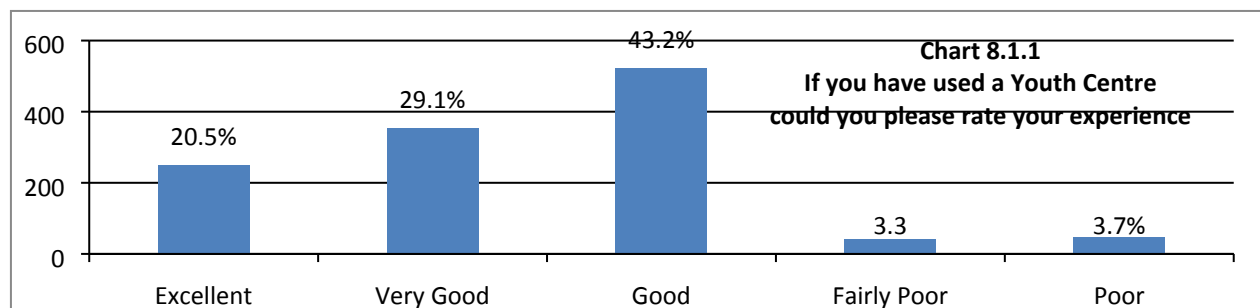
Y7 (31%) pupils are more likely to use a youth centre compared to Y10 (17%) and boys (24.5%) are more likely to use a youth centre compared to girls (24%).

8.1.1 Rating Youth Centres

Overall 35% (1211) 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.

Chart 8.1.1 below details pupils' responses.



Overall 92% of those who have used a youth centre rated their experience good or better, this is an improvement from 2017 where 75% rated their experience good or better.

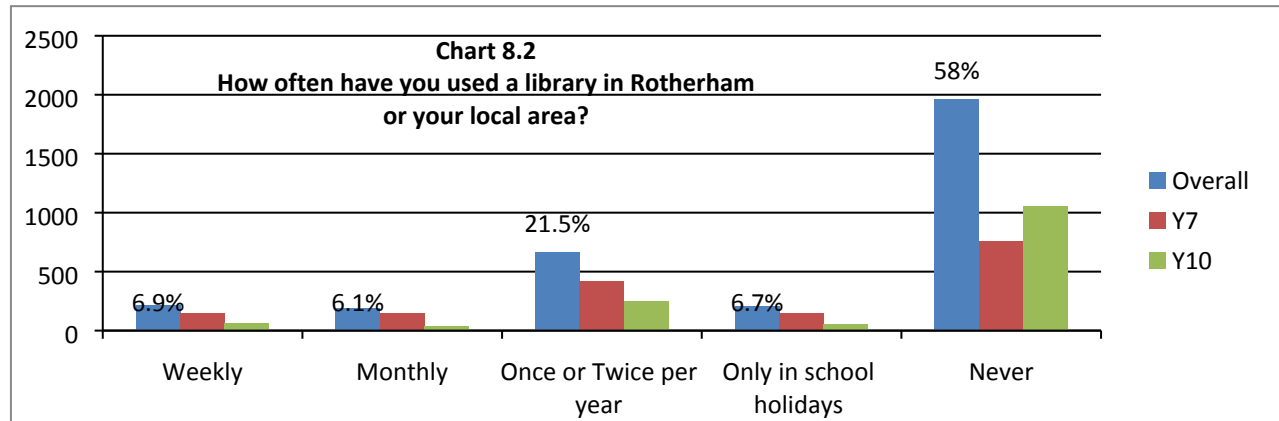
Rating their experience as excellent as improved from 15.1% in 2017 to 20.5% in 2018

8.2 Using Libraries

406 (11.6%) of pupils did not answer the library questions.

Overall 42% (1278) of pupils said they use a library in Rotherham, this has decreased from 51% in 2017. Although 55% of pupils shared their views on rating a library.

Chart 8.2 shows the frequency that pupils use the libraries.



8.2.1 Rating Libraries

Overall 55.2% (1709) 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
- Dinnington
- Aston
- Riverside House
- Swinton

The least used libraries are:

- Mowbray Gardens
- Thorpe Hesley
- Greasbrough

Overall 82.1% of those who have used a library, rated the experience good or better in 2018, this has increased from 60% in 2017.

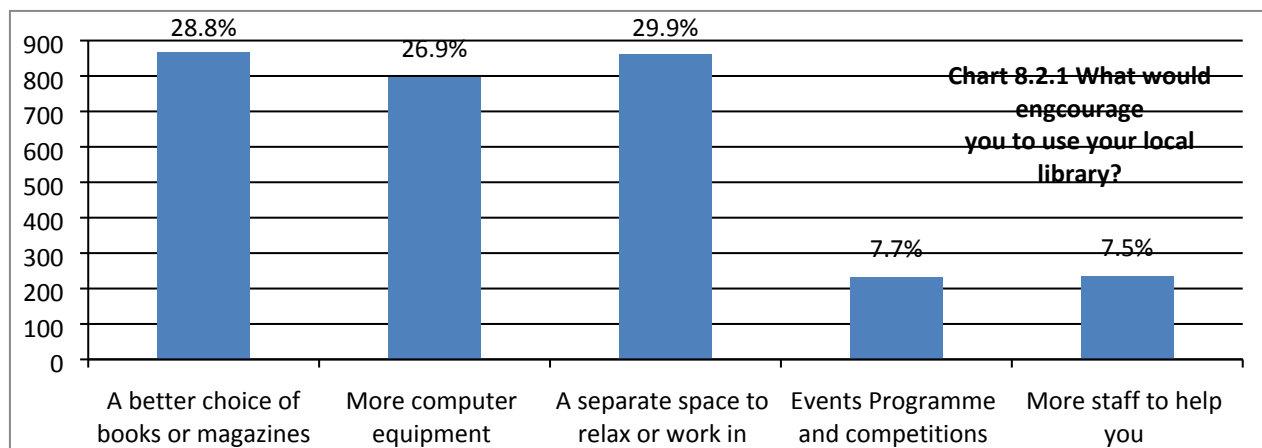
The libraries receiving the most excellent ratings are

- School Libraries
- Kiveton Park
- Riverside

The libraries receiving the least excellent rating are

- Greasbrough
- Rawmarsh
- Wath

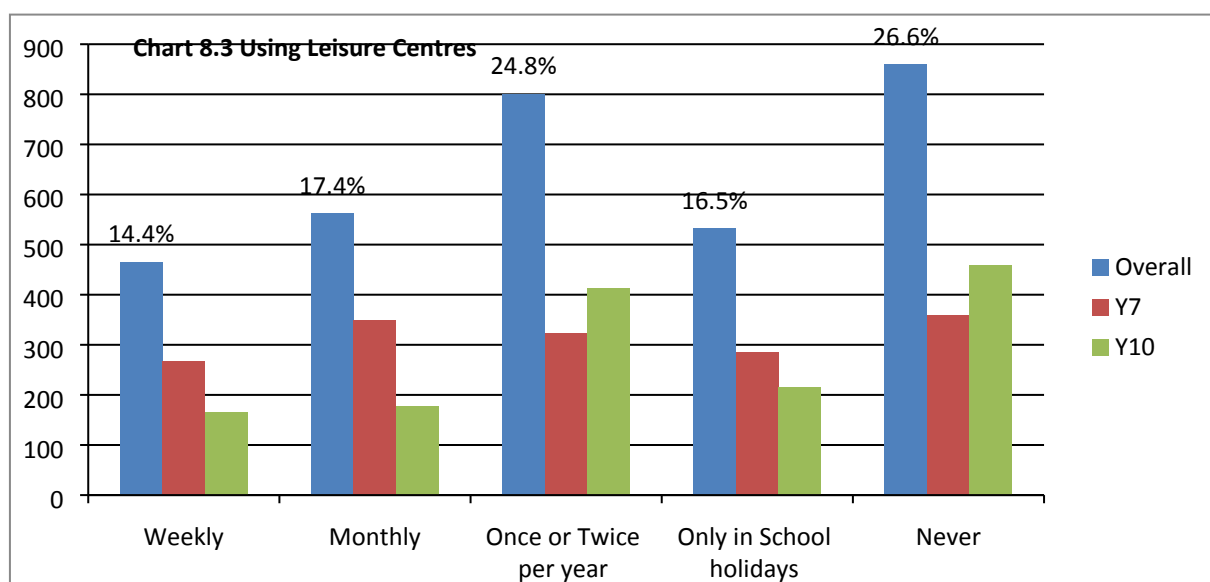
2782 (80%) of pupils answered a new follow-up question about what would encourage them more to visit a local library. Chart 8.2.1 Details the responses



8.3 Using Leisure Centres

281 (8%) did not answer the leisure centre questions.

Overall 73.4% (2190) of pupils said they use Rotherham Leisure Centres, this has decreased from 78% in 2017. Chart 8.3 details the frequency of using leisure centres.



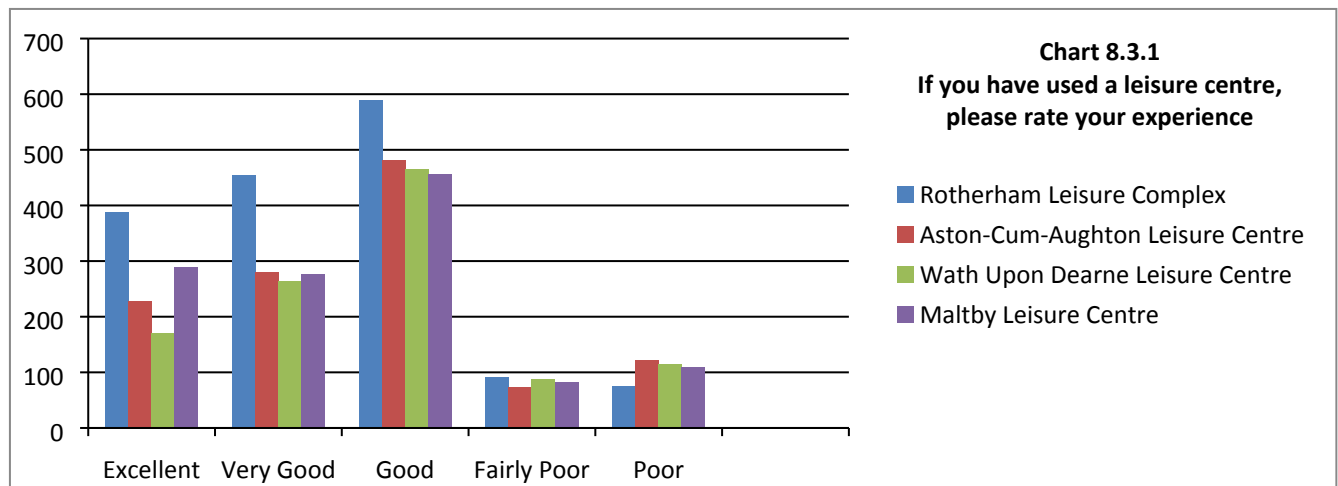
8.3.1 Rating Leisure Centres

Overall 73.4% (2190) 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
- Maltby Leisure Centre



Overall 85% of those who have used a leisure centre, rated the experience good or better, this has improved from 79% in 2017.

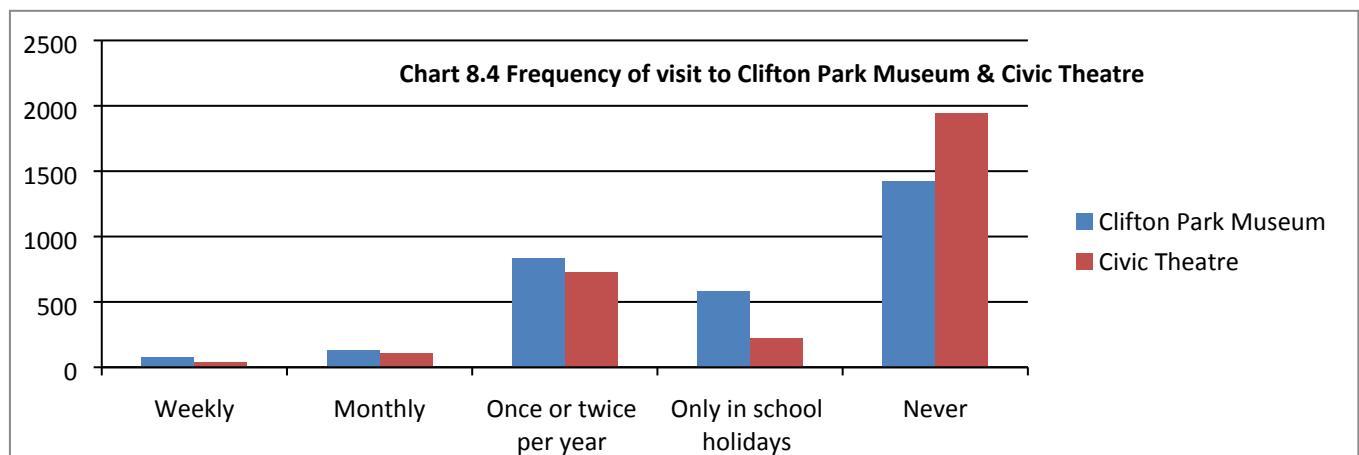
8.4 Using Clifton Park Museum or Rotherham Civic Theatre

449 (12.8%) of pupils did not answer the Clifton Park Museum question.

Overall 53.5% (1630) of pupils said they have visited Clifton Park Museum, this has decreased from 61.4% in 2017.

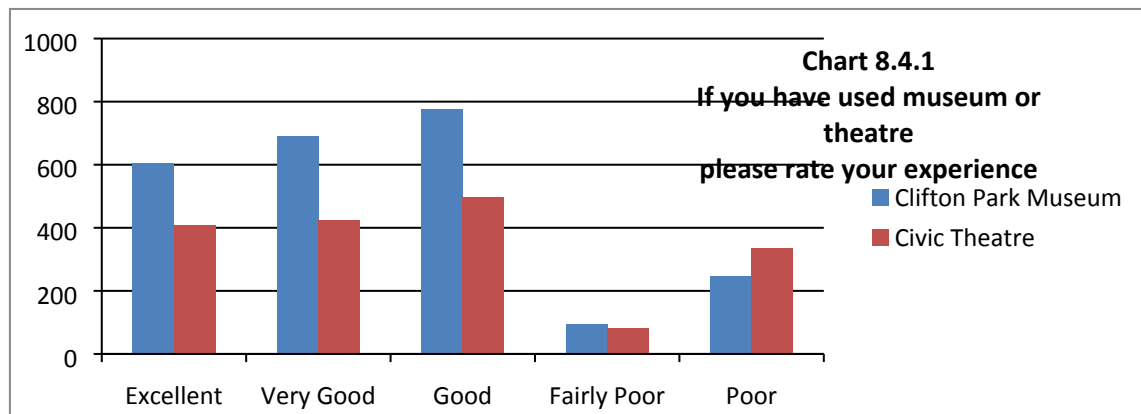
Overall 36% (1096) of pupils said they have visited Civic Theatre, this has decreased from 37.9% in 2017.

Chart 8.4 shows overall the frequency that pupils have visited either Clifton Park Museum or Civic Theatre.



8.4.1 Rating Clifton Park Museum or Rotherham Civic Theatre

Chart 8.4.1 show the results on how pupils rate the museum and theatre.



Overall 92.6% of those who have visited Clifton Park Museum rated the experience good or better, this has improved from 86% in 2017.

Overall 95.7% of those who have visited Civic Theatre rated the experience good or better this has improved from 76% in 2017.

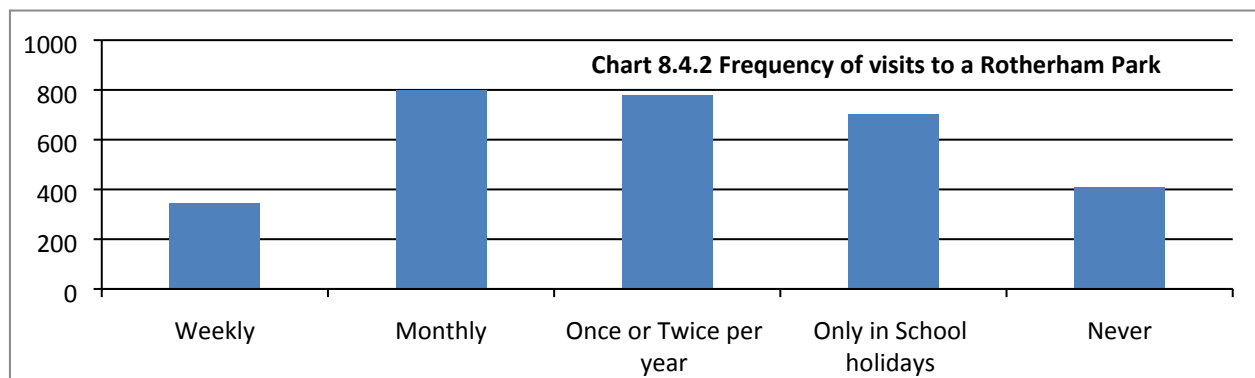
8.4.2 Rotherham Parks

A new question was added to the 2018 survey, to ask pupils if they visited the parks in Rotherham or their local area and how do they rate them.

471 (13.4%) of pupils did not answer the question about Rotherham Parks.

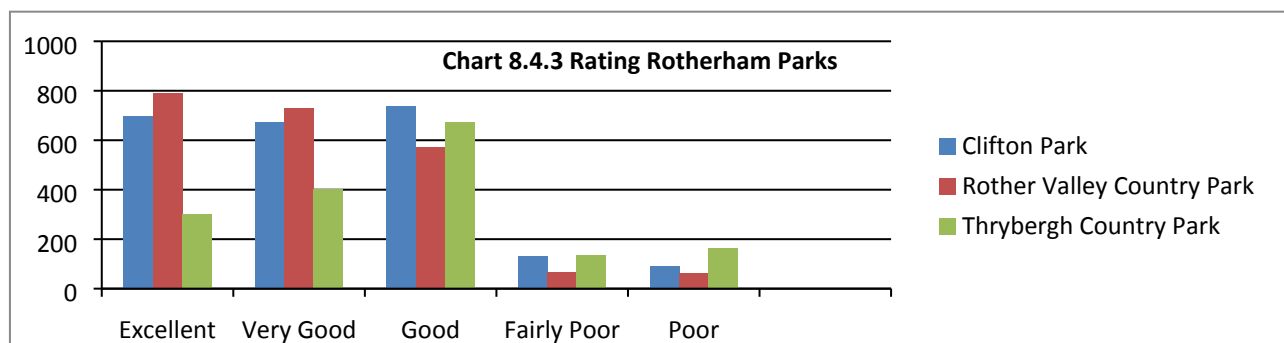
Overall 86.5% (2621) of pupils said they have visited one of the Rotherham Parks.

Chart 8.4.2 shows overall the frequency that pupils have visited one of the Rotherham parks.



8.4.3 Rating Rotherham Parks

Chart 8.4.3 show the results on how pupils rate each of the Rotherham Parks



Overall 90.3% of those who have visited Clifton Park rated the experience good or better.

Overall 94.1% of those who have visited Rother Valley rated the experience good or better.

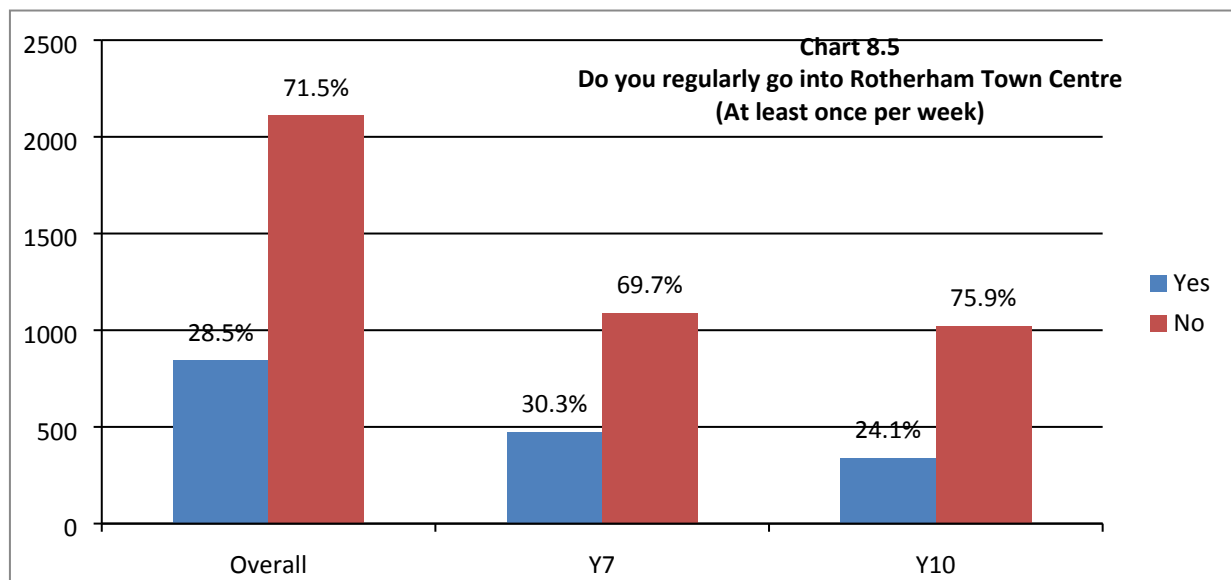
Overall 82.1% of those who have visited Thrybergh Country Park rated the experience good or better.

8.5 Rotherham Town Centre

Pupils are asked a number of questions about visiting Rotherham town centre.

15.6% (546) of pupils did not answer the town centre questions.

When asked if they regularly visit Rotherham town centre, chart 8.5 shows the results.



The results show that there has been a decrease in the number of pupils who said they regularly visit town centre. 28.5% (843) of pupils said yes they do, compared to 33% in 2017.

8.5.1 Reason for visiting Rotherham Town Centre

The 2018 results show that it is the same trend for the reasons pupils have visited Rotherham town centre has in previous years. Overwhelmingly shopping is the main reason why pupils visit. 2nd choice is going to a football match and 3rd choice is meeting with friends.

8.6 When do pupils visit Rotherham town centre (New question in 2017 requested by the Child Friendly Rotherham Board)

Pupils were asked what time of day did they prefer to visit Rotherham. 84.4% (2954) of pupils answered this question

- 57.3% said daytime only compared to 63% in 2017
- 3.4% said night time only compared to 2.8% in 2017
- 18.5% said either day or night compared to 16.8% in 2017
- 20.5% said never compared to 17.4% in 2017

9.0 Safeguarding

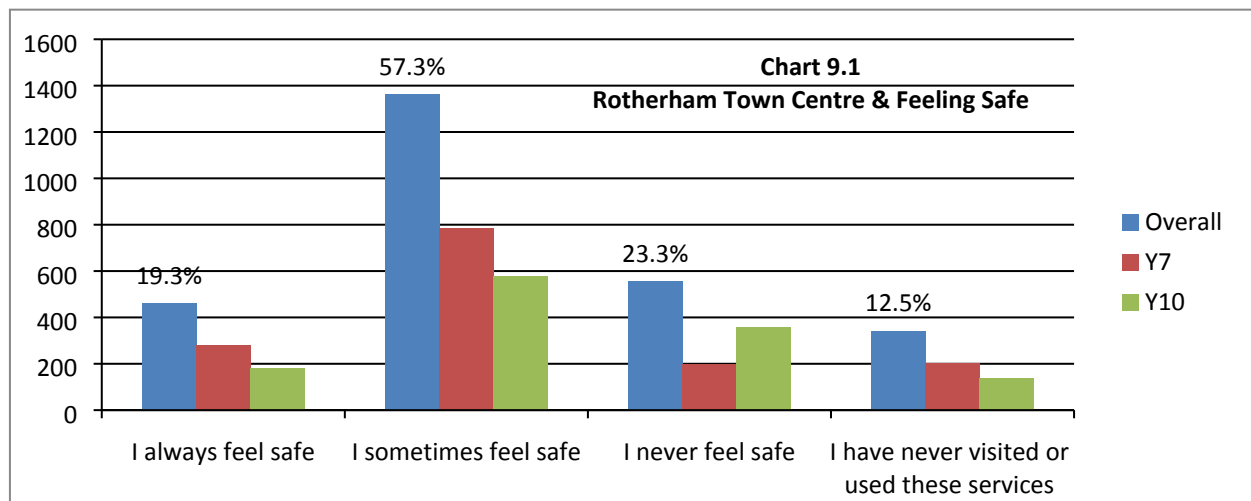
Pupils are asked a series of questions about their safety, feeling safe in and around the town centre, their local community, on-line and bullying issues.

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 or used these services, therefore their responses have not been included in the feeling safe responses.

384 (11.9%) of pupils did not answer the town centre, bus station and train station safety question.

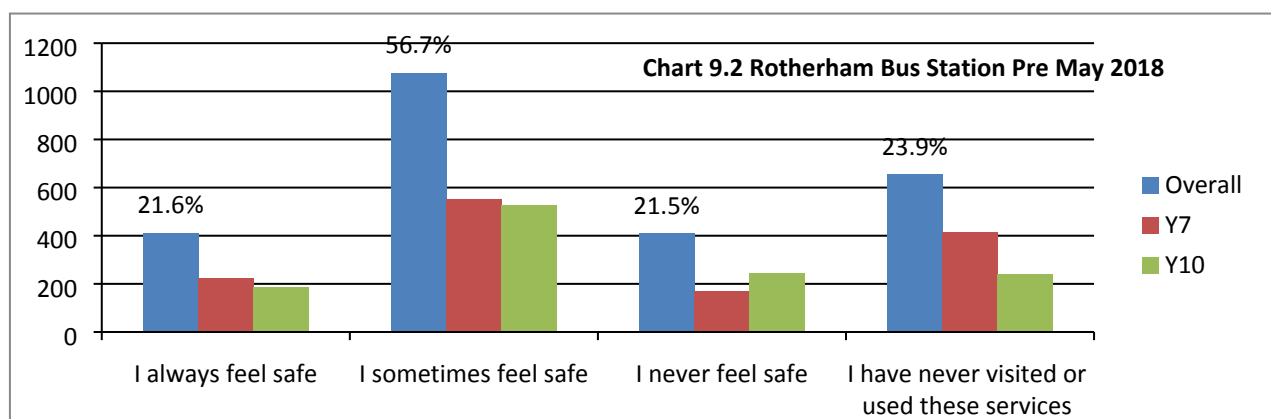


There has been an improvement in the % overall of pupils who said they always feel safe in Rotherham town centre. 19.3% (459) of pupils said they always feel safe, compared to 18% in 2017. There has been an increase in the % of pupils who said they never feel safe 23.3% (554) compared to 18.5% in 2017.. 12.5% of pupils said they have never visited Rotherham town centre. Year 7 pupils are more likely to say they always feel safe and Y10 pupils are more likely to say they never feel safe.

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

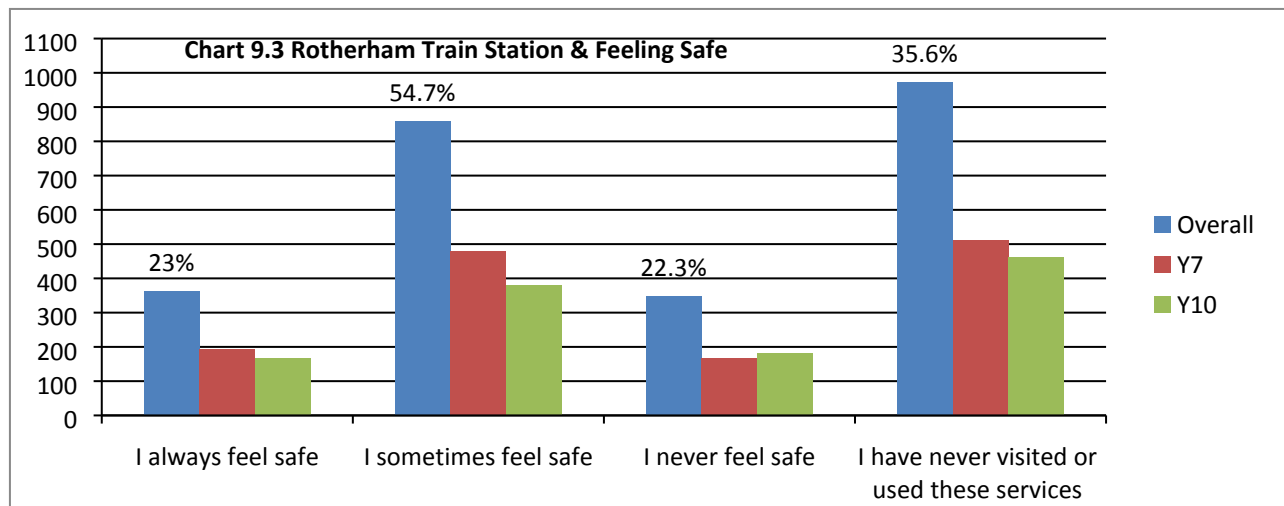
This question relates to the old bus station that closed on 30th April 2018.



There has been an improvement in the % overall of pupils who said they always feel safe in Rotherham central bus station. 21.6% (410) said they always feel safe, compared to 18% in 2017. There has been an increase in the % of pupils who said they never feel safe this has increased to 21.5% (408) from 16% in 2017. 23.9% said they have never used Rotherham bus station. Year 7 pupils are more likely to say they always feel safe and Y10 pupils are more likely to say they never feel safe.

9.3 Feeling Safe Rotherham Train Station

Chart 9.3 below describes how pupils feel about Rotherham train station.



There has been an improvement in the % overall of pupils who said they always feel safe in Rotherham train station, 23% (362) said they always feel safe, compared to 15% in 2017. There has an increase in the % of pupils saying they never feel safe, 22.3% (349) compared to 15% in 2017. 35.6% (974) said they have never used Rotherham train station.

What are we worried about?

There has been an increase in the % of pupils who say they never feel safe in Rotherham town centre, bus station and train station, compared to 2017 results.

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.

South Yorkshire Passenger Transport Executive request additional questions to be added to the survey, to find out from young people their views on the temporary transport arrangements regarding the bus station and also capture the voice of young people around the development of the new bus station.

9.4 Views on temporary bus station arrangements

18% (637) of pupils shared their views about the temporary bus station arrangements.

Y7 were more likely to be positive about the temporary arrangements, their comments were 55% positive and 45% negative, their comments included:

- I feel safer
- It is good
- It is excellent temporary arrangement
- All ok
- It is a bit confusing
- Stops are too far apart, too spread out over the town
- It's ok but a bit dirty

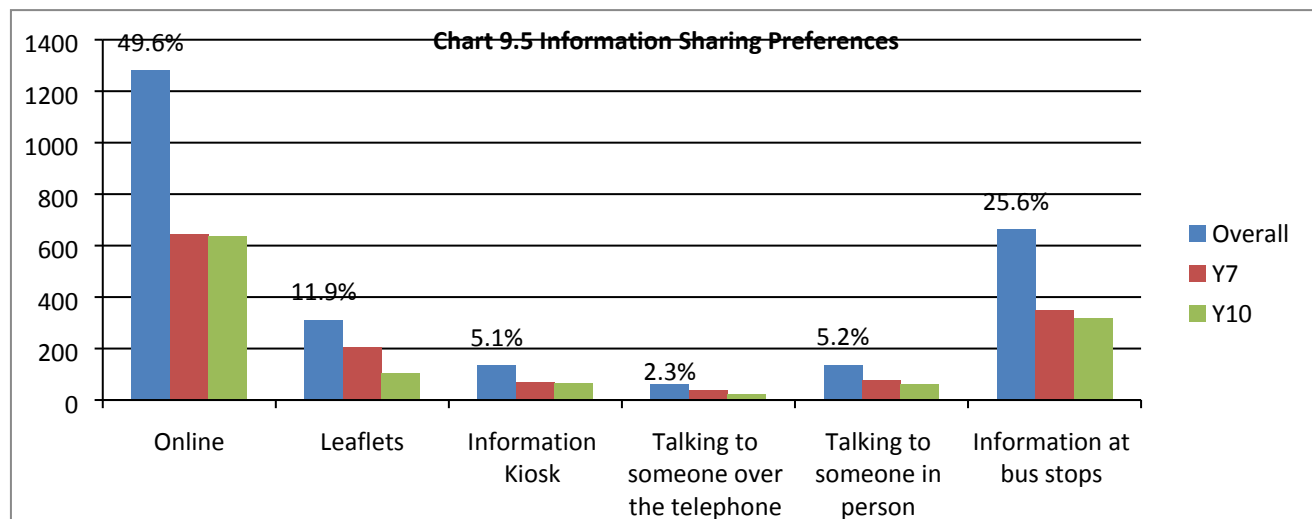
Y10 comments were 40% positive and 60% negative, their comments included:

- I feel safer
- Very little litter
- Good information about bus times
- It small and cold
- Too cramped, stops too close together

- Not enough information provided about the old one closing
- Not enough seating and seats too small

9.5 Views on sharing information at new bus station interchange

74% (2579) of pupils in Y7 and Y10 shared their views about how they would like to find information around public transport. Table 9.5 details the results.



It is not surprising the highest majority of young people would prefer to find out information online and their 2nd choice would be information at bus stops. They are least likely to want to speak with someone over the telephone.

9.6 Risk Factors

Table 9.6 below shows what they think are the highest risk factors. These options have been changed from previous surveys at the request of young people and supported by Safer Rotherham Partnership. A comparison is shown where applicable. 26% (920) of pupils did not answer the questions around risks and safety.

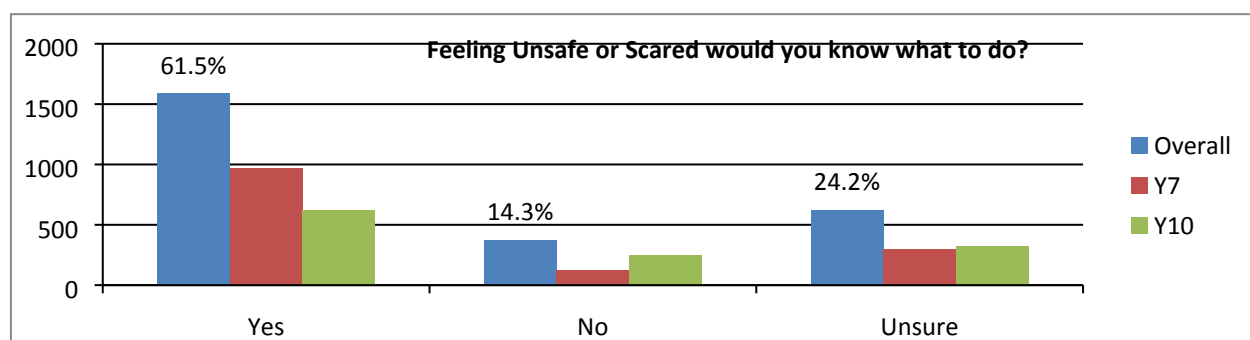
Table 9.6 Town Centre & Risk Factors					
Risk Factor	2018 Overall	2018 Overall Ranking	2017 Overall Ranking	2018 Y7	2018 Y10
People causing anti-social behaviour	1220 (54.8%)	1 st	N/A	2 nd	1 st
People using drugs in public areas	1212 (54.4%)	2 nd	N/A	1 st	2 nd
People drinking alcohol in the streets	1152 (51.7%)	3 rd	N/A	3 rd	3 rd
Lack of visible security	1118 (49.8%)	4 th	4 th	4 th	5 th
People causing violence or aggression	1094 (49.1%)	5 th	N/A	5 th	4 th
Litter and untidy environment	882 (39.6%)	6 th	N/A	6 th	6 th
People making unkind and unwanted comments	638 (28.6%)	7 th	N/A	7 th	7 th
Not many people or adults around	374 (16.8%)	8 th	N/A	8 th	8 th
Protests or marches	314 (14.1%)	9 th	9 th	9 th	9 th
2017 Choices Not Included in 2018 Survey					
Being approached by strangers	1842 (63%)	N/A	1 st	N/A	N/A
Fear or large groups/gangs	1832 (62.5%)	N/A	2 nd	N/A	N/A

Being approached by people who are drunk	1765 (60%)	N/A	3 rd	N/A	N/A
Being alone	1521 (52%)	N/A	5 th	N/A	N/A
Dark nights	1432 (49%)	N/A	6 th	N/A	N/A
People standing outside pubs	1253 (43%)	N/A	7 th	N/A	N/A
Poor lighting	1119 (38%)	N/A	8 th	N/A	N/A
Football match days	615 (21%)	N/A	10 th	N/A	N/A

The results from 2018 show that young people highest risk factor that could contribute to them feeling unsafe is people causing anti-social behaviour and people taking drugs in public places. The fear of protests and marches has reduced considerably when this risk was rated the 3rd highest in 2016, but in both 2018 and 2017, this moved to the lowest risk factor.

Young people supported by Safer Rotherham Partnership requested an additional 2 questions about feeling safe and what issues need to be addressed as priority to improve safety.

Pupils were asked, if you were feeling unsafe or scared would you know what to do?



What are we worried about?

61.5% of pupils in Y7 and Y10 said they would know what to do if they were feeling unsafe or scared

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 and highlight to schools.

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.

9.7 Priorities for Safer Rotherham Partnership

Pupils were asked for their opinion on the priorities for Safer Rotherham Partnership. Table 9.7 below shows the overall responses and responses from Y7 and Y10

Priority	Overall	Y7	Y10
Reducing rape and sexual offences	70.6% (1 st)	2 nd	1 st
Protecting vulnerable children from harm, such as abuse, missing children, children with mental health conditions	70.1% (2 nd)	1 st	3 rd
Reducing child sexual exploitation	64.8% (3 rd)	3 rd	2 nd
Reducing violent crime, including knife crime	59% (4 th)	4 th	4 th
Tackling organised crime gangs, modern slavery, human trafficking and drugs	45.3% (5 th)	5 th	6 th
Reducing criminal damage, anti-social behaviour and arson	44.6% (6 th)	6 th	5 th
Reducing burglary and vehicle crime	40.3% (7 th)	7 th	8 th
Reducing domestic abuse and protecting people from	37.9% (8 th)	8 th	7 th

forced marriage or honour based violence			
Protecting vulnerable adults from harm and being the target of crime	34.8% (9th)	10th	9th
Protecting people from cyber-crime, for example online grooming, sexual exploitation, online harassment and financial scams	34.4% (10th)	9th	10th
Making communities safe, welcoming and free from hate crime and harassment	27.9% (11th)	11th	11th
Reducing re-offending by providing support to stop offenders committing more crimes	23.6% (12th)	12th	12th

9.8 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

- 91.2% (2466) said they always feel safe at home, compared to 91.8% in 2017.
- 7.1% said they sometimes feel safe at home, compared to 6.9% in 2017.
- 1.6% of pupils said they never feel safe at home, compared to 1.2% in 2017.

At school

- 57.6% (1541) said they always feel safe at school, compared to 59.4% in 2017.
- 37.4% said they sometimes feel safe at school, compared to 36% in 2017.
- 4.8% said they never feel safe at school, compared to 4.6% in 2017.

On Way to and from school

- 53.8% (1435) said they always feel safe on way to and from school, compared to 61.2% in 2017.
- 40.1% said they sometimes feel safe on way to and from school, compared to 34.5% in 2017.
- 5.9% of pupils said they never feel safe on way to and from school, compared to 4.2% in 2017.

On local buses and trains

- 28.4% (745) said they always feel safe on local buses and trains, compared to 29.5% in 2017.
- 59.3% said they sometimes feel safe on local buses and trains, compared to 59.4% in 2017.
- 12.1% of said they never feel safe on local buses and trains, compared to 11% in 2017.

In your local community, where you live

- 50.5% said they always feel safe in the community where they live, compared to 51% in 2017.
- 42.9% said they sometimes feel safe in the community where they live, compared to 43% in 2017.
- 6.9% said they never feel safe in the community where they live, 6% in 2017.

In local parks or recreational areas (new option 2018)

- 33.6% (889) said they always feel safe in parks or recreational areas.
- 57.5% said they sometimes feel safe in parks or recreational areas.
- 8.8% said they never feel safe in safe in parks or recreational areas.

9.9 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, 35.4% said this, compared to 33.1% in 2017. The overall results show that:

- 35.5% everyone mixes well with very few problems (33.1% in 2017)
- 29.5% people generally mix well, but there has been some problems (32.4% in 2017)
- 18.3% different groups keep themselves to themselves but there are not many problems (19.3% in 2017).
- 12.2% people from different groups do not get on well together; there are lots of problems (11.1% in 2017).
- 4.5% there are no people in my area from a different background (3.9% in 2017).

9.10 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.

- 2.3% said they have not been taught about keeping safe on the internet, this has increased from 1.4% in 2017.
- 72.6% learned about internet safety at school, a decrease from 80.1% in 2017
- 19.5% learned about internet safety at home, an increase from 15% 2017.
- 3.4% learned about internet safety on-line, an increase from 2% in 2017.
- 2.2% learned about internet safety through friends, an increase from 0.8% in 2017.

9.11 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 9.11 below shows what pupils feel overall and what Y7 and Y10 pupils feel in 2017, compared to 2016 overall result.

Table 9.11 Risks Using Internet				
Risk	Overall 2018 Ranking	2018 Y7 Ranking	2018 Y10 Ranking	2017 Ranking
Someone hacking their information	1 st	2 nd	1 st	1 st
Cyber bullying	2 nd	1 st	2 nd	3 rd
People lying about who they say they are	3 rd	3 rd	3 rd	2 nd
Security issues (viruses)	4 th	5 th	4 th	4 th
Message from people they do not know	5 th	4 th	5 th	5 th
Seeing images that make them uncomfortable	6 th	6 th	6 th	6 th

Pupils have rated the risk of cyber bullying higher in 2018 than in 2017, for Y7 pupils this is their highest risk compared to 3rd highest in 2017.

Overall 17.2% said there are no risks using the internet that concerns them.

9.12 Bullying

21% (765) pupils did not answer the questions around bullying.

Pupils who said they have been bullied has increased to 27% (739) from 26% in 2017. The overall increase is attributed to Y10 pupils; their % has increased in 2018, while Y7 has decreased. Y7 pupils are more likely to say they have been bullied 29.9% (442) compared to 23.6% (297) of Y10. The increase of bullying rates is due to the responses from girls.

Girls in both Y7 and Y10 are more likely to say they have been bullied compared to boys. In 2018 32.4% of Y7 girls and 26.3% of Y10 girls said they have been bullied. In 2017 30.4% of Y7 and 18.7% of Y10 girls said they have been bullied, these have both increased in 2018.

In 2018 27.1% of Y7 boys and 18.7% of Y10 boys said they have been bullied. In 2017 30.7% of Y7 boys and 20.8% of Y10 boys said they have been bullied, these have both decreased in 2018.

9.12.1 Bullying Frequency

739 pupils said they have been bullied, for the follow on question when were you bullied 93.9% (694) answered the question.

- 47.8% of pupils said bullying occurred during school time (50% in 2017).
- 11.8% of pupils said bullying occurred out of school time only (12.8% in 2017)
- 40.3% of pupils said bullying occurred during both of these (37.2% in 2017)

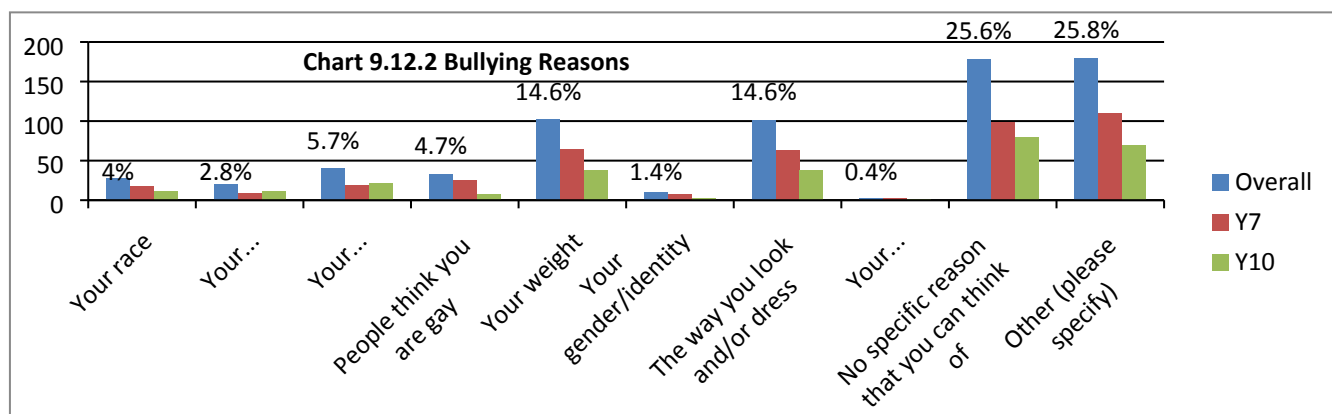
The results show there has been an increase in bullying occurring both in and out of school time.

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

- 21.4% said they were bullied very frequently, almost every day (20.1% in 2017)
- 33.2% said they were bullied frequently, more than 3 times per week (28.3% in 2017)
- 28.7% said they were bullied often, between 1-2 times per week (31.4% in 2017)
- 16.4% said they were bullied infrequently between 2-3 times per month (20.1% in 2017)

9.12.2 Bullying Reasons

Pupils were asked to say if they knew the reason why they may have been bullied Table 9.12.2 shows the overall % and Y7 and Y10 results for 2018



A pupil saying they have been bullied because of their sexuality has increased in 2018 to 5.7% (40) from 2.8% in 2017. There has also been an increase for the reason the way I look; this has increased to 14.6% (101) from 12% in 2017. Other reasons are relatively similar % to 2017.

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, 25.6%; this is more prevalent with Y7 than Y10. 28.2% of Y7 gave this response, compared to 23.6% of Y10.

9.12.3 Types of Bullying

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

- Verbal bullying 68.5% (64.34% in 2017)
- Physical bullying 15.3% (16.4% in 2017)
- Being ignored 6.6% (10% in 2017)
- Cyber bullying 6.2% (6.6% in 2017)
- Sexual bullying (inappropriate touching/actions or comments) 3.2% (2.6% in 2017)

Pupils saying they have been verbally bullied has had the largest % increase

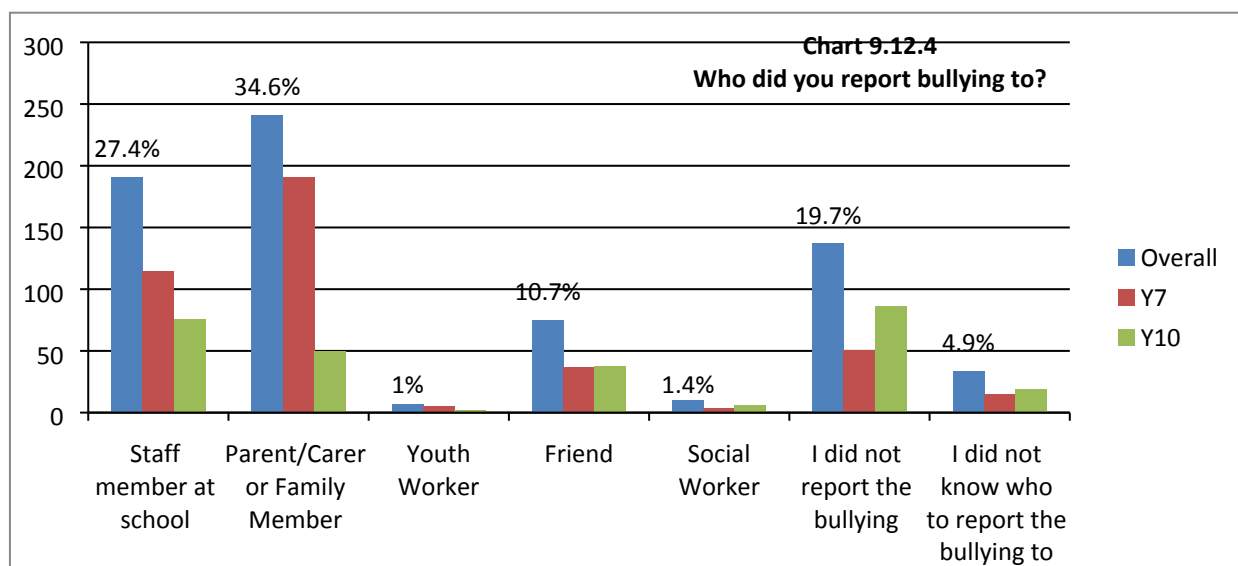
Pupils saying they have been bullied by being ignored has had the largest % decrease

It is positive to see that both cyber bullying has decreased in 2018.

Sexually bullying has had a slight increase in 2018.

9.12.4 Reporting Bullying

The 2018 results show that there has been an increase in the % of pupils who either did not report a bullying incident or did not know who to report bullying to. This has increased to 24.6% from 23.3% in 2017. 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 is exactly the same as in 2017. Y7 pupils are more likely to say they received some help compared to Y10.

9.12.5 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 27% of young people in Y7 and Y10 saying they have been bullied

Ditch the Label Survey - 19% (840) of those who said they were bullied said bullying occurs every day.

Rotherham Lifestyle Survey figure is a higher % than this with 21.4% saying they are bullied daily.

10. Young Carers

23% (808) of pupils did not answer the questions about Young Carers.

The % of pupils who thought of themselves as a young carer has slightly increased in 2018.

19.9% (536) of pupils said they are a young carer, compared to 19% in 2017.

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 or older pupils babysitting for a brother or a sister.

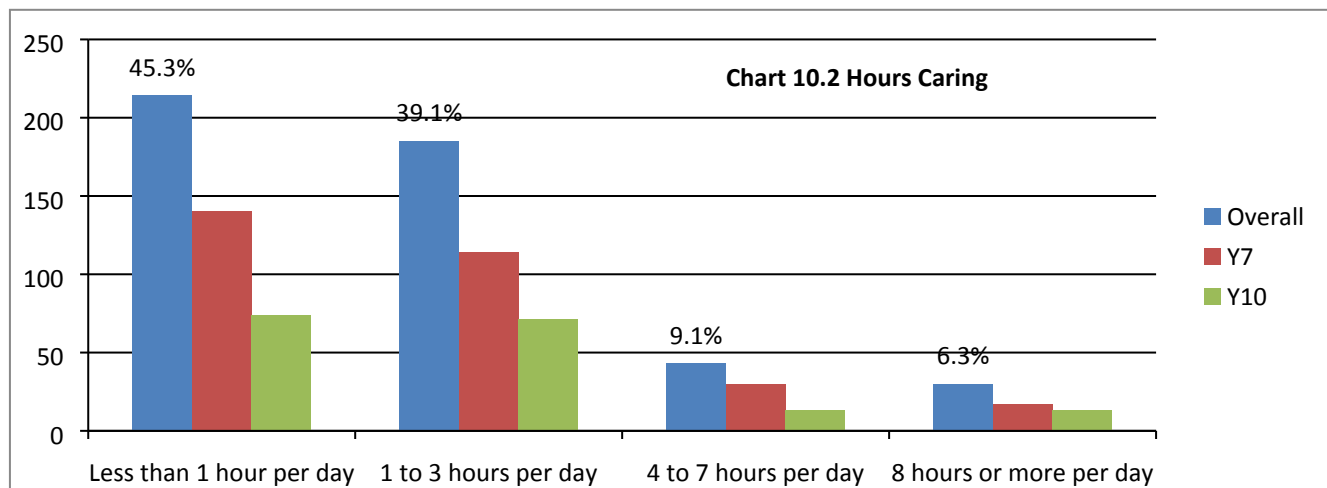
10.1 Young Carers – Caring Tasks

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 65% (56.2% in 2017)
- Keeping them company - not wanting to leave the person alone 39.8% (35.2% in 2017)
- Help look after brother or sister 31.4% (31.6% in 2017)
- Do the shopping 24.1% (21.6% in 2017)
- Help give medicine 23.3% (18.8% in 2017)
- Help read letters or mail 13.7% (16% in 2017)
- Help with personal care 17.9% (14% in 2017)
- Taking brother and sister to school 12.1% (13% in 2017)
- Help with appointments 10.9% (9% in 2017)

10.2 Young Carers – Number of Hours Caring

Pupils were asked to say on average how many hours they cared each day. Chart 10.2 below shows the % of Y7 and Y10 and the caring hours they do.



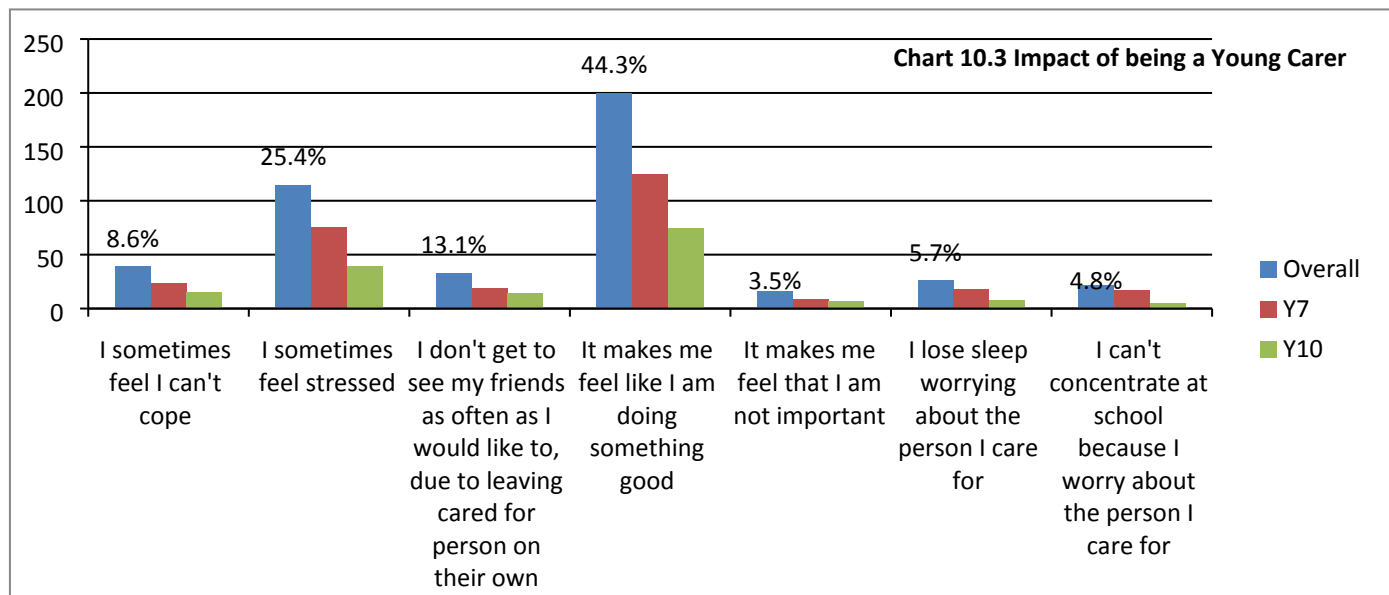
Overall pupils who said they care for more than 8 hours each day has declined from 9.5% to 6.3% (30) in 2018.

The young carers and young carer's service requested some additional questions to the survey, to capture further views of young carers and how their caring role impacts on their life

10.3 Impact of Caring

Pupils were asked to say how caring for someone affect them emotionally

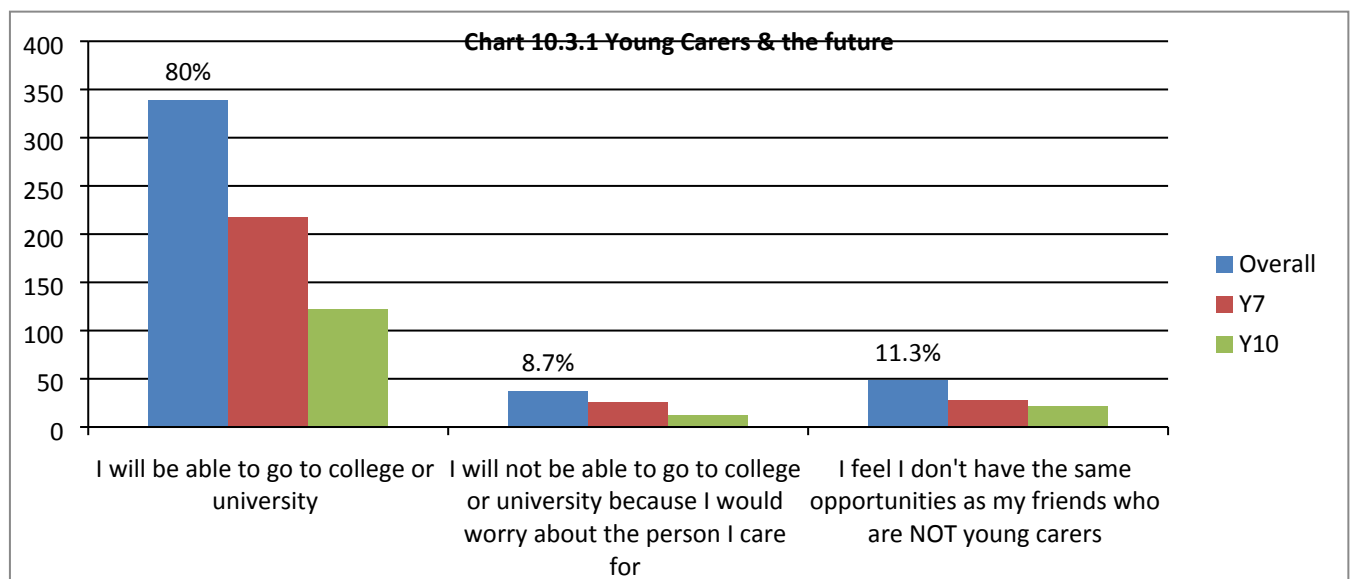
Chart 10.3 details the responses.



Overall 44.3% (200) young people said it makes them feel like they are doing something good being a young carer.

10.3.1 Young Carers plans for the future

Pupils who identified themselves as young carers, were asked to say how they felt being a young carer would impact on their plans for their future.



The results show that 80% of young carers feel they will have the opportunity to go to university if they chose to do so.

10.4 Supporting for Young Carers

Young carers were asked to say if they were struggling with the pressure of being a young carer, who would they speak with. 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. 35% said parent or carer (28% in 2017) and 22.4 (21% in 2017) said a family member, 16.3% (13% in 2017) would talk to a friend, 6.7 (7% in 2017) would talk to a member of staff at school,

4.2% (4.8% in 2017) would talk to a social or youth worker, 2.9% (same as 2017) would talk to either their school nurse or other health professional and 0.8% (1.4% in 2017) 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. 47.2% of pupils who responded to young carers questions said they have heard of Young Carers Service, this has improved from 37.3% in 2017.

10.4.2 Barnardos

49.2% of pupils responded that they were aware of Barnardo's service overall including the support they provide for young carers. This option was added for the first time in the 2018 survey

What is working well?

The Theory of Change project appears to be having an impact, raising awareness of support for young carers.

There has been almost a 10% increase in the number of young carers who had heard of Young Carers Service and almost 50% of young carers had heard of Barnardos service

11. Smoking, Alcohol and Drugs

Pupils are asked to respond honestly to a series of 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 where they can get support about smoking, alcohol and drugs.

11.1 Smoking

24.2% (848) of pupils did not answer the smoking questions.

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 58.3% (1548) compared to 59.3% in 2017. This result may be due to the increase in the use of electronic cigarettes and pupils identifying these as smokers.

There has been a decrease in the number of pupils who said it is not OK for young people of their age to smoke. Overall 86.2% (2286) said it was not OK to smoke, compared to 89.8% in 2017. Far more Y7 said it was not OK to smoke 93.6% compared to 76% of Y10.

When asked if they currently smoke cigarettes, overall 91.4% (2424) said no they do not smoke, this is a % decrease in the number of young people not smoking, compared to 93.2% in 2017.

- 96% (1375) of Y7 said they do not smoke, a decrease from 97.8% in 2017
- 85.9% (1049) of Y10 said they do not smoke a decrease from 87.5% in 2017.

In total 2424 pupils said they did not smoke, these pupils were asked to best describe their smoking history.

1375 pupils in Y7 said they did not smoke, they described themselves as

- 93.5% have never smoked, a decrease of 94.8% in 2017
- 5.5% have tried smoking once, compared to 3.2% in 2017

- 0.9% used to smoke sometimes, but no longer smoke, a decrease from 1.8% in 2017

1049 pupils in Y10 said they did not smoke, they described themselves as

- 82.5% have never smoked, an improvement from 76.7% in 2017
- 13% have tried smoking once, compared to 17.5% in 2017
- 4.5% used to smoke sometimes, but no longer smoke a decrease from 5.6% in 2017

Girls in Y7 are more likely to say they have never smoked 94.4% compared to 92.6% of boys

Girls in Y10 are more likely to say they have never smoked 82.7% compared to 80% of boys

Overall from the young people who answered the smoking questions 88.7% (2066) 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

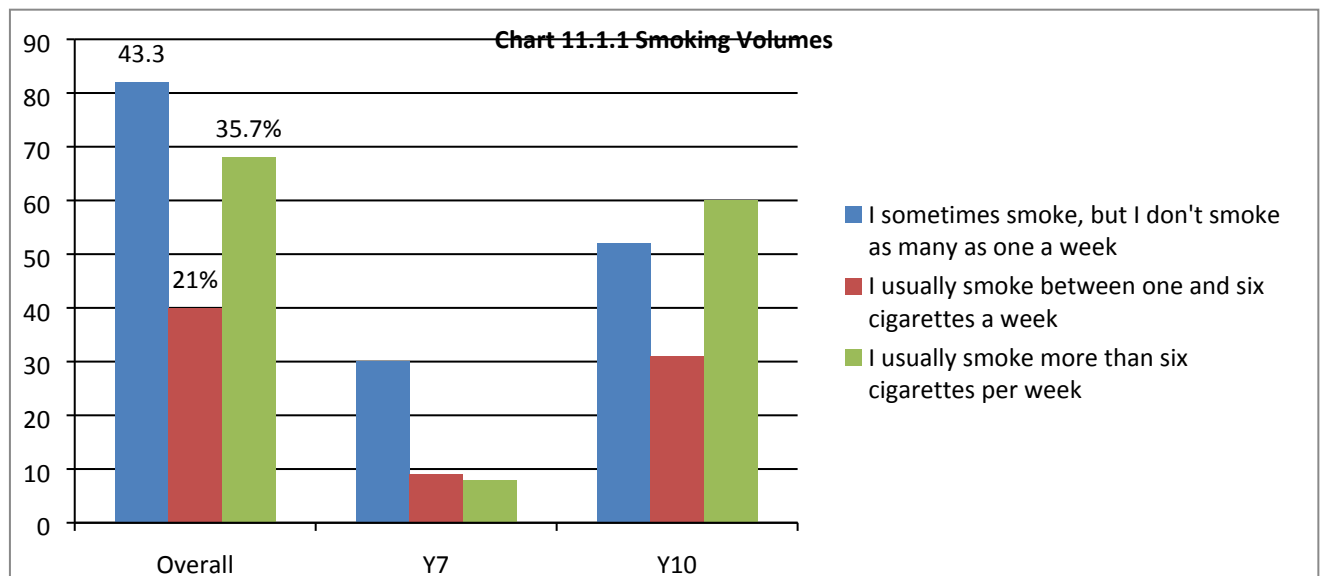
A survey was carried out in 2014/2015 of 6173 young people aged between 11 to 15 years. These results show that 18% said they have smoked at least once, therefore 82% have never smoked.

Rotherham's figure from the 2018 results is an improvement on this national picture.

The results also show that 8% of young people in this age range are current smokers, this is a similar picture from the Lifestyle Survey results with 8.5% saying they smoke cigarettes regularly

11.1.1 Smoking Volumes

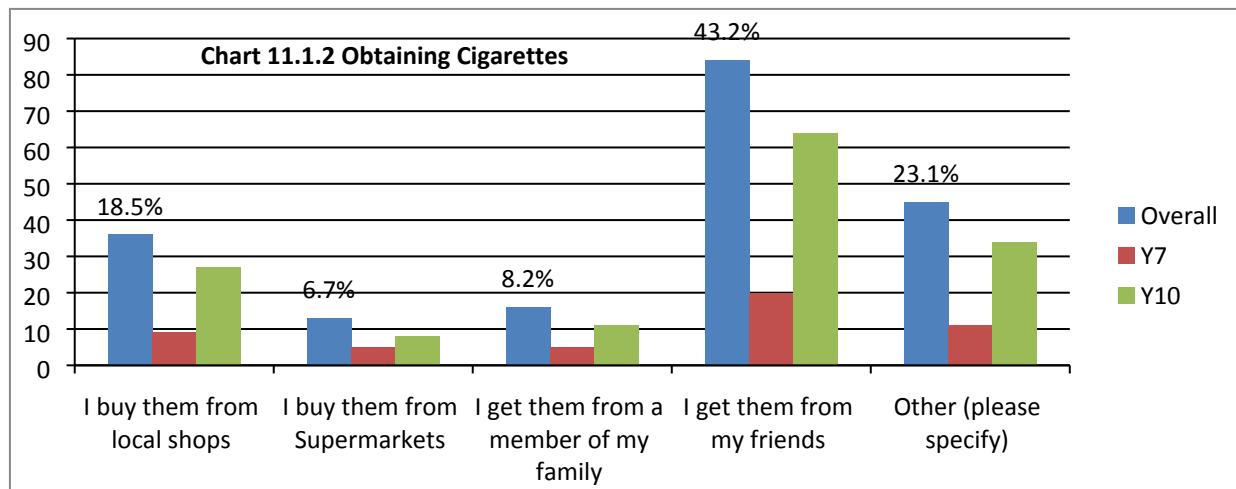
Overall the 2018 results show that 8.5% (228) pupils said they smoke cigarettes regularly, this has increased from 6.7% in 2017. Chart 11.1.1 below shows the regularity of their smoking habit.



The results show that although there has been an increase in the % of young people smoking, there has been a decrease in the % of young people who say they smoke more than 6 cigarettes per week; this has improved to 35.7% from 39% in 2017.

11.1.2 Obtaining Cigarettes

The 228 pupils, who said they were smokers, were asked to say where they mainly obtained their cigarettes from. Chart 11.1.2 shows the results below.



The trend in relation to pupils obtaining their cigarettes from friends as the most popular choice has continued in 2018, 43.2% said they obtain cigarettes from friends (56% in 2017).

Young people who said they were able to obtain cigarettes from local shops has increased slightly in 2018 to 18.5%, compared to 17% in 2017.

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 in the past have contributed to the decline of young people being able to obtain cigarettes from local shops, although the 2018 results have reversed this trend.

- 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, this has increased to 18.5% in 2018, and this is still lower than the 24.5% result in 2015.

What needs to happen next?

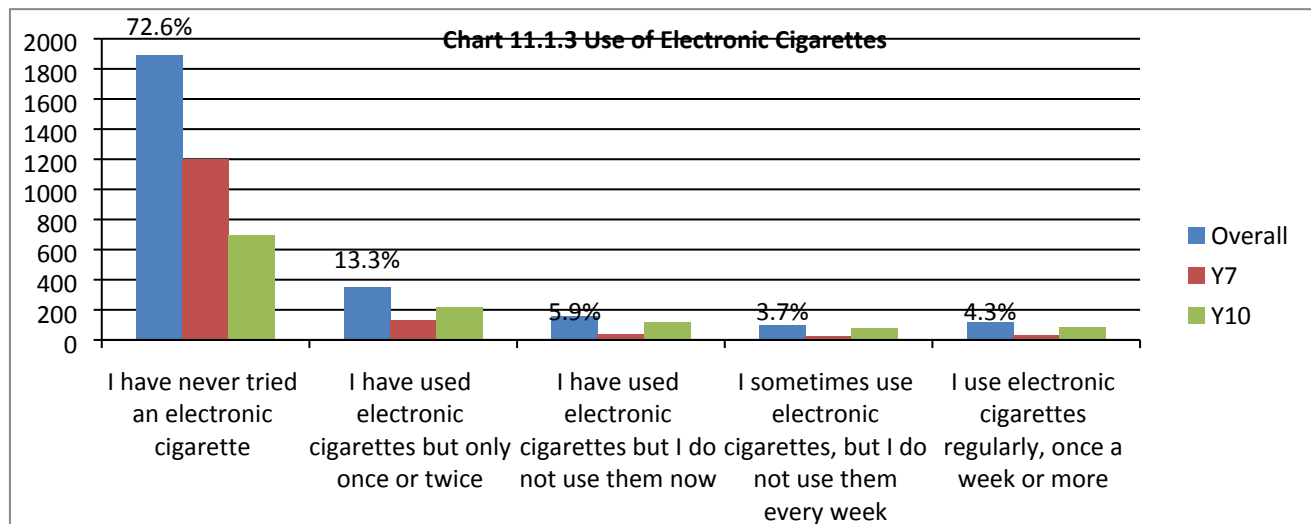
Share the results with Licencing Enforcement to make them aware of the 2018 results.

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

11.1.3 Electronic Cigarettes

Overall there has been a decrease in the % of pupils who said they have never tried an electronic cigarette. 72.6% (1892) said they have never tried an electronic cigarette, compared to 76% in 2017.

Information on the use of electronic cigarettes is detailed in Chart 11.1.3 below



84.8% (1201) of Y7 pupils said they have never used an electronic cigarette, this has decreased from 88.8% in 2017.

58% (691) of Y10 pupils said they have never used an electronic cigarette, 59.5% in 2017

Of the 27.4% (714) of pupils that said they use or have tried an electronic cigarette, the data shows that the biggest increase is with Y7 pupils choosing this as a form of smoking.

- 81.8% of Y7 Boys said they have never tried an electronic cigarette
- 87.4 of Y7 Girls said they have never tried an electronic cigarette
- 48.9 of Y10 Boys said they have never tried an electronic cigarette
- 61.4% of Y10 Girls said they have never tried an electronic cigarette

The data shows that out of the 714 pupils who said they have tried an e-cigarette

- 14.3% (11.8% in 2017) used an electronic cigarette to help them stop smoking
- 15.4% (16.1% in 2017) use an electronic cigarette and no longer smoke cigarettes
- 19.5% (13.5% in 2017) use an electronic cigarette and smoke cigarettes
- 50.7% (58.6% in 2017) 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 2018 survey showed that Rotherham is higher than this national picture at 27.4%

This has increased from 26.8% in 2017

compared to 74% in 2017. Far more Y7 said it was not OK for young people of their age to get drunk, 90.7% (91% in 2017) of Y7 compared to 53.4% (52% in 2017) of Y10.

Overall 57.1% (1478) of pupils said they have not had a proper alcoholic drink this has changed slightly from 57.3% in 2017

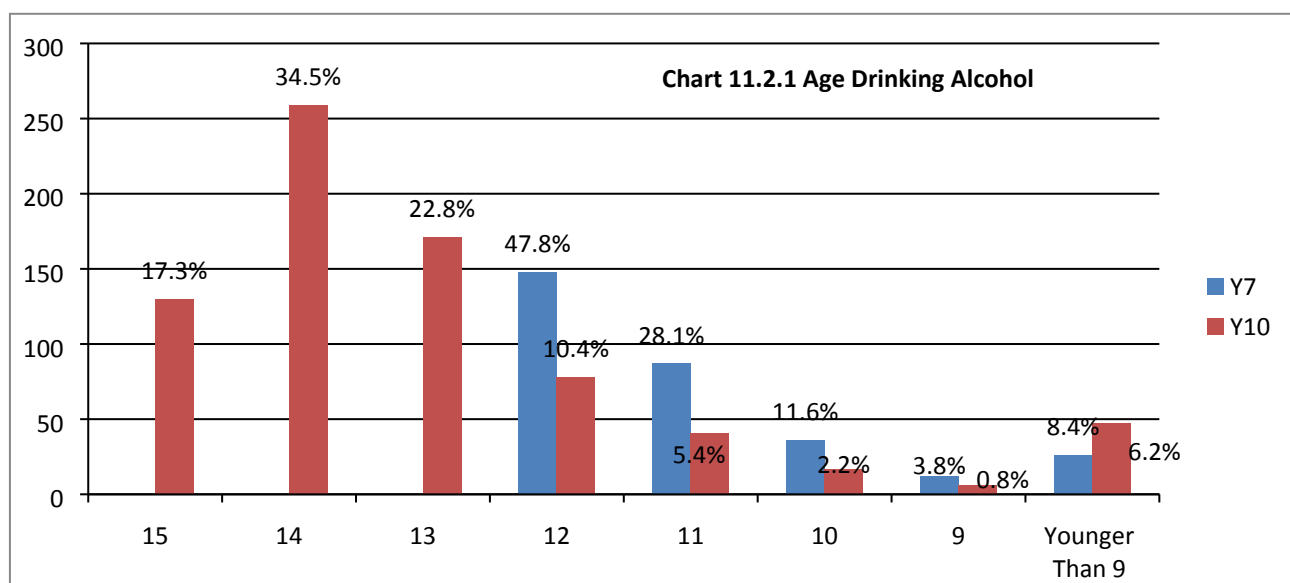
- 76.1% (1070) of Y7 responded that they had not had a proper alcoholic drink, this has decreased slightly from 76.3% in 2017
- 34.6% (408) of Y10 responded that they had not had a proper alcoholic drink, this has improved from 32.3% in 2017

11.2.1 Age Drinking Alcohol

Overall 42.9% (1110) of pupils said they have tried alcohol.

These pupils were invited to answer follow on questions about drinking alcohol

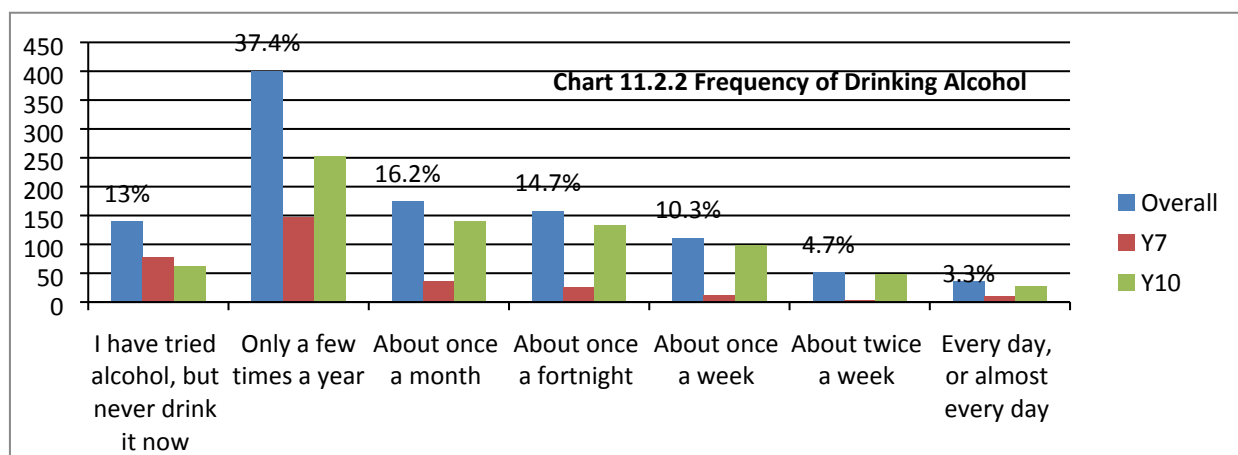
Chart 11.2.1 below show the responses to the question what age did you have your first alcoholic drink.



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 2017. Age 12 is the most popular age for a young person to have their first alcoholic drink in Y7, the same as in 2017.

11.2.2 Frequency of Drinking Alcohol

Chart 11.2.2 below shows the frequency of those who said they drink alcohol, split by Y7 and Y10.

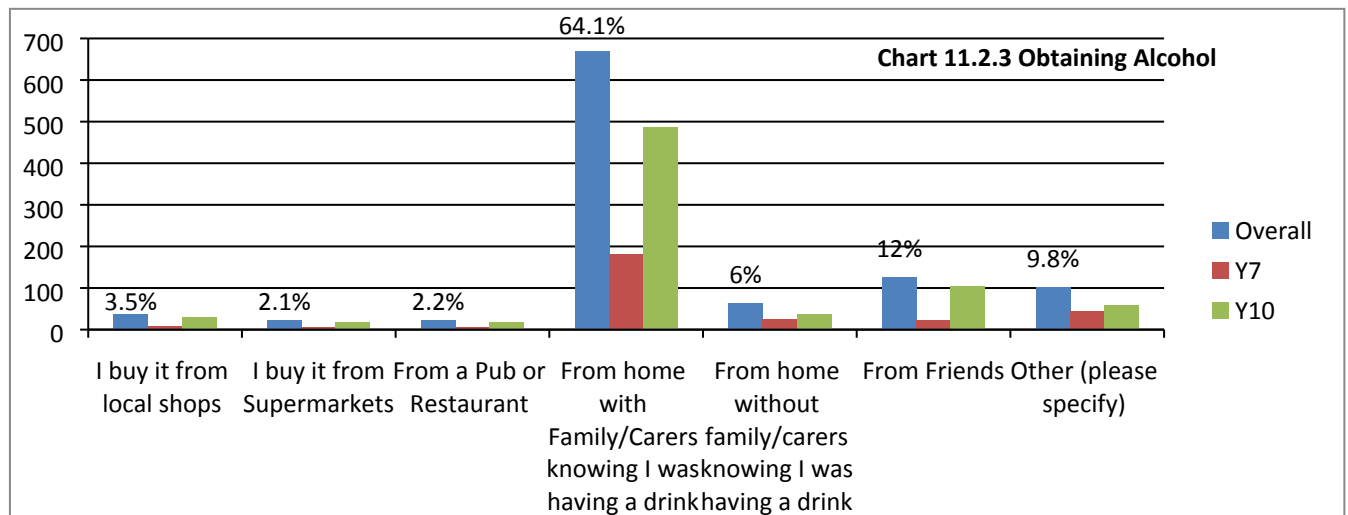


Overall

- 13% (139) of pupils have tried alcohol but no longer drink it now, compared to 17% in 2017
- 3.3% of pupils said they drink alcohol almost every day, this has increased from 2% in 2017

11.2.3 Obtaining Alcohol

Chart 11.2.3 below shows where pupils said alcohol was obtained from split by Y7 and Y10



The trend as in previous years follows a similar pattern, 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 5.6% in 2018 from 7% in 2017. The place where the least number of pupils obtain alcohol from is purchasing from a supermarket.

Analysis of data input to 'other' option showed in the majority pupils said they were obtaining alcohol while either on holiday or at a family celebration e.g. a wedding or birthday.

Benchmarking Information

Health & Social Care Information Centre

A survey was carried out in 2014/2015 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 2018 results is higher than this average with 42.9% saying they have tried alcohol.

Public Health England

Child & Maternal Health

In 2017 for Rotherham there was 37 admissions to hospital for episodes related to specific alcohol conditions for Under 18's – this is below the regional and national averages.

11.3 Drugs

26% (911) of pupils did not answer the questions around drugs.

Overall 94.5% (2445) said it was not OK to use drugs; this has improved slightly compared to 94.2% in 2017. This is a positive increase and could indicate that young people are not giving into peer pressure to try drugs. Far more Y7 said it was not OK to try drugs 97.7% compared to 90.1% of Y10.

11.3.1 Using Drugs

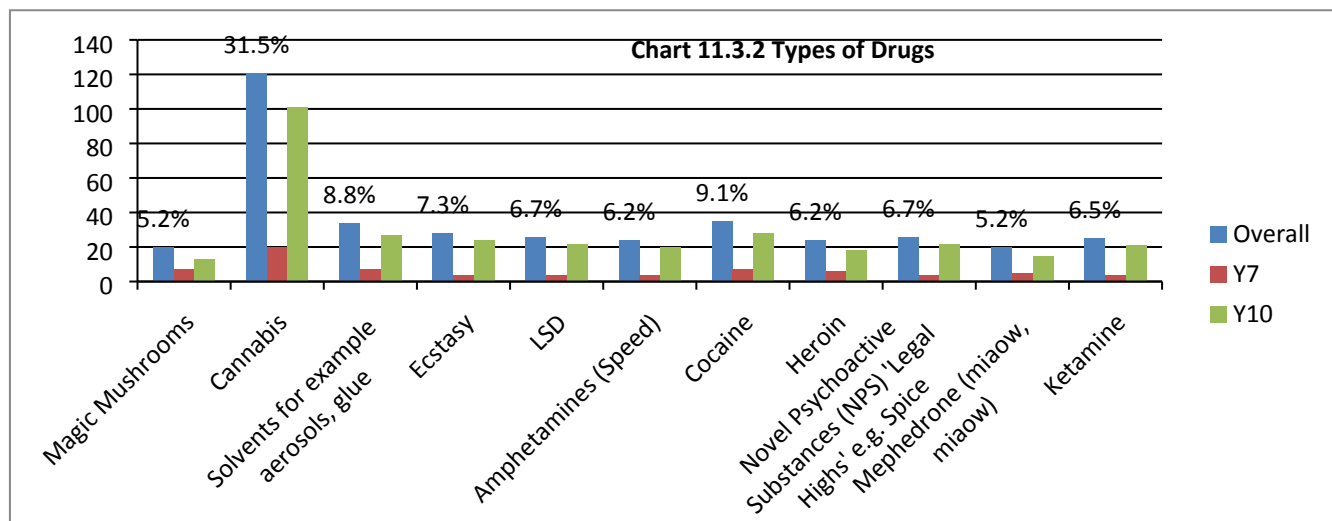
Overall 92.4% (2388) of pupils said they have never tried any drug which is almost identical to 2017, when 92.6% said they have never tried any drug.

- 88.3% (1416) of young people in Y10 said they have never tried any type of drug; this has improved from 87% in 2017.
- 96.7% of young people in Y7 said they have never tried any type of drug; this has decreased slightly from 97% in 2017.

11.3.2 Types of Drugs

7.6% (200) of pupils answered yes, they have tried some type of drugs.

Out of the overall 200 young people (7.6%) who said they have tried some type of drug, chart 11.3.2 details the types of drugs pupils have tried, split by Y7 and Y10.

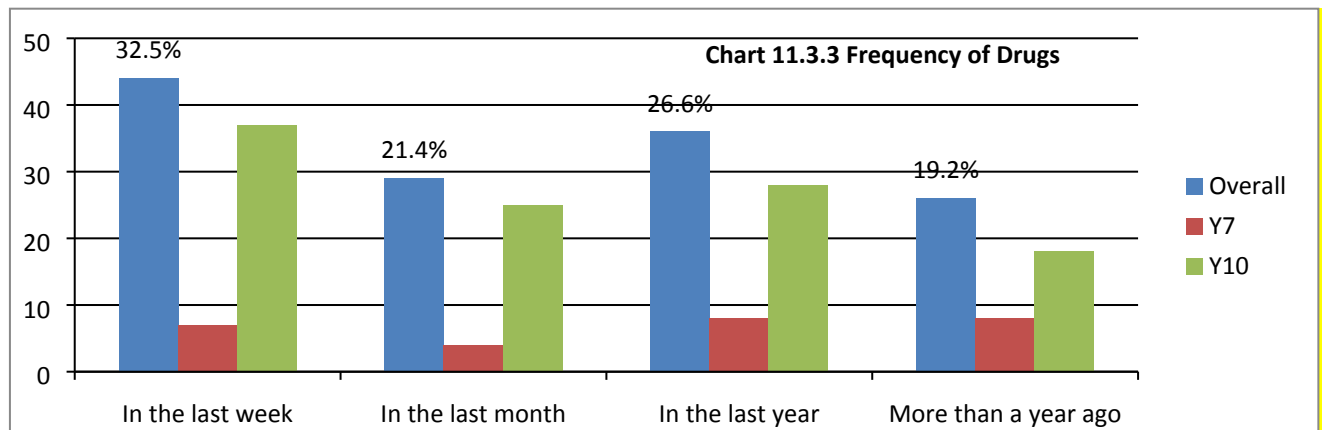


The results show that overall cannabis is the drug tried by more pupils 31.5% of pupils who said they have tried a drug said they have tried cannabis; the majority of these are in Y10. More boys are likely to have tried cannabis compared to girls. Cannabis is now the most popular choice of drug tried by Y7, this has changed since 2017 when solvents was the most popular choice, again in Y7 boys are more likely to choose cannabis, compared to girls.

Cocaine has moved up to being the 2nd most popular choice of drug tried, which is a change from ecstasy and solvents that were joint 2nd in 2017.

11.3.3 Frequency of Drugs

Out of the overall 200 (7.6%) young people who said that they have tried some type of drug, chart 11.3.3 details how frequency they said they have tried drugs, split by Y7 and Y10.

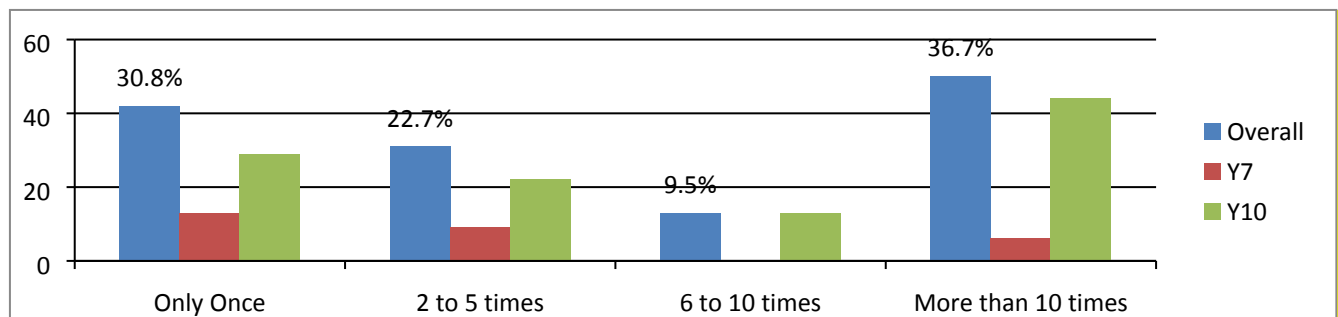


The results show that overall out of the 200 young people who have tried drugs:

- 32.5% said they had tried drugs in the last week; this has increased from 27% in 2017, this indicates that young people have tried drugs more recently.
- 21.4% said they had tried drugs during in last month, this is almost identical as 21% in 2017
- 26.6% said they had tried drugs in the last year this has decreased from 28% in 2017
- 19.2% said it was more than a year ago since they had tried drugs; this has decreased from 24% in 2017.

11.3.4 Drug Use

Chart 11.3.4 shows the results of how many times pupils who said they have tried them, this is split by Y7 and Y10.



The results show there has been a decrease in the % of pupils who have tried drugs only once, therefore this could be imply there has been an increase in young people using drugs more regular.

- 30.8% of pupils said they have only tried drugs once, compared to 39% in 2017
- 36.7% pupils said they have tried drugs on more than 10 occasions, compared to 27% in 2017, this indicates that young people are using drugs more often.

What's working well?

Health & Social Care Information Centre

A survey was carried out in 2014/2015 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 92.4% saying they have not tried drugs

Public Health England Child & Maternal Health

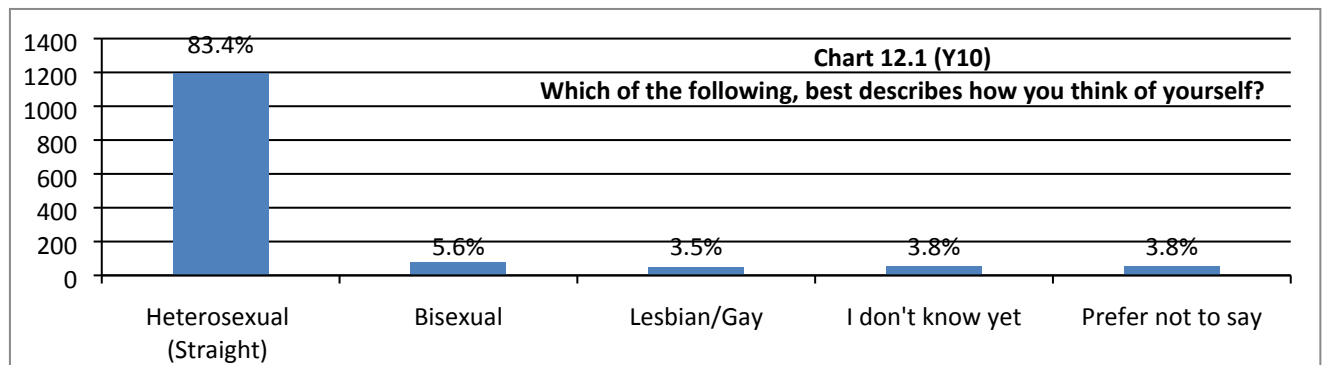
In 2017 for Rotherham there was 84 admissions to hospital for episodes related to specific drug or substance misuse for Under 18's – this is below the regional average.

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

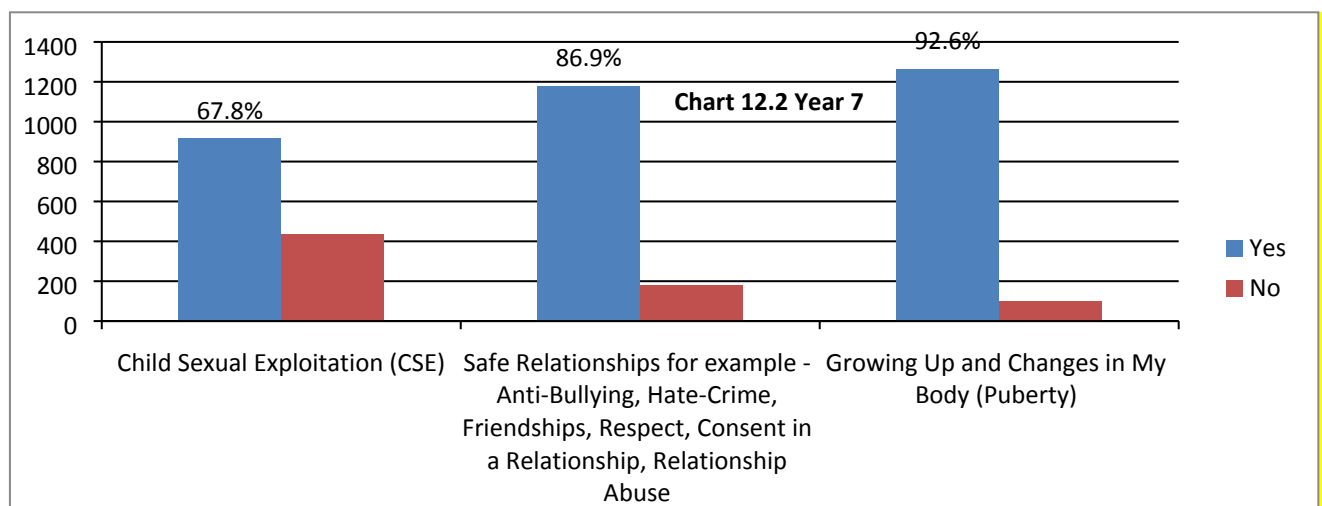
Y10 pupils are asked to say how they describe their sexuality. Chart 12.1 shows the responses by %.



The results show that out of the 83.4% of Y10 pupils who described themselves as straight, 49% of girls described themselves as straight, compared to 51% of boys. More girls described themselves as bisexual, lesbian/gay or preferred not to say. More boys said they don't know yet.

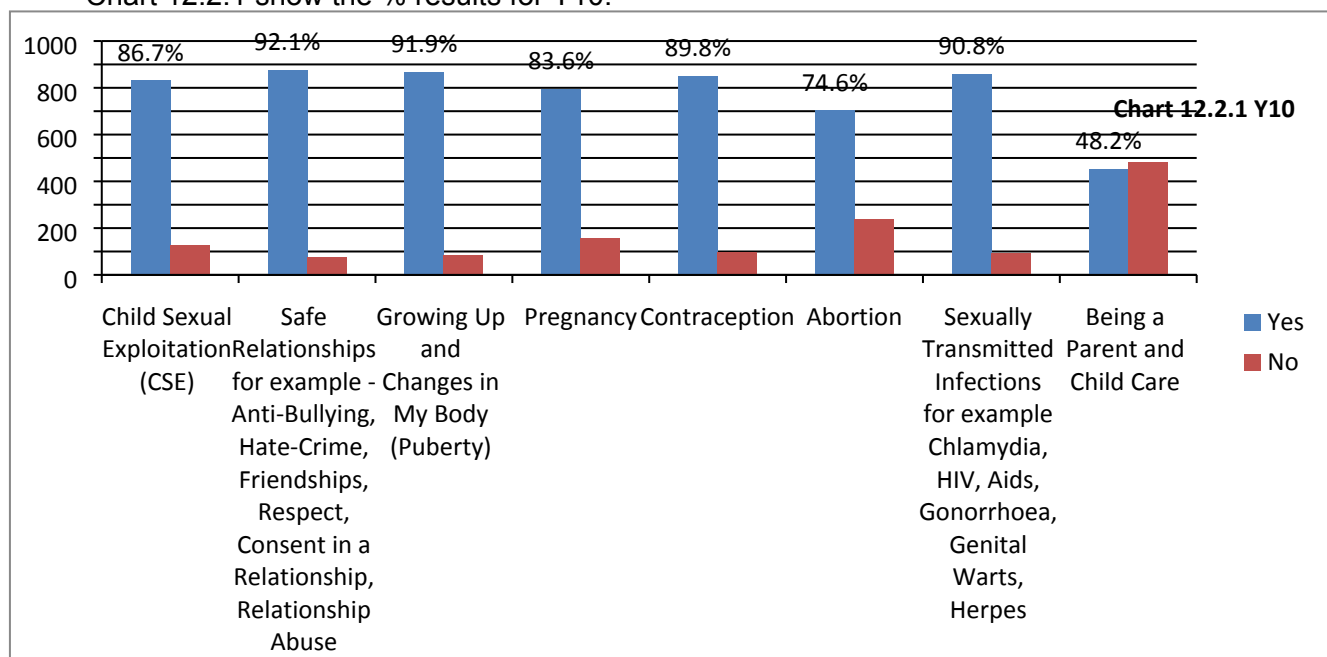
12.2 Sexual Health and Relationships Education

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 a decrease in the % of pupils in Y7 that said they have been taught about sexual exploitation 67.8%, compared to 72.5% in 2017*. There has also been a decrease in the % of Y7 pupils who said they have been taught about safe relationships 86.9% down from 90% in 2017 and growing up and puberty 92.6% down from 94.3% in 2017.

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, 86.7%, down from 89.8% in 2017.

There has also been a decrease in the % of pupils in Y10 who have been taught about safe relationships 92.1% down from 94.4% in 2017*. There has been an increase in the % of pupils who have been taught about all other subjects in the relationships and sexual health curriculum since 2017.

*Please note that the results in the lifestyle survey are the perceptions of young people, there is no specific evidence that there has been a reduction in the delivery of education to pupils on the subject of CSE. Barnardos Reachout and Barnardos Real Love Rocks Programme have delivered training to schools and supported train the trainer programme to enable schools to deliver their own training on the subject.

12.3 Sexual Relationships Y10

Pupils in Y10 were asked if they have had sexual intercourse

32.8% (472) of Y10 pupils did not answer the sexual relationship questions.

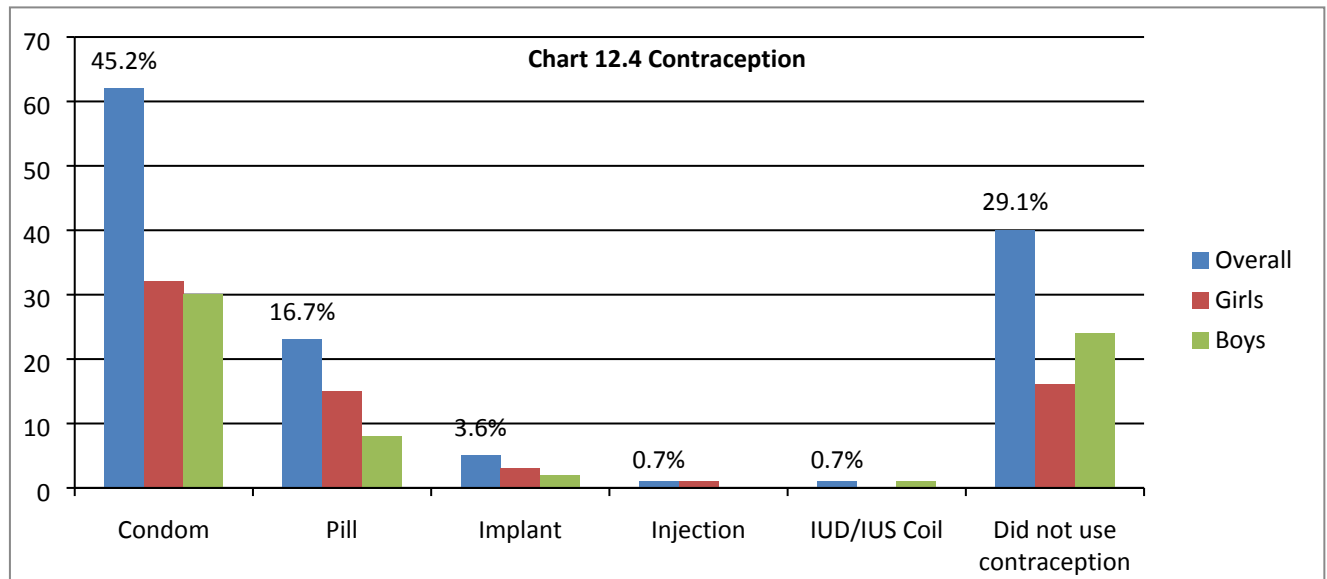
14.2% (137) of pupils in Y10 said yes they have had sex; this had reduced slightly from 14.3% in 2017.

In 2018 13.5% said they preferred not to answer this question, this is higher than 10.3% in 2017. It is almost identical split between boys and girl who answered yes to this question. 69 girls compared to 68 boys said yes they have had sexual intercourse.

The results show that 36.4% (50) Y10 pupils said they have had sexual intercourse after drinking alcohol and/or taking drugs, this has increased from 15.3% (30 Y10 pupils) in 2017. This result has increased by 20 young people, the increase has been highlighted to each school and they have been requested to review their own individual school result. It is recommended that if any individual school can see a significant increase in their particular school result on this subject, it maybe something they need to address in their PSHE curriculum.

12.4 Contraception

Out of the 14.2% (137) pupils who said they have had sexual intercourse, they all answered the follow on question on what type of contraception they have used. Chart 12.4 details the responses by male/female.



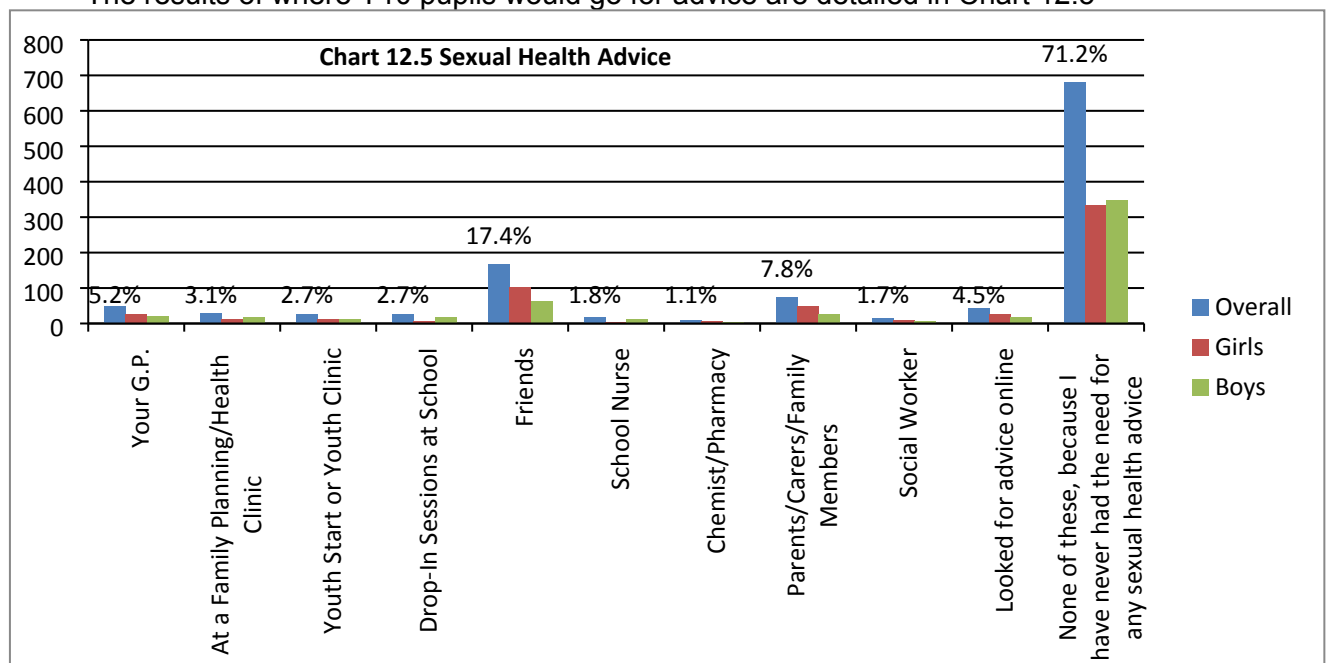
The results show that the % of pupils who said they did not use any form of contraception has increased, 29.1% (40) pupils gave this response, compared to 27.5% in 2017. More boys said they did not use any form of contraception compared to girls.

12.5 Sexual Health Advice

Pupils in Y10 were asked to say where they would go for sexual health and relationship advice.

71.2% of Y10 said they have not sought any advice, they have never had the need for this type of advice, and this has increased from 62% in 2017. Boys are more likely to say they do not need this type of advice.

The results of where Y10 pupils would go for advice are detailed in Chart 12.5

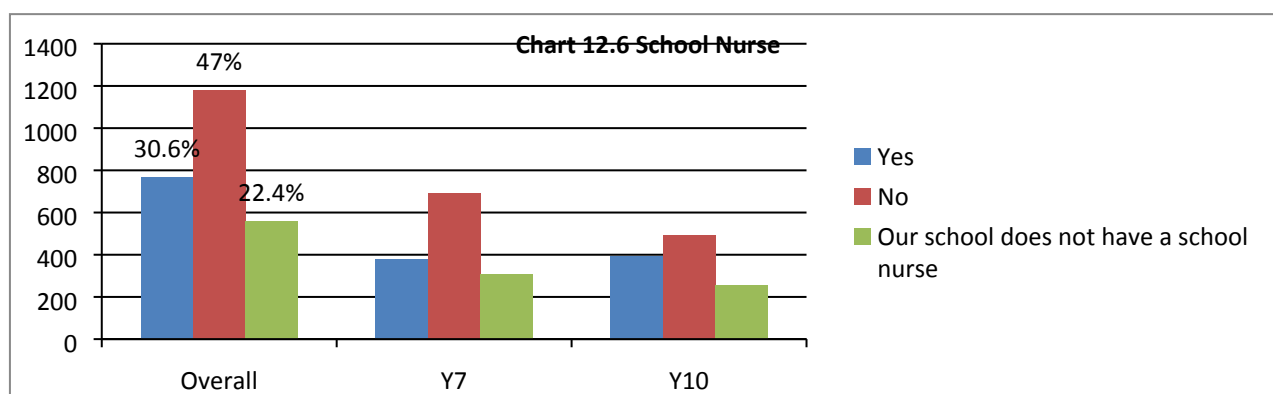


The results follow a similar trend to the 2017 results, the most popular choice for someone to talk to about sexual health would be friend, and in particular more girls would talk to a friend than boys. Parents, carers or a family member is the 2nd most popular choice. Other choices are very similar results to 2017.

12.6 School Nurse

28.3% (991) pupils did not answer the question about their school nurse.

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



The results show overall that 30.6% (769) said yes they knew who their school nurse was, this has decreased from 39.7% in 2017. This trend has continued since 2016, when 43% said they were aware of their school nurse. Overall 22.4% (558) pupils said their school did not have a school nurse.

The service has changed and is called the 0-19 Integrated Public Health Nursing Service. All schools and colleges have access to a professional who can support their health needs, but none are based on school sites any more. This could reflect why some pupils have said their school does not have a school nurse. They are no longer called 'school nurses' because their role is much wider than just schools. The 2019 questions will reflect this change.

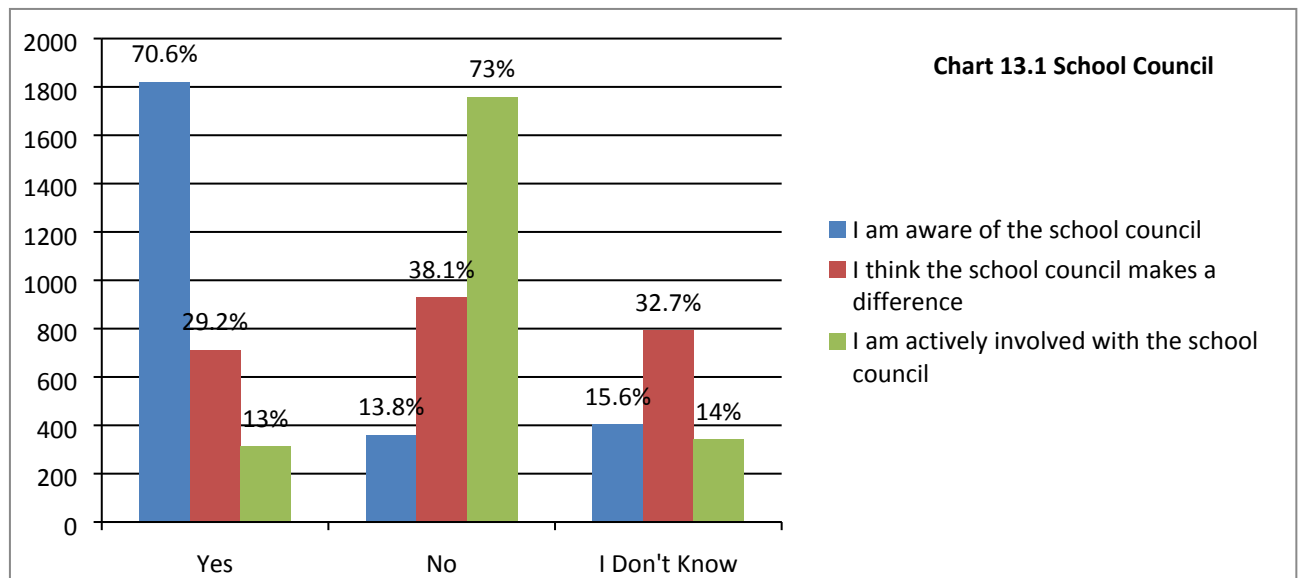
13. Child's Voice

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 if they have their voice heard in school.

26.2% (919) of pupils did not answer the questions about a child's voice.

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 in the 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.

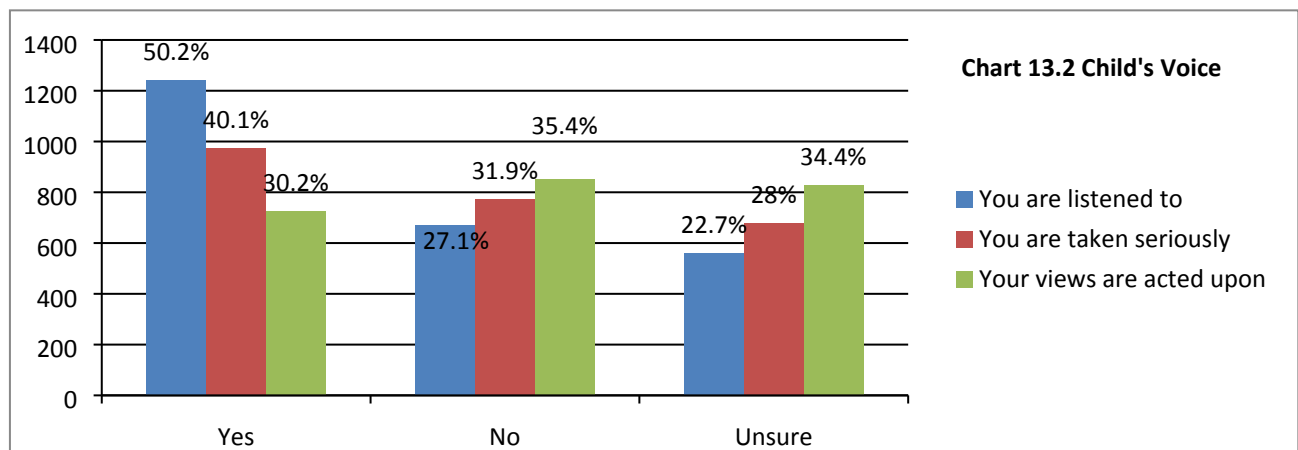


The results show overall that 70.6% (1820) of pupils are aware of their school council. This has increased from 60% in 2017. 29.2% of pupils overall said yes they feel their school council makes a difference, this has improved from 25% in 2017 and 15.6% of pupils said they are actively involved with their school council, this has improved from 10% in 2017.

These results may indicate that more pupils are aware that they can have their voice heard and aim to make a difference in school, by being aware of the work of their school council and becoming 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, 50.2% (1241) of pupils said they felt their voice was listened to, this has increased from 48% in 2017. 40.1% (975) said they felt their views were taken seriously, this has increased from 39.5% in 2017. 30.2% (727) said they feel their views are acted upon, this has increased from 28.2% in 2016. These results indicate that pupils are beginning to feel their voice is listened to, and they see their views are acted upon. These are positive results in 2018 that the voice of the child is being listened to in Rotherham.

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 2017
- Barnardo's Young Carers Plan
- Public Health England – Child & Maternal Health Data
- NHS Digital – What About Youth Survey 2014/2015
- RMBC Trading Standards Action Plan

15. Appendices

Appendix 1

What results show what's working well?

- Overall pupils saying they have a diagnosed medical condition has declined from 7.4% in 2017 to 5.8% in 2018.
- The % of Year 10 pupils who are drinking the recommended 6-10 glasses of water per day has increased to 18.2% (245) from 13.5% in 2017
- Overall there has been an increase in the % of pupils who said they do not drink regular sugar fizzy drinks, this has improved to 38.8% (1270) from 37% in 2017.
- Overall there has been an improvement in the % of pupils who say they do not consume high energy drinks, this has improved to 64.3% (2104) from 61.5% in 2017.
- Overall there has been an improvement of pupils saying they have a school meal, this has improved to 52.5% (1720) from 49.7% in 2017.
- There has been an improvement in Y10 pupils rating their mental health feelings as excellent, this has increased to 29% in 2018 from 22% in 2017. Also those rating their mental health as poor has decreased in 2018 to 10.9% from 12% in 2017.
- Pupils in Y10 have a better perception about the way they look, those saying they did not like the way they look has decreased to 41% from 43% in 2017.
- Pupils aspiring to go to university has increased.

44% of Y10 pupils aspire to go to university, from 42.5% in 2017

42.2% of Y7 pupils aspire to go to university, from 41.6% in 2017

- Although the volume of pupils using a youth centre has declined, overall those who have used a youth centre, 92% of these rated their experience good or better, this has improved from 75% in 2017.
- Although the volume of pupils using a Rotherham library has declined, overall those who have used a library in Rotherham, 82.1% of these rated their experience good or better, this has improved from 60% in 2017.
- Although the volume of pupils using a leisure centre has declines, overall those who have used a leisure centre, 85% of these rated their experience good or better, this has improved from 79% in 2017.
- Overall the pupils who said they have visited Clifton Park Museum, 92.6% of these rated their experience good or better, this has improved from 86% in 2017.
- Overall the pupils who said they have visited Civic Theatre, 95.7% of these rated their experience good or better, this has improved from 76% in 2017.
- Overall 85.6% of pupils said they have visited one of the Rotherham parks
- The fear of protests and marches is not now a significant risk to young people, overall this was rated the lowest risk from the choices, when 2 years ago this was the 3rd highest rated risk.
- There appears to be improvement with the perception of community cohesion, overall 35.5% of pupils say everyone mixes well with very few problems, this has improved from 33% in 2017.
- There has been a decrease in the overall % of pupils who said they have been cyber bullied, this has decreased to 6.2% from 6.6% in 2017.
- There has been a decline in the % of young carers, who said they care for more than 8 hours per day, this has declined to 6.3% in 2018 from 9.5% in 2017.
- When asked how being a young carer makes them feel the majority of young carers responded that it makes them feel like they ae doing something good. 44.3% gave this response.
- More young carers are aware of support that is available, overall 47.2% of young carers said they have heard of young carers' service, compared to 37.3% in 2017.
- Pupils in Y10 who said they do not smoke, 82.5% of them said they have never smoked, this has improved from 76.7% in 2017.
- 34.6% (408) of Y10 pupils said they have never had a proper alcoholic drink, this has improved from 32.3% in 2017.
- Overall 70.6% of pupils said they are aware of their school council, this has improved from 60% in 2017. 29.2% said they feel their school council makes a difference, compared to 25% in 2017. 15.6% of pupils said they are actively involved with their school council, compared to 10% in 2017.
- Overall 50.2% of pupils said they felt their voice was listened to, compared to 48% in 2017.
- Overall 30.2% said they feel their voice is acted upon, compared to 28.2% in 2017.

Appendix 2

What results show what we are worried about?

- There has been an increase in the % of pupils who have a diagnosed medical conditions both autism and asthma.
- Overall there has been a decrease in the % of pupils having the recommended portions of fruit and vegetables each day. This has decreased to 15.5% in 2018 from 18.2% in 2017.
- Overall there has been an increase in the % of pupils who said they do not eat any fruit or vegetables. This has increased to 6.9% from 6% in 2017.
- There has been a decrease with Y7 pupils who rate their mental health as excellent, this has declined to 35.5% in 2018 from 39% in 2017.
- Overall more pupils are concerned about their weight. The 2018 results show that 30.6% said they were worried about their weight, compared to 25.7% in 2017.
- There has been an increase in Y7 pupils saying they do not feel good about the way they look, this has increased to 35% from 28% in 2017.
- Perception of Rotherham has declined overall. 23.7% of pupils said they would not recommend Rotherham has a place to live, this has increased from 20.5% in 2017. Overall 22.4% of pupils said they would definitely recommend Rotherham has a place to live, this has declined from 26.1% in 2017.
- Overall 32.4% of pupils said they would not like to be living in Rotherham in 10 years' time, this has increased from 27.2% in 2017.

- Overall pupils using Rotherham Youth Centres, Leisure Centres, Libraries and Clifton Park Museum has declined.
 - Youth centres declined to 25% from 27.6% in 2017
 - Libraries declined to 42% from 51% in 2017
 - Leisure Centres declined to 73.4% from 78% in 2017
 - Clifton Park Museum declined to 53.5% from 61.4% in 2017

There has also been a decline in the % of pupils who said they regularly visit Rotherham town centre, this has declined to 28.5% from 33% in 2017.
- Safety in and around school has declined. Overall 57.6% of pupils said they always feel safe at school, this has declined from 59.4% in 2017. 53.8% said they always feel safe on the way to and from school, this have declined from 61.2% in 2017.
- There was a slight increase in the % of pupils who said they have experienced bullying. Out of those pupils who said they have been bullied, 68.5% of them said they have been verbally bullied, this has increased from 64.3% in 2017. There was also an increase in the % of those saying they have been sexually bullied (inappropriate touching/actions or comments), this has increased to 3.2% from 2.6% in 2017.
- Overall 8.5% of pupils said they smoke regularly, this has increased from 6.7% in 2017.
- Overall pupils saying they can obtain cigarettes from a local shop has increased for the first time in 3 years, out of those who said they smoke, 18.5% said they obtained cigarettes from a local shop, this has increased from 17% in 2017.
- Cocaine has become the 2nd most popular drug/substance tried by young people in both Y7 and Y10
- Overall there has been an increase in the % of pupils who said they have tried drugs on more than 10 occasions, which indicates that young people are using drugs more often, this has increased to 36.7% of those who have tried drugs from 27% in 2017.
- Overall there has been a decrease in the % of pupils who said they have received education around child sexual exploitation in both Y7 and Y10
Y7 has decreased to 67.8% from 72.5% in 2017 and Y10 has decreased to 86.7% from 89.8% in 2017.
- There has been an increase in the % of Y10 pupils who said they have had sexual intercourse and this has happened after either drinking alcohol or using drugs, this has increased to 36% from 15.4% in 2017.
- Out of the Y10 pupils who said they have had sexual intercourse, there has been an increase in those not using any form of contraception; this has increased to 29.1% in 2018 from 27.5% in 2018.

Rotherham Voice of the Child Lifestyle Survey 2018

Health & Wellbeing Board

Bev Pepperdine – Performance & Assurance Manager

Rotherham Lifestyle Survey

What is Lifestyle Survey?

- An annual survey which captures the voice of children and young people on subjects important to them.
- The questions in this survey have been shaped by our young people.
- A unique opportunity for a large group of young people in Rotherham to share their views on matters that impact on their lives.

Why do we do it?

- To provide young people with the opportunity to voice their opinion which is used by partners, schools and services to help shape future services.
- Provides a rich source of data which we are able to compare with neighbouring local authorities and national surveys to identify trends and key areas for development.

What do we aim to achieve?

- Services shaped, and improvements made which take into account, or are a direct result of the views expressed by our young people.
- Results that evidence a positive impact on the lives of children and young people living and educated in Rotherham.

Participation 2018

- 16 mainstream schools offered the opportunity to participate in the survey. 12 participated (4 schools choosing not to participate provided an explanation).
- 3 special schools chose to participated.
- 3 pupil referral units participated.

**In total 3499 pupils participated in the survey in 2018
(52% of relevant population)**

What is Working Well?

Young people's voice about their Health & Wellbeing

- Fewer pupils with diagnosed medical condition
- Y10 Pupils are drinking more water
- More pupils avoiding drinking fizzy sugar drinks
- More pupils avoiding high energy drinks
- Y10 pupils improved mental
- Fewer Y10 Pupils taking up smoking
- Fewer Y10 Pupils trying

These are the areas where there has been a noticeable % improvement from 2017 results

What Areas Are We Worried About?

Young people's voice about their Health & Wellbeing

- Increase in the diagnosis of Autism and Asthma
- Fewer pupils eating recommended fruit/vegetables
- Decline of Y7 pupils and excellent mental health
- Increase in concerns around weight
- Decline of Y7 pupils and them feeling good about the way they look
- Increase in inappropriate sexual behaviour as a form of bullying
- Increase in the use of cocaine
- Frequency of drug use on the increase
- Decline of education around the subject of Child Sexual Exploitation
- Increase of Y10 pupils having sexual intercourse after participating in either alcohol or drugs
- Decline in the use of contraception

These are the areas where there has been a noticeable % decline from 2017 results

Actions

What actions take place to share the results and highlight the impact of the survey?

- Each school receives their own individual data with comparison to the previous year's results, highlighting:
 - What's working well
 - What are we worried about
- Partners receive highlight reports and there is an expectation they will provide feedback on the actions taken and the impact of these, and planned actions for the future.
- Results are shared with young people to help them identify and develop new ideas and to communicate positive messages to them.
- Stakeholders are supported to review the results and develop action plans to address these.
- Work undertaken with schools to highlight to young people opportunities and forums where they can get involved and have their voice heard – i.e. School Council, Youth Cabinet, Young Inspector

Young People's Voice

- The Rotherham Lifestyle Survey has run for 12 years and in the time over 30,000 young people have had their voice heard.
- In the past 5 years, 17,410 have participated. Schools welcome and value the survey with 12 schools already signed up to participate again in 2019.
- This high volume of young people's voices needs to be recognised and become integral to shaping and developing the services we offer.

We need to act upon what they say to show they are listened to and taken seriously.

Thank you for Listening

Any Questions?

Aim Four: All Rotherham people live in healthy, safe and resilient communities

Board Sponsor: Steve Chapman (SYP) and Paul Woodcock (RMBC)
Lead Officer: Various - Brownwen Knight, Sarah Watts, Sam Barstow, Polly Hamilton, Ruth Fletcher-Brown

RAG RATING KEY
Completed
In progress
Off track
Not started

Strategic Priority	Ref #	Actions	Owner(s)	Start Date	End Date	Status	RAG Rating	Update on progress
1. Increasing opportunities for healthy, sustainable employment for all local people.	1.1	Ensure the Local Integration Board involves all relevant officers/partners and has a focus on how jobs, skills and health interlink and contribute towards good employment for local people.	Terri Roche, Jacqui Wiltchinsky	Ongoing	Ongoing	In progress		<p>There is now a Strategic and Operational Group. The Strategic Group is meeting biannually and Operational is meeting monthly. The Operational Meeting will escalate any issues to the Strategic Group and will also have overview of Working win, Pathways to Work, Pathways to Progressions and other employment and health initiatives.</p> <p>Working Win update as of 1st March 2019 Rotherham have had 825 referrals onto the trial.</p>
	1.2	Pilot a project in Waverley to build STEM aspirations and maximise opportunities for education and employment.	Terri Roche Well North Delivery Partnership Group	Jul-18	Mar-21	In progress		<p>This programme trains teachers and STEM leaders in schools and provides them with the materials to deliver a range of engineering based projects in the school throughout the academic year. This culminates in a celebration event at the end of the academic year. As of March 2019, this has been delivered to five primary schools.</p>
	1.3	Ensure that the development of the Employment and Skills Strategy has a focus on health and wellbeing.	Terri Roche, Jacqui Wiltchinsky, Becky Woolley	Feb-19	Mar-19	Completed		<p>Public Health and the Health and Wellbeing Board manager provided feedback on the Employment and Skills Plan and draft action plans in March 2019. This will be going to Cabinet in April.</p>

2. Ensuring everyone is able to live in safe and healthy environments.	2.1	Work closely with the SRP to set priorities which consider the impact on health and wellbeing – and use influence across the partnership to address key challenges identified.	Sam Barstow, RMBC	Ongoing	Ongoing	In progress		<p>The Safer Rotherham Partnership set three year priorities in April 2018. The partnership is currently undergoing a light touch review, informed by data and partnership activity across the relevant priority areas. This information will be available following ratification of the SRP Board in April 2019.</p> <p>The Safeguarding Protocol, which is an agreement between five of the Rotherham Together Partnership Boards will be reviewed and refreshed by June 2019.</p>
	2.2	Explore opportunities to better utilise intelligence resources including the JSNA, JSIA and MOSAIC to enhance local knowledge of emerging trends and issues, to inform future priorities.	Sam Barstow / Gilly Brenner	Oct-18	Ongoing	In progress		Initial meeting held in October 2018. JSIA is not being fully refreshed now until 2020/21. The JSNA is currently undergoing refresh and will remain live and will be used to inform future JSIA.
	2.3	Play a key role in helping to develop the local Housing Strategy, ensuring that health and wellbeing continues to be a focus.	Jane Davies / Sarah Watts, Strategic Housing RMBC	Jun-18	Apr-19	In progress		<p>The Health and Wellbeing Board were part of the consultation on the Housing Strategy in September 2018 and the Health and Wellbeing manager as well as colleagues in Public Health have fed into the development of the strategy. For the first time, a chapter within the Housing Strategy has been included around improving health.</p> <p>The strategy will be going to Cabinet in March and is due to be published in April.</p>
	2.4	Ensure that partners are able to feed in to development of the Homeslessness Prevention and Rough Sleeping Strategy action plans, to ensure that a whole-system approach is taken.	Sandra Tolley	May-19	Jul-19	Not started		The Homelessness Prevention and Rough Sleeper Strategy will be going to Cabinet in April and is due to be published in May. The strategy will come to the Health and Wellbeing Board in May/July for information along with the action plans for feedback.

	2.5	Maximise the use of selective licensing to improve the standards of local properties.	Matt Finn, Community Protection Manager, RMBC	Ongoing	Ongoing	Ongoing		The current designations are about to enter the fifth and final year, with consideration to be given on whether to re-designate the areas due before the end of this calendar year. The scheme has covered 2,318 privately rented properties and inspections have found 35% had the most serious hazards relating to fire, falls and excess cold. 90% contained disrepair where the property fell below the minimum standards required of private rented housing. 98% of those inspected are now compliant with housing standards. In addition, two new designation areas are currently under consideration, and a public consultation was carried out between October and December 2018.
	2.6	Maximise opportunities to improve the health and wellbeing of local communities through the refresh of local ward plans.	Martin Hughes, Head of Neighbourhoods RMBC	Mar-19	Jun-19	In progress		<p>A refresh of ward plans is scheduled for March 2019. Local priorities will be identified as part of this refresh of ward plans, including those in relation to health and wellbeing.</p> <p>In May 2019, an analysis will be undertaken as to what the ward budgets have been spent on in the previous year and how this reflects on local priorities.</p>
3. Ensuring planning decisions consider the impact on people's health and wellbeing.	3.1	Explore opportunities to develop the links between sustainable transport and planning decisions.	Ian Ashmore, Transportation Infrastructure Manager	Nov-18	Ongoing	In progress		<p>All planning applications are expected to address sustainable transport in line with the Local Plan policies and guidance. This includes the implementation of travel plans, a sustainable transport contribution of £500 per dwelling for developments of significant size and provision of infrastructure.</p> <p>An elected member-led 'walking and cycling' group has been established which includes officers from Public Health, Culture, Sport & Tourism and Transport to explore opportunities (i.e. transport plan) to encourage more active travel and walking/cycling for pleasure across the borough. This group could link in with planning going forward to maximise all opportunities to promote sustainable transport (e.g. members of the group having discussions in relation to the Well Rotherham project in Waverley).</p>

	3.2	Explore opportunities to recruit a Public Health registrar and/or student to deliver a piece of work reviewing the Local Plan and how its policies impact on health and wellbeing.	Terri Roche / Bronwen Knight, RMBC	Dec-20	Dec-20	Not started		This is dependent on a registrar or student placement becoming available to do this work.
	3.3	Following the activity above, use the outcome of the review to consider where developing supplementary planning documents would have a beneficial impact of people's health – based on evidence of review and inspection and accepted policy and practice used elsewhere.	Bronwen Knight, Planning RMBC	Following completion of the action above (3.2).	Following completion of the action above (3.2).	Not started		Please see above.
4. Increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing	4.1	Provide a governance structure for the Rotherham Active Partnership – using collective influence of the board to ensure this partnership works effectively to promote physical activity.	Polly Hamilton, RMBC	RAP meeting 27 June including HWb Strategy on agenda. First RAP October 18	Feb-19	Completed		Rotherham Activity Partnership is a working group of the Cultural Partnership Board. The group has now met on two occasions since the initial workshop. The group structure is in place with the main focus of the meetings moving towards priority themes. The group has not finalised its priorities but is some way to deciding. A number of the "sub- groups" continue to operate beneath the RAP group.
	4.2	Embed links between the Health and Wellbeing Strategy and Rotherham's Cultural Strategy through the development of a joint action plan, reflecting the contribution the culture, sport and green spaces sectors make to increasing physical activity, emotional resilience and positive mental health.	Chair of Cultural Partnership Board Polly Hamilton RMBC	May-19	Dec-19	Not started		The draft Cultural Strategy is out for final consultation following the feedback from the first consultation phase. The preference of the Cultural Partnership Board is to develop joint action plans with all of the main partnership boards within the Rotherham Together Partnership, including the Health and Wellbeing Board. This will ensure that joint outcomes are mutually understood and helped to multiply the benefits to communities. The timetable for completion of this process is December 2019. Meanwhile, a bid is being submitted to the Arts Council to support the delivery of key projects within the Cultural Strategy which will also impact on health and wellbeing. The Cultural Strategy is on track to be launched in June.

	4.3	Raise awareness of staff working in green spaces in relation to community safety, supporting staff to be the 'eyes and ears' of the partnership.	Sam Barstow, Polly Hamilton	Ongoing	Ongoing	In progress		<p>Community safety and green spaces have been working together around Public Space Protection Orders, to ensure reduction in anti-social behaviour and to help communities feel safer in Clifton Park. New CCTV has been introduced to Clifton Park and other green spaces across the borough to extend coverage. Operational links have been improved in relation to live investigations to ensure that green spaces staff are informed and engaged in the response to community safety issues.</p> <p>Green spaces have also been working with Wild Sheffield to engage residents of local communities with a particular focus on Eastwood to utilise outdoor activities as a way of supporting community integration and cohesion.</p>
	4.4	Support the ambition for all Rotherham primary schools to be taking part in the 'mile a day' initiative (championed by Ray Matthews).	Rotherham Active Partnership	Feb-19	All primary schools to be signed up by Dec 2023	In progress		<p>The "Active Schools" sub- group of RAP has met once and is currently formulating an action plan. The group has members from RoSIS, CST, Public Health, Yorkshire Sport Foundation and local schools. The initial meeting presented an overview of the Sport/ Physical Activity school picture and 5 main theme areas have been initiated. The final action plan can be circulated on its completion. "Mile a day" is one of the 5 themes.</p>
5. Mitigating the impact of loneliness and isolation in people of all ages	5.1	Oversee the development of and monitor implementation of an action plan to address issues associated with loneliness and isolation.	Ruth Fletcher-Brown / Kate Green, RMBC	Dec-18	Dec-19	In progress		<p>Small RMBC task group currently developing a local plan. Scoping work is being done to establish a picture of loneliness across the whole life-course. This will be presented at an event in Sept. 19 when a full partnership plan will be developed. This will be presented to the HWbB Nov 19.</p>

	5.2	<p>Roll out of 5 Ways to Wellbeing initiative:</p> <p>Using all the five ways themes to promote events across the borough as a catalyst to encourage people to try things for themselves and bring communities together. Explore opportunities to develop a programme of further activity throughout the year.</p>	Ruth Fletcher-Brown RMBC	Launched May 18	Dec-19	In progress		Working with partners to ensure they are using the 5 ways within their organisations and looking at embedding it into provider and commissioned services.
	5.3	Pilot the MECC Loneliness programme in the South of the borough. evaluate and roll out borough wide during 2019.	Phill Spencer and Sam Blakeman, RMBC	Oct-18	April commence pilot in the south of the borough. September 2019 roll out	In progress		MECC training dates set for April (for the 3 identified wards).

Rotherham Health and Wellbeing Strategy

Aim 4 update

Strategic priority 2: 'Ensuring everyone is able to live in safe and healthy environments'

March 2019

What's working well?

- £1,250,000 bid achieved.
- SRP funded mental health triage car was operational over the Christmas period, supporting the diversion of punitive action.
- Improved performance for reduction in ASB, victim satisfaction levels relating to hate crime, and disruptive activity for serious organised crime.
- Support given to schools and communities to counter extremist narratives.
- Improvements in neighbourhood working
- Housing first currently being piloted in partnership with South Yorkshire Housing Association.
- More new homes to meet local housing need.



What are we worried about?

- Public perception of ASB does not reflect the downward trend in ASB incidents and there are a number of hotspot areas for ASB.
- National increase in far right extremism and campaigns focussing on Rotherham.
- An increase of chaotic lifestyles; self-harm, suicide and drug use – how people with complex lifestyles can be supported through different agencies in a much more coordinated way.
- Complex issues increasing in areas of deprivation, but also seeing increases in areas which have generally been more stable.

What needs to happen?

- Continue to strengthen governance and coordination of locality based working to tackle ASB hot spot areas.
- Enlist partners in reinforcing and communicating good news stories and successes in relation to tackling ASB, to aim to address the disparity in public perception.
- Continue to counter far-right extremist narratives through community dialogue, identifying community mentors that can support cohesion work, upskilling staff and working with schools.
- Training and development for frontline staff dealing with chaotic lifestyles on a daily basis.
- Investment into housing and health support models such as housing first.

Aim 4: other key headlines

- Programmes underway with a focus on healthy, sustainable employment for local people.
- A new Equal and Healthy Communities Supplementary Planning Document is in development.
- The Cultural Strategy is on track to be launched in June.
- The Rotherham Activity Partnership is making progress.
- The pilot of the MECC loneliness training will commence in the South of the borough in April.



BRIEFING	TO:	Health and Wellbeing Board			
	DATE:	20 th March 2019			
	LEAD OFFICER	Malcolm Chiddey, Public Health Specialist, Rotherham Metropolitan Borough Council			
	TITLE:	Harmful Gambling			
Background					
1.	<p>In July 2018 the Local Government Association and Public Health England produced a guidance paper for councils 'Tackling gambling related harm – A whole council approach' (Background paper a).</p> <p>The paper outlines the role of Public Health, a council wide approach to identifying people impacted by harmful gambling and how council regulatory tools can help tackle gambling related harm. The paper suggests Public Health works with local partners through the Health and Wellbeing Boards and CCG to develop a coherent approach to harmful gambling, including focused preventative work.</p> <p>Harmful gambling is defined as any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits. It can have many and varied impacts, including an individual's physical and mental health, relationships, housing and finances and affects a wide range of people, such as families, colleagues and wider local communities.</p> <p>Evidence suggests that certain groups are more vulnerable to problem gambling. These include:</p> <ul style="list-style-type: none"> • children and young people, • people with mental health issues, • people with substance misuse issues, • certain minority ethnic groups, • the unemployed, • homeless people, • those with low intellectual functioning, • people with financially constrained circumstances and • those living in deprived areas. <p>Research, education and treatment of harmful gambling is overseen by the Gambling Commission, Responsible Gambling Strategy Board and GambleAware, funded by voluntary donations from the gambling industry.</p> <p>The funding provides a National Helpline, local counselling services and residential rehabilitation. This is currently based in London, however a new clinic is set to open in April 2019 in Leeds.</p> <p>The Rotherham perspective of problem gamblers based on two different estimates is outlined in the table below:</p> <table border="1"> <tr> <td></td><td>Leeds Beckett University (Kenyon et al. 2016)</td><td>Gambling Commission (2015) estimates applied</td></tr> </table>			Leeds Beckett University (Kenyon et al. 2016)	Gambling Commission (2015) estimates applied
	Leeds Beckett University (Kenyon et al. 2016)	Gambling Commission (2015) estimates applied			

	estimates applied to Rotherham (Background paper b)	to Rotherham
Problem Gambling	1.8% ~ 3,716 (18+)	0.8% 16+ ~ 1,700 (16+)
At risk gambling	5-6% 10,321 - 12,386 (18+)	
Problem and at risk gambling	7-8% 14,450 – 16,514 (18+)	

Citizens Advice Bureaux research shows that 6 to 10 people are directly affected by a single problem gambler, which based on the figures above, identifies a significant problem for Rotherham.

Evidence also suggests that harmful gambling is a significant issue for young people. The Gambling Commission published a report (November 18) based on a survey of 11 to 16 year olds in Great Britain conducted by Ipsos MORI (Background papers c).

Some of the headline findings include:

- 14% Percentage of 11-16 year olds that have gambled in the last week
- 66% Percentage of 11-16 year olds that have seen gambling advertising on TV
- 1.7% Percentage of 11-16 year olds that are defined as problem gamblers
- 26% Percentage of 11-16 year olds that have seen their parents gamble
- 13% Percentage of 11-16 year olds that have played online-gambling style games

The LGA guidance paper outlines a number of recommendations around 'What councils can do', including:

- Consider designating an organisational lead for harmful gambling issues.
- Awareness raising and training for relevant frontline staff within RMBC and partner organisations.
- Develop relationships with local treatment organisations.
- Implement screening processes and strengthen data collection.

Key Actions and Relevant Timescales

- 2.** The following actions are recommended to ensure that Rotherham is compliant with the guidance published by the LGA:
- That Harmful / Problem Gambling be governed through the Health and Wellbeing Board
 - That RMBC Public Health is allocated the organisational lead for Harmful / Problem Gambling, with Malcolm Chiddey as the lead officer, who attends the Yorkshire and Humber Public Health 'Problem Gambling' working group.
 - That Harmful / Problem Gambling be addressed and included within relevant strategies, including the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy and the Domestic Violence Strategy.

- That RMBC Licensing review policies on gaming licence applications.
- That a Task and Finish Group be established to oversee compliance with the recommendations within the guidance document and oversee the delivery of awareness training to frontline staff.

Recommendations

3. The Health and Wellbeing Board to:
- a) Note the key actions being taken to address harmful gambling.
 - b) Agree to assume governance responsibilities for harmful gambling.

Background Papers

- 4.
- a) <https://www.local.gov.uk/tackling-gambling-related-harm-whole-council-approach>
 - b) www.leeds.gov.uk/docs/Problem%20Gambling%20Report.
 - c) <https://www.gamblingcommission.gov.uk/PDF/survey-data/Young-People-and-Gambling-2018-Report.pdf>

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	20 th March 2019
	LEAD OFFICER	Becky Woolley, Policy and Partnerships Officer, Rotherham Metropolitan Borough Council
	TITLE:	Health and Wellbeing Strategy, 2018-2025 – draft performance framework

Background

1. It was agreed in July 2018 that an accompanying performance framework would be developed to measure the successful delivery of the Health and Wellbeing Strategy.

A longlist of potential indicators was circulated to the Health and Wellbeing Board in November 2018 and the full draft performance framework was discussed by the Health and Wellbeing Board in January 2019. Following the feedback from this discussion, changes have been made and indicators have been added into the framework.

The framework was also received by the ICP Place Board in March 2019, for information and to discuss how the Place Board would like to engage with this framework once approved.

Key Issues

2. The draft performance framework (see appendix one) seeks to compliment additional information available to the board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high-level and outcomes-focussed overview of performance based on a number of priority indicators.

Two indicators within the framework remain to be confirmed. One of these is around loneliness; this has been left as 'to be confirmed' to ensure that this aligns with the loneliness plan which is currently in development.

The other indicator regards the number of referrals to Child and Adolescent Mental Health Services following feedback at the last Health and Wellbeing Board that there was no indicator included in the framework relating to the mental health of children and young people. This will be discussed further at the CAMHS SDIP on 13th March to ensure that this is the most appropriate indicator.

Key Actions and Relevant Timelines

3. Subject to the draft performance framework being approved, a scorecard will be developed, which will include data benchmarking Rotherham's position to national and regional averages. Updates to the scorecard will become a standing item on Health and Wellbeing Board agendas.

An annual session on performance will also take place involving both members of the Health and Wellbeing Board and the ICP Place Board.

Recommendations	
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4.	That the Health and Wellbeing Board approve the draft performance framework.
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Rotherham Health and Wellbeing Strategy 2018-2025 – draft performance framework

Aim	Strategic Priority	Proposed indicator
All children get the best start in life and go on to achieve their potential.	Ensuring every child gets the best start in life (pre-conception to age 3)	Smoking status at the time of delivery
		School readiness: the percentage of children achieving a good level of development at the end of reception
	Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery	Child excess weight in 4-5 year olds
	Reducing the number of children who experience neglect or abuse	The number of children subject to a CP plan (rate per 10K population under 18)
	Ensuring all young people are ready for the world of work	Average attainment 8 score
All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.	Improving mental health and wellbeing of all Rotherham people	Self-reported wellbeing – % of respondents with a high happiness score
	Reducing the occurrence of common mental health problems	A reduction in the number of referrals to Child and Adolescent Mental Health Services – <i>(this is to be confirmed and will be discussed at the CAMHS SDIP on 13th March.)</i>
		Depression recorded prevalence (% of practice register aged 18+)

		Suicide: age-standardised rate per 100,000 population (3 year average)
	Improving support for enduring mental health needs (including dementia)	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months
	Improve the health and wellbeing of people with learning disabilities and autism	Proportion of adults with a learning disability in paid employment
All Rotherham people live well for longer.	Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	Life expectancy at birth (male and female)
		Healthy life expectancy at birth (male and female)
	Promoting independence and self-management and increasing independence of care for all people	Proportion of people who use services who have control over their daily life
	Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	Health related quality of life for older people

	Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life.	Percentage of carers reporting that their health has not been affected by their caring role
All Rotherham people live in healthy, safe and resilient communities.	Increasing opportunities for healthy, sustainable employment for all local people.	The rate of the working age population economically active in the borough
	Ensuring everyone is able to live in safe and healthy environments.	Number of repeat victims of anti-social behaviour
		Number of households in temporary accommodation
	Ensuring planning decisions consider the impact on people's health and wellbeing.	
	Increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing	Utilisation of outdoor space for exercise/health reasons
	Mitigating the impact of loneliness and isolation in people of all ages	<i>Loneliness indicator to be confirmed following the development of the loneliness plan.</i>



Terms of Reference: Rotherham Health and Wellbeing Board

Key contacts	
Chair	Councillor Roche – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council
Vice Chair	Dr Richard Cullen – Chair of Rotherham Clinical Commissioning Group
Health and Wellbeing Board Manager	Becky Woolley – Policy and Partnerships Officer, Rotherham Metropolitan Borough Council rebecca.woolley@rotherham.gov.uk

Role and function of the board
<p>The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services. The Health and Wellbeing Board is a statutory sub-committee of the Council, but will operate as a multi-agency board of equal partners.</p> <p>The board is responsible for overseeing delivery of the joint Health and Wellbeing Strategy, 2018-2025 and also sets the strategic direction for the Integrated Care Partnership Place Board.</p> <p>Rotherham's Health and Wellbeing Board is committed to delivering the four aims outlined within the strategy, which are:</p> <ul style="list-style-type: none"> • All children get the best start in life and go on to achieve their potential • All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life • All Rotherham people live well for longer • All Rotherham people live in safe and resilient communities.

Responsibilities
<p>The Health and Wellbeing Board has a number of responsibilities. This includes:</p> <ul style="list-style-type: none"> • Assessing the needs of the population and producing the local joint strategic needs assessment (JSNA) • Using the data and knowledge in the JSNA to publish a local health and wellbeing strategy, setting priorities for joint action • Using the strategy and its priorities to influence and inform commissioning decisions for the health and wellbeing of Rotherham people • Enabling, advising and supporting organisations that arrange for the provision of health or social care services to work in an integrated way • Holding relevant partners to account for the quality and effectiveness of their commissioning plans • Ensuring that public health functions are discharged in a way that helps partner agencies fully contribute to reducing health inequalities.

Partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and in partnership:

- 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 there is already an issue, services intervene early to maximise impact
- Promote resilience and independence for all individuals and communities
- Integrate commissioning of services to maximise resources 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.

Membership

The board will be chaired by the Council's Cabinet Member for Adult Social Care and Health, with the vice-chair from a non-council health partner (e.g. Rotherham Clinical Commissioning Group). Members of the board should be of sufficient seniority to be able to make significant commitments on behalf of their relevant organisations. All members of the board will have equal voting status.

The board is committed to having a broad membership, engaging as many partners as possible. In order to ensure that this continues to be the case, membership will be reviewed on a regular basis.

The membership of the board is as follows:

- Cabinet Member for Adult Social Care and Health (Chair)
- Chair of NHS Rotherham Clinical Commissioning Group (Vice Chair)
- Cabinet Member with responsibility for Children's Services
- Deputy Leader, RMBC¹
- Director of Public Health
- Chief Executive, RMBC
- Strategic Director of Adult Care, Housing and Public Health
- Strategic Director of Children and Young People's Services
- Chief Officer, NHS Rotherham Clinical Commissioning Group (CCG)
- GP Executive Member of NHS Rotherham CCG
- Senior representative, NHS England South Yorkshire and Bassetlaw
- Chief Executive Officer, Healthwatch Rotherham
- Rotherham District Commander, South Yorkshire Police
- Chief Executive, Voluntary Action Rotherham
- Chief Executive, Rotherham NHS Foundation Trust
- Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Standing invites will also be circulated to:

- Chair, Rotherham Local Safeguarding Children Board
- Chair, Rotherham Safeguarding Adults Board

¹ As of the date of the review of this Terms of Reference, the Deputy Leader is also the Cabinet Member with responsibility for Children's Services. Should this portfolio area be given to another Cabinet Member in the future, both will be required to be members of the Health and Wellbeing Board.

- Strategic Director of Regeneration and Environment, RMBC
- Representative, South Yorkshire Fire and Rescue Service
- Rotherham ICP Place Board Manager, CCG

Quorum

A quorum of the board will be at least one third of members (i.e. six), including at least one representative from RMBC and the CCG.

Expectations of a Health and Wellbeing Board member

All members of the board, as a statutory sub-committee of the Council, must observe the Council's code of conduct for members and co-opted members.

It is also expected that members will attend board meetings and actively engage in discussions. If the member is not able to attend, an appropriate deputy should be agreed with the Chair to attend in their place.

Other responsibilities include:

- Acting in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests.
- Fully and effectively communicating outcomes and key decisions of the board to their own organisations.
- Contributing to the development of the JSNA.
- Ensuring that commissioning is in line with the requirements of the Health and Wellbeing Strategy.
- Delivering improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks.
- Declaring any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services.
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- Reading and digesting any documents and information provided prior to meetings to ensure the board is not a forum for receipt of information.
- Acting as ambassadors for the work of the board.
- Participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the board, including working with the media.

Meeting arrangements

The board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the board. The meeting venue will rotate between Rotherham Town Hall (Rotherham Metropolitan Borough Council), Oak House (the CCG), The Spectrum (Voluntary Action Rotherham) and the Lifewise Centre (South Yorkshire Police).

Board meetings will be conducted in public, though the board will retain the ability to exclude representatives of the press and other members of the public from a defined section of the meeting having regard to the confidential nature of the business to be transacted (in

accordance with the Public Bodies Act 1960).

Papers for the board will be distributed at least one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the discretion of the chair. Minutes of the board will be circulated in advance of the next meeting and approved at the meeting.

All agenda items brought to the board need to clearly demonstrate their contribution to delivering the board's priorities.

Engaging with the public and providers

The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board manager (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.

In responding to queries, the board may wish to provide a written response and will commit to providing this response within a month of the board meeting.

The board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role must declare any conflict of interest as part of discussions.

Governance

As a Council sub-committee the board will be accountable to Council and the Health Select Commission. Critically, the Health and Wellbeing Board will also be an integral part of Rotherham Together Partnership's structures. The Chair will be a member of the Rotherham Together Partnership and will be required to regularly report on progress.

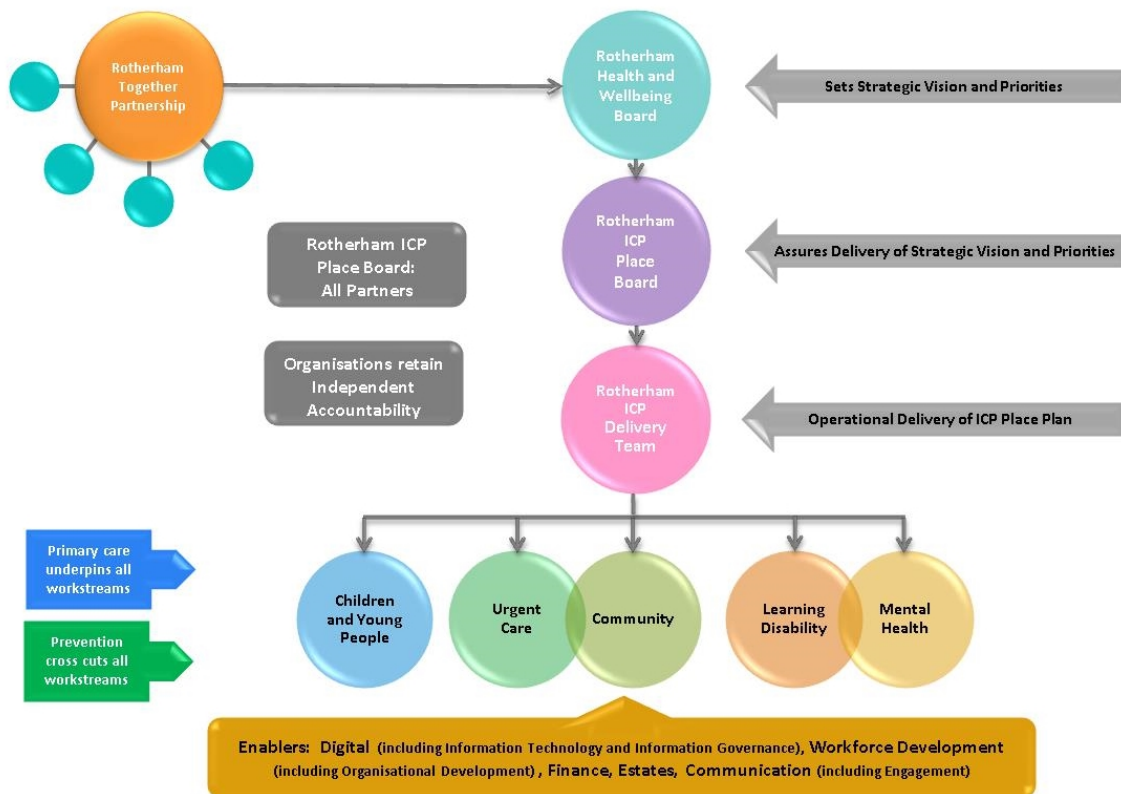
The board is also signed up to the Rotherham Safeguarding Partnership Protocol which is an agreement between several partnership boards to ensure that strategic priorities in relation to safeguarding are translated effectively into action plans. The Chair and the Health and Wellbeing Board manager will be responsible for ensuring that the requirements of this protocol are met.

The Health and Wellbeing Board will also be responsible for governing the Integrated Care Partnership Place Board, as the Place Plan is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. Regular updates on the delivery of the Place Plan will be received by the Health and Wellbeing Board to ensure appropriate oversight. The Chair and the Health and Wellbeing Board manager will also attend Place Board meetings as observers.

A diagram is included within appendix one which outlines the governance arrangements.

Review date
Reviewed in March 2019 – subject to sign off at Health and Wellbeing Board. Next review due March 2020.

APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements



**CQC Re-inspection Report:
Briefing Health Select
Commission
28 February 2019**

NHS
The Rotherham
NHS Foundation Trust

Our Aim

We aim to:

- Embrace the report
- Build upon the feedback
- Drive quality improvement for patients
- Use it to achieve our vision



A reminder of 2018 inspection timelines

- **25th - 27th September 2018:** Core service inspection: Acute
- **28th September 2018:** Use of resources inspection
- **16th - 18th October 2018:** Core service inspection: Community
- **22nd – 24th October 2018:** Well-led inspection

Overall timeframes

23rd - 27th Feb

Focussed
announced
inspection

27th – 30th Sept
Focussed follow-up
inspection

17th July 2018

Focussed
unannounced
inspection

25th – 27th Sept
Acute Services

28th Sept
Use of Resources

16th – 18th Oct
Community
Services

22nd – 24th Oct
Well-Led

2015

2017

2018

Sept to Oct 2018

Services inspected

Acute

- Urgent & Emergency Services
- Medical Care
- Maternity
- Children & Young People

Community

- Children & Young People



Overall Position - breakdown of ratings

- 1 ● Outstanding
- 45 ● Good
- 16 ● Requires Improvement
- 2 ● Inadequate

Headlines from re-inspection

Some real positives

Our People, Digital, MDTs

Some real progress

C&YP services

Some real challenges

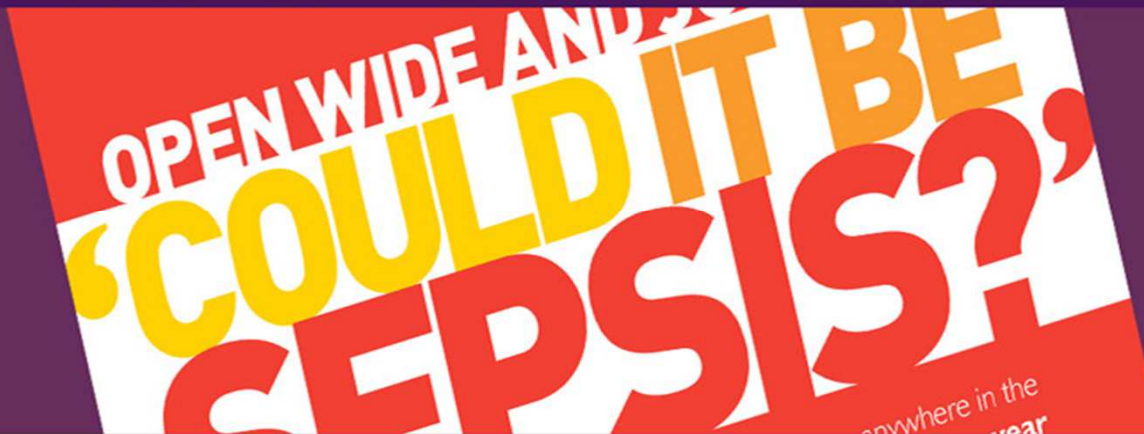
Urgent & Emergency Services

Some ongoing issues

Mandatory training, risks, incidents

Some examples of positive findings

- Infection Control – Wards & dept. visibly clean
- Sepsis – tool used, staff had access to guidance & pathway
- MDT working – good throughout the Trust



Some examples of positive findings

- Caring staff – privacy & dignity maintained, compassionate
- Outliers – good arrangements, daily reviews
- National recognition – acupin therapy



Outstanding Practice

- Digital:
 - innovative use of technology
 - Award-winning, in-house SEPIA system
 - Support clinical and operational staff



Great people

Caring

We have some great people
who really care



The Rotherham
NHS Foundation Trust



Great people

Compassionate

People showed compassion,
dignity, support for patients

NHS

The Rotherham
NHS Foundation Trust



Great people

Open

People were open, honest,
shared information



NHS
The Rotherham
NHS Foundation Trust





Challenges and ongoing issues

- Raising concerns & escalation
- Urgent & Emergency Services
- Staffing
- Medicines management
- Safeguarding
- Training
- Risks

Progress made since inspection

- Staffing
- Training & development
- Leadership & support
- Safety & governance



Progress made since inspection

CQC Inspection Report states:

“In response to our inspection and subsequent enforcement action, the executive leadership of the trust, senior leadership team and management within the department had worked together to formulate and deliver an immediate short-term solution to our concerns. They had also formulated short, medium and long-term plans to meet the requirements of our enforcement notice.”



Consolidated ratings in 2017

Hospital

	Safe	Effective	Caring	Responsive	Well led
Urgent & Emergency Services	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Medical Care	Requires Improvement	Requires Improvement	Good	Good	Good
Surgery	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Requires Improvement
Maternity and gynaecology	Requires Improvement	Good	Good	Good	Requires Improvement
Children and young people	Good	Requires Improvement	Good	Good	Requires Improvement
End of life care	Good	Requires Improvement	Good	Good	Good
Outpatients and diagnostic imaging	Good	(Inspected not rated)	Good	Good	Good

Community

	Safe	Effective	Caring	Responsive	Well led
Adults	Good	Requires Improvement	Good	Good	Requires Improvement
Children & young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Inpatients	Good	Good	★ Outstanding	Good	Good
End of life Care	Good	Requires Improvement	Good	Good	Requires Improvement
Dental	Good	Good	Good	Good	Good

Consolidated ratings in 2019

Hospital

	Safe	Effective	Caring	Responsive	Well led
Urgent & Emergency Services	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Medical Care	Requires Improvement	Good	Good	Good	Requires Improvement
Surgery	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Requires Improvement
Maternity*	Good	Good	Good	Requires Improvement	Requires Improvement
Children and young people	Good	Good	Good	Good	Good
End of life care	Good	Requires Improvement	Good	Good	Good
Outpatients and diagnostic imaging	Good	(Inspected not rated)	Good	Good	Good

Community

	Safe	Effective	Caring	Responsive	Well led
Adults	Good	Requires Improvement	Good	Good	Requires Improvement
Children & young people	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Inpatients	Good	Good	★ Outstanding	Good	Good
End of life Care	Good	Requires Improvement	Good	Good	Requires Improvement
Dental	Good	Good	Good	Good	Good

*gynaecology not included

Overall ratings 2019

	Safe	Effective	Caring	Responsive	Well led	Overall
Hospital Overall - 2019	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

	Safe	Effective	Caring	Responsive	Well led	Overall
Community Overall - 2019	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

	Safe	Effective	Caring	Responsive	Well led	Overall
Trust Overall - 2019	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Summary of Must Do (47) and Should Do (27)



The Rotherham
NHS Foundation Trust

		Service	Must Do	Should do
Hospital		Trust Level	7	3
		Urgent and Emergency Care	12	10
		Medical Care	11	9
		Surgery		
		Critical Care		
		Maternity	9	2
		Children and Young People	4	3
		End of Life Care		
		Outpatients and diagnostic imaging		
Community		Community adults		
		Community end of life care		
		Community inpatients		
		Community Children and Young People	7	8
		Community Dental		
		TOTAL OVERALL	47	27

Our aim for the future

Ambitious

Strive for good and outstanding

Caring

For our patients and each other

Together

We all have a role to play

Any questions?



Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	PUBLIC Rotherham ICP Place Board
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 12 December 2018
Venue:	Elm Room (G.04), Oak House
Chair:	Chris Edwards
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net

Apologies:	Louise Barnett, Chief Executive, TRFT Cllr David Roche, Joint Chair, Heath & Wellbeing Board, RMBC Dermot Pearson, Director of Legal Services, RMBC Rebecca Woolley, Policy & Partnership Officer, RMBC
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

Members Present:

Chris Edwards (**CE**), Chair, Chief Officer, Rotherham CCG
 Sharon Kemp, (**SK**), Chief Executive, Rotherham MBC
 Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham
 Kathryn Singh (**KS**), Chief Executive, (RDaSH)
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)
 Chris Holt (**CH**), Deputising for Chief Executive, TRFT

Participating Observers

Dr Richard Cullen (**RCu**), Joint Chair, Health & Wellbeing Board, Rotherham CCG,

In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
 Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
 Jenny Lingrell (**JL**), Joint Assistant Director Commissioning, Performance & Inclusion, RMBC
 Amanda Edmonds (**AE**), Deputy Head of Nursing (Family Health), TRFT
 Claire Gill (**CG**), Community Children's Nursing Team – Team Leader, TRFT
 Adele Taft, Rotherham CCG (observing)
 Wendy Commons (**WC**), Minute Taker

There were no members of the public present.

Item Number	Discussion Items
1	Public & Patient Questions
None received.	
2	Transformation Group Updates:
<p>Place Board received progress updates on the transformation areas below:</p> <p><i>Children & Young People's Transformation Group</i> <i>Subject – Children's Acute & Community Integration</i> <i>Presented by Jenny Lingrell, Amanda Edmonds and Claire Gill</i></p> <p>Jenny Lingrell highlighted that the Group's governance has recently been re-established and re-energised with RMBC joining it providing a more robust structure and multi-agency approach.</p> <p>Amanda Edmonds explained that the Paediatric Acute Rapid Response Team (PARROT) is now embedded as every day practice with the Children's Assessment Unit and Children's Ward facilitating improved patient flow, reducing length of stay and promoting early discharge. This is working well. Next steps will be to roll-out a nurse based service to general practice.</p> <p>Alison Cowie will be asked to contact Dr Gok Muthoo to update him on developments and progress and look at opportunities through the GP Federation.</p> <p style="text-align: right;"><i>Action: JL/AE</i></p> <p>It was noted that the ability to roll out and develop the service to the wider Rotherham GP community may depend on the pilot proving to add value and benefits and will require an increase in children's nursing capacity with appropriate commissioning. Ian Atkinson will liaise with TRFT to understand how this and potential NHS111 or self-referral to this service could affect the contract.</p> <p style="text-align: right;"><i>Action: IA</i></p> <p>Place Board thanked Jenny, Amanda and Claire for the update and they left the room at this point.</p> <p><i>Urgent & Community Care Transformation Group</i> <i>Subject – Integrated Discharge Team</i> <i>Presented by Chris Holt</i></p> <p>Members heard the realised benefits, this includes a newly appointed Joint Service Lead across RMBC and TRFT for Integrated Discharge, the delayed transfers of care performance appears to be stabilising, the community liaison role is showing improved outcomes, therapists are now based in the emergency department resulting in closer liaison and decision support tools are no longer being carried out in the acute setting.</p> <p>Chris went on to highlight some of the challenges and actions to address them as winter approaches.</p> <p>Members thanked Chris for the presentation on the Integrated Discharge Team's good work and requested that the Group prioritises The Ferns and The Brambles as well as Rotherham Hospital and includes re-admission rates along with delays of discharge on graphs to provide better context for Board Members.</p> <p style="text-align: right;"><i>Action: CH</i></p> <p><i>Mental Health & Learning Disability Transformation Group</i> <i>Subject - Rotherham Strategy to promote mental health & wellbeing</i> <i>Presented by Ian Atkinson</i></p> <p>Ian advised that the Better Mental Health for All strategy and action plan is now in place with good partnership working including a specific lead for loneliness. There has been good take up from the voluntary sector in promoting the five ways to wellbeing messages which have also been positively received by partners who are ensuring messages are conveyed throughout implementation.</p>	

Concerns were mainly around maintaining focus and keeping up the momentum as the successful delivery is dependent upon all organisations working together and leading by example by identifying opportunities to promote the five ways messages. Having a co-ordinated and sustainable offer of mental health first aid training across the borough for the general public and frontline staff is recognised as crucial.

Discussion turned to using a strength based approach to training and development across organisations. The Place Board agreed to ask the OD & Workforce Enabler Group to set out parameters so that there is a consistent approach. The Delivery Team Chair was asked to brief them is to be ambitious in looking across the system and any resources.

Action: IA

Place Board thanked the Mental Health & Learning Disability Group for the update.

3	Rotherham ICP Place Plan Performance Report
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Ian Atkinson introduced the performance report outlining the progress made with delivery against the ICP Place Plan at the end of Quarter 2.

Ian highlighted the areas in the report 'RAG rated' as red by exception and outlined mitigating actions.

The Place Board felt that the report was relatively positive at this time and noted the areas being focussed upon.

Members reflected on the content and layout of the report acknowledging that it may continue to develop in future years. The current format contains sufficient information for Members to understand progress with the delivery of the Place Plan. However, the Delivery Team (and transformation workstreams) should be aware that issues or concerns can be escalated with Place Board at any meeting, in addition to the quarterly performance reporting process or through the monthly spotlight presentations

Action: IA

4	Local Government Association Report – Integrating Health & Social Care Rotherham Case Study
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Place Board Members noted the contents of this report which reflected Rotherham positively. Place Board asked the Communications & Engagement Enabler Group to review the report to determine whether it will be suitable to use to showcase Rotherham.

Action: GL

Partner organisations will determine whether they wish to take the report through their Boards for information.

Action: All Partners

5	Draft Minutes from Public ICP Place Board – 7 November 2018
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The minutes from the November meeting were accepted as a true and accurate record. There were no matters arising.

6	Communications to Partners
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Gordon Laidlaw explained that the HSJ Value Awards 2019 are due to take place on 23 June 2019. Following discussion about individual partner submissions, it was agreed that Gordon will circulate the link to the HSJ web page so that Members can review the categories and determine whether there are any suitable areas/initiatives that Rotherham can submit from a 'Place' perspective. The deadline for submission entry is Friday 11 January 2019. Partners are requested to forward any suggested submissions for consideration to Gordon Laidlaw (gordon.laidlaw@nhs.net) by Friday 21st December 2018 at the latest.

7	Risk/Items for Escalation
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None.

10	Future Agenda Items
	<p>Future Agenda Items</p> <ul style="list-style-type: none"> • Ferns Evaluation (Jan 2019) • Community & Voluntary Sector Update <p>Standard Agenda Items</p> <ul style="list-style-type: none"> • Delivery Dashboard/performance framework • Transformation Groups Update <ul style="list-style-type: none"> January - C&YP – Maternity/Better Births February – C&YP - Signs of Safety U&CC - Integrated Care & Re-ablement MH & LD – Dementia (inc Ferns)
11	Date of Next Meeting
Wednesday 9 January 2019, at 9am at Elm Room, Oak House	

Membership

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Gok Muthoo

Participating Observers:

Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche
Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)
Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Strategy & Development Lead, RCCG – Lydia George
Policy and Partnership Officer, RMBC – Rebecca Woolley

Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	PUBLIC Rotherham ICP Place Board
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 6 February 2019
Venue:	Elm Room (G.04), Oak House
Chair:	Sharon Kemp
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net
Apologies:	Dermot Pearson (DP), Director of Legal Services, RMBC
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

Members Present:

Sharon Kemp (**SK**), (Chairing), Chief Executive, Rotherham MBC
 Chris Edwards (**CE**), Chief Officer, Rotherham CCG
 Louise Barnett (**LB**), Chief Executive, TRFT
 Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham
 Kathryn Singh (**KS**), Chief Executive, (Rotherham, Doncaster and South Humber NHS Trust, RDaSH)
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)

Participating Observers

Dr Richard Cullen (**RCu**), Joint Chair, Health & Wellbeing Board, Rotherham CCG
 Cllr David Roche (**DR**), Joint Chair, Health & Wellbeing Board, RMBC

In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
 Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
 Rebecca Woolley (**RW**), Policy & Partnership Officer, RMBC
 Andrew Clayton (**AC**), Head of Digital, Rotherham CCG & ICP
 Anne Marie Lubanski (**JL**), Strategic Director for Adult Care & Housing, RMBC
 Jon Stonehouse (**JS**), Children & Young People's Services, RMBC
 Wendy Commons (**WC**), Minute Taker

There were no members of the public present.

Item Number	Discussion Items
1	Public & Patient Questions
None received.	
2	Transformation Group Updates:
<p>Place Board received progress updates on the transformation areas below:</p> <p><i>Children & Young People's Transformation Group</i> <i>Subject – Maternity and Better Births/Signs of Safety</i> <i>Presented by Chris Edwards/Jon Stonehouse</i></p> <p><i>Maternity & Better Births</i> Chris Edwards reported that robust good governance and reporting arrangements are in now place which are working well both locally and as part of the South Yorkshire system. Engagement is positive and meetings well attended by all parties. A good relationship has been formed with West Yorkshire which is encouraging sharing learning.</p> <p>One of the aspirations for Rotherham is to be able to provide 4 choices for the place of birth, ie hospital birth, alongside midwifery led unit, home birth and the creation of a temporary pop up birth (home from home) hub. However, Chris highlighted for Place partners that Rotherham is an outlier in relation to smoking in pregnancy and work to improve health and wellbeing such as smoking cessation is an area that is being targeted.</p> <p>Louise Barnett advised that recent data appeared to reflect significant improvement in smoking in pregnancy which, if validated, is excellent news. LB will update members once the figures have been confirmed.</p> <p style="text-align: right;"><i>Action: LB</i></p> <p>The Trust is also working hard to ensure continuity of carer and has seconded a Continuity of Carer Lead which is working well. However, the target is proving challenging as it is a change to the way of working for the profession and has the potential to cause resourcing issues with staff retirements culminating simultaneously.</p> <p>Kathryn Singh advised that RDaSH is making perinatal links with the mental health workstream.</p> <p><i>Signs of Safety</i> Members were advised that Signs of Safety training is continuing with a team of trainers at RMBC in place to support future implementation. A current key piece of work taking place is the signs of safety and safeguarding competency framework which has been distributed to all agencies.</p> <p>The results of the audit will give an understanding of demand for the training and enable planning for moving on from an awareness of the model training to impact on practice training. An action plan will be developed after the audit but implementation so far presented a positive picture with all partners engaging well.</p> <p>The Place Board was informed that the Children & Young People's Transformation Group intends to review its membership and produce a new implementation plan. Place Board will be kept updated.</p> <p>Place Board thanked Chris and Jon for the updates from the Children & Young People's Transformation Group.</p> <p><i>Urgent & Community Care Transformation Group</i> <i>Subject – Intermediate Care & Re-ablement</i> <i>Presented by Anne Marie Lubanski</i></p> <p>Anne Marie Lubanski highlighted the work being undertaken using additional winter monies by the therapy lead community hospital admission avoidance team with the Urgent & Emergency Care Centre and the Acute Medical Unit to avoid admissions and duplication. Positive work is also being</p>	

undertaken on resource and staffing around the unplanned hub, integrated rapid response and community teams. It was noted however, that the services have not been challenged in terms of winter so far. Recruiting quality social workers is proving to be an issue for Rotherham which reflects the national picture.

The re-configuration of the re-ablement and integrated care centre is progressing positively. The staff are enjoying working differently and have welcomed the change. However, Place Members noted that there are still challenges with MDT discharge planning to improve the flow through intermediate care community beds.

Place Board noted the challenges of developing and delivering an integrated plan with interdependent workstreams for the 'home first' model and bed re-configuration and the complexities of cross organisational priorities and timescales.

Anne Marie Lubanski presented the timescales for implementation and next steps. A session is planned to undertake a stocktake of the current position.

Place Board thanked Anne Marie for the presentation and acknowledged the progress made reflected the maturity of 'Place' development.

AML & JS left the meeting at this point.

Mental Health & Learning Disability Transformation Group

Subject - Dementia

Presented by Ian Atkinson

Ian Atkinson informed members that the Rotherham dementia diagnostic rate of 85% continues to be above the national target of 67% and is ranked top in Yorkshire and Humber. Referrals to the Dementia Carer Resilience service continue to increase at an average of 38 new referrals per month. There is also strong voluntary sector partnership working in place for the post diagnostic element of the pathway.

New guidance issued last summer described having specialists for dementia diagnosis which did not include GP colleagues. This had resulted in re-looking at the pathway to identify what a community offer could look like. This has been constructively addressed by partners to find an improved pathway, however it is anticipated this should be in place in the next 6 weeks.

The next steps for the transformation group will be to resolve the data extraction issues RDaSH and agree a common understanding of guidelines and pathway.

To ensure the Rotherham Foundation Trust is appropriately engaged in these important developments, Louise Barnett will identify a representative to join the group.

Action: LB

The Place Board thanked Ian for the update on dementia.

3

Rotherham Health Record

Andrew Clayton presented a paper updating members on the implementation and developments with the Rotherham Health Record. He outlined next steps to get routine adult social care information flowing into the health record and advised that a similar process will be used to integrate mental health data. Further work is also continuing to connect the remainder of the 30 GP Practices to the system (around a further 10 practices). Change management work is also to be undertaken to increase number of users, particularly for social care and mental health.

Andrew confirmed that clinicians can now see the whole health record and that Rotherham is ahead in the region in terms of better usage.

It was acknowledged that this presented significant outcomes for Rotherham patients and residents in our aim to deliver safe, efficient and quality services. Louise Barnett stated that the hospital is already seeing the benefits and went on to outline some of the advantages as services being more efficient, the length of stay for care home patients has reduced substantially, more timely decisions are being facilitated. Implementation of the health record has been revolutionary both in terms of

the ways people work and in reducing organisational barriers and boundaries.

Ian Atkinson confirmed that although not yet 'live streaming' social care and mental health staff will be able to see same record with an ambition to have cut of data every 24 hours. The flow and transfer of data is still to be agreed but there is no reason why this should be a barrier.

The Place Board thanked Andrew for the update and requested that he feedback a deadline of the end of March to the IT workstream for the social care data to be streamed.

4	Children and Adults Mental Health Services Trailblazer Update
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Ian Atkinson was pleased to report that the joint bid for mental health supporting schools has been successful in obtaining funding for 3 years in total to put teams in the north and south working in joint settings. Place Board will receive a full brief and a proposed model of delivery once it is drafted. A selection process for schools will be confirmed by the end of the week.

Gordon Laidlaw advised that there has already been media interest in this innovative opportunity and he is working on press statements to ensure that it's clearly reflected that Rotherham partnership working has facilitated this new development.

5	Draft Minutes from Public ICP Place Board – 12 December 2018
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The minutes from the December meeting were accepted as a true and accurate record. There were no matters arising.

6	Communications to Partners
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Gordon Laidlaw will work with OD/Workforce Leads to plan and communicate information on future events with Partners leaders and workforce to raise the profile of 'Place' work and achievements.

Gordon noted that a summary version of the place plan is being produced. This will be distributed to partners on completion.

Partners noted and thanked the Council for its contribution and engagement with the production of the Place Plan.

7	Risk/Items for Escalation
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None.

10	Future Agenda Items
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Future Agenda Items

- Partner Plans inc Financial Plans (Mar)
- Estates (tbd)
- Social Prescribing (tbd)
- Primary Care Networks briefing (tbd)

Standard Agenda Items

- Delivery Dashboard/Performance Framework
- Transformation Groups Update
 - March – C&YP - Transitions
 - U&CC – Integrated Rapid Response
 - MH & LD – Core 24

11	Date of Next Meeting
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Wednesday 6 March 2019, at 9am at Elm Room, Oak House

Membership

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Gok Muthoo

Participating Observers:

Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche
Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)
Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Strategy & Development Lead, RCCG – Lydia George
Policy and Partnership Officer, RMBC – Rebecca Woolley

HEALTH SELECT COMMISSION
Thursday, 28th February, 2019

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Ellis, Jarvis, Keenan, Short, Taylor, John Turner and Williams.

Apologies for absence:- Apologies were received from Councillor Rushforth.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

69. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

70. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

71. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 17th January, 2019.

Resolved:- That the minutes of the previous meeting held on 17th January, 2019, be approved as a correct record.

72. COMMUNICATIONS

Information Pack

Contained within the information pack were the notes from the Quality Sub-Groups and the quarterly briefing with health partners together with a copy of the Care Quality Commission (CQC) report for CGL. Also included was information about the Schools Mental Health Trailblazer including a map showing which schools were involved.

Integrated Place Plan

A response was due shortly from the Delivery Group to the questions raised in relation to the Integrated Place Plan Quarter 2 performance report that was discussed in a workshop session.

Performance Sub-Group

The Sub-Group had met recently and discussed final Adult Social Care Outcomes Framework (ASCOF) measures and benchmarking data. Notes would follow but from the workshop two further items had been identified for the work programme:-

Carers – given their rights under the Care Act and the need to enable them to carry out their important role in helping people remain

independent for as long as possible.

Information, Advice and Guidance – getting this right was imperative for the new approaches and what was hoped to achieve.

Improving Lives Select Commission

Councillor Jarvis would supply a written report to be circulated to the Select Commission Members.

Carnson House

Councillor Andrews reported that the sub-group had visited the premises and had been impressed with the improvements that had been made and how the service was implemented. There was still progress to be made in some areas but overall it was positive. The transferred staff had settled with recruitment still taking place. Peer mentor support was particularly important and further recruitment was planned.

73. CQC INSPECTION OF ROTHERHAM HOSPITAL - UPDATE

Louise Barnett, Chief Executive TRFT, and Angela Wood, Chief Nurse, gave the following powerpoint presentation:-

2018 Inspection Timelines

- 25th-27th September, 2018 – Core Service Inspection: Acute
- 28th September, 2018 – Use of Resources Inspection
- 16th-18th October, 2018 – Core Service Inspection – Community
- 22nd-24th October, 2018 – Well-led Inspection

Overall Timeframes

- 23rd-27th February, 2015 – focussed announced inspection
- 27th-30th September, 2017 – focussed follow-up inspection
- 17th July, 2018 – focussed unannounced inspection

Services Inspected

- Acute
Urgent and Emergency Services
Medical Care
Maternity
Children and Young People
- Community
Children and Young People

Overall Position – Breakdown of Ratings

- 1 Outstanding
- 45 Good
- 16 Requires Improvement
- 2 Inadequate

Headlines from Re-inspection

- Some real positives
Our People, Digital, Multi-Disciplinary Teams (MDTs)
- Some real progress
Children and Young People's Services
- Some real challenges
Urgent and Emergency Services
- Some ongoing issues
Mandatory training, risks, incidents

Some Examples of Positive Findings

- Infection Control – Wards and department visibly clean
- Sepsis – tool used, staff had access to guidance and pathway
- Multi-Disciplinary Team Working – good throughout the Trust and work had been carried out to ensure the MDTs were aligned to prevent delays. Quick referrals and improved pathways had led to a reduction in lengths of stay.
- Caring Staff – privacy and dignity maintained, compassionate and a real asset
- Outliers (people being cared for in non-specialty wards) – good arrangements, daily reviews
- National Recognition – acupin therapy (wrist band on pressure point to relieve nausea)

Outstanding Practice

- Digital
Innovative use of technology
Award-winning in-house SEPIA system with real time information about patients
Support clinical and operational staff

Great People

- Caring
We have some great people who really care
- Compassionate
People showed compassion, dignity, support for patients
- Open
People were open, honest, shared information

Challenges and Ongoing Issues

- Raising concerns and escalation
- Urgent and Emergency Services
- Staffing
- Medicines management
- Safeguarding
- Training
- Risks

Progress made since Inspection

- Staffing

- Training and development
- Leadership and support
- Safety and governance

Summary of Must Do (47) and Should Do (27)

Service	Must Do	Should Do
Trust Level	7	3
Urgent and Emergency Care	12	10
Medical Care	11	9
Maternity	9	2
Children and Young People	4	3
Community Children and Young People	7	9
Total Overall	47	27

Our Aim for the Future

- Ambitious
Strive for good and outstanding
- Caring
For our patients and each other
- Together
We all have a role to play

Further detail was provided for the Commission in relation to the principal challenges and ongoing issues identified:-

- Raising concerns and escalation – review of Freedom to Speak Up Guardian role and accessibility of that role, in addition to making a permanent appointment
- looked at how staff could share information and established drop-ins for staff with the Chief Nurse and Interim Medical Director to share information around innovations and ideas as well as complaints and concerns. The drop-ins included community as well as hospital based staff.
- Back to the Floor Friday – on the last Friday of the month members of the Senior Clinical Team from Nursing got back into uniform and worked on the wards and talked about the key themes for the month. Medicine management, escalation and raising concerns and protected meal times had all been discussed. This enabled feedback and to be a visible presence. It was also an opportunity to talk to patients as well. The feedback was included in the quarterly report to the Quality Assurance Committee and a review of governance processes had taken place.
- Urgent and Emergency Services – Paediatric Department – a review had been conducted of the skill mix of nurses, medical support and governance arrangements around huddles and checks. Representatives from Rotherham Clinical Commissioning Group (RCCG) had recently visited and had been very positive

about the changes that had been made. The issues around staffing had been in the context of recent CQC guidance issued just before the inspection and the Trust now exceeded those recommended levels. The Paediatric area was now almost fully established.

- Urgent and Emergency Services – the leadership had been increased and dedicated support provided in the main department to allow the changes and developments to be made. There was support from NHS Improvement who had sent a national team to undertake a review of the streaming and flow through the department. The Trust were also doing some work around the culture, leadership and management development and how things were working in there. An action plan had been in place since the inspection which had been enhanced as it progressed. Positive feedback was being received with regard to how staff were feeling and what was happening around patient flow and the monitoring of complaints/incidents.
- Staffing – this was a national issue, especially around nursing staffing, and not particular to Rotherham. A review of the skill mix and establishment review across all wards was being undertaken. The Trust was looking to enhance recruitment of both new and experienced staff, including in the new nursing associate role. The review had considered the current position and where the Trust needed to get to in five years to be sustainable.
- Medical Staff – looking at international recruitment to fill some of the gaps that were unable to be filled locally and would be considered for nurses as well.
- Medicines Management – medicines incidents and omitted doses and the reasons behind them were being looked at.
 - an electronic prescribing system would soon be in place with electronic drug charts feeding information directly through to pharmacy, which would reduce delays associated with physical charts.
 - there were areas to improve on but also some areas of good practice and there would be cross fertilisation of this good practice.
- Safeguarding – there had been a significant improvement in safeguarding across Rotherham and the Hospital. Some of the comments made during the inspection were around the training delivered, which is both on-line and face-to-face, with a suggestion that the amount of face-to-face was strengthened to meet the inter-Collegiate requirements and this was being reviewed.
 - capture of information would be picked up through the digital system and immediate changes were made to systems to save referrals for review later, following feedback at the time of the inspection.

- strengthening the team to support Deprivation of Liberty internally had been suggested and would be taken forward.

- Mandatory and Statutory Training (MAST) – compliant across the Trust but there were some pockets in the medical teams with doctors not as compliant with the training as one would wish them to be. Ensuring a consistent approach across all areas was needed not just across the whole of the trust. The training provision had been reviewed as to what was mandatory and what was statutory and how it could be made more accessible for groups of staff, whether it be modular or full day training.
- Risk Management – work was currently underway on a risk management review - how to capture risks, how they were escalated and reported and ensuring that the group with responsibility for overseeing them had full executive oversight. The Terms of Reference had changed and sub-groups established to look at the risks on a monthly basis with divisions. Extra risk management and risk assessment training was being put in place so that staff knew how to use the registers and to monitor and escalate them appropriately.
- Patient Safety and Governance Culture – quality care was in everyone's portfolio and the most important thing for people to take forward. The "Safe & Sound Framework" was the tool being used to drive forward all the improvements.
- Safe Care and Sound Care and Listening to Patients and Staff – all the challenges and ongoing issues raised will be covered by seven workstreams, each led by the Executive Director, with employees of different areas and levels within the organisation giving their opinion and support on how to take the organisation forward to the next level of quality.
- Quality Improvement Faculty – the Trust was developing this and had staff on places on the NHS quality initiative. These people would be driving improvements through looking at culture, behaviour and leadership in the action plans for the quality objectives for the year, in Safe & Sound implementation and the CQC action plan. One of the main objectives would be to get the Urgent and Emergency Care Centre (UECC) from where it is now to "good" or "outstanding".

Discussion ensued with the following issues raised/clarified:-

- Reiteration of concerns raised at the quarterly health briefing held on the day after publication of the CQC report, whilst acknowledging that some inroads had been made. In particular the pace of progress since July, UECC staffing numbers and skills/experience, safeguarding processes and training, leadership

and staff engagement were highlighted.

- Recognition of the changes required – yes not only within A&E but throughout the organisation at all levels and to ensure that the themes were built on with learning across the board.
- CQC – had been invited back and the Trust would be re-rated but it was not known when it would take place. One of the operational objectives for the year would be very focused on the UECC.
- Visibility of senior leaders – the Chief Executive had spoken to the UECC team to understand their concerns, did they recognise the changes that had taken place and were they supportive of them, particularly in Paediatrics where the changes were further advanced. The Paediatrics team were extremely positive about the changes in the staffing model and felt confident about the support they received and the service they were running despite the pressures they were under.
- Staffing in Paediatric A&E – the Chief Nurse was now the executive lead. Together with the Interim Medical Director a new working model had been instigated including the closure of the paediatric area overnight and move into the main area. Band 6 nurses with greater experience rather than Band 5 nurses now staffed the unit with a supernumerary Band 7 leader employed to oversee staffing, training and competencies and the smooth running of the department. Other changes were a doctor based full-time within the department, installation of CCTV in the waiting room so it could be seen from the nurses' station and other measures to include better visibility of patients.
- Safeguarding Training – identified as part of the CQC action plan. Training on the deteriorating patient, induction for new starters and mentoring were also included, in addition to cross-support from the paediatric ward. A Children's Board was to be set up as a forum for information, learning and best practice for all the children's services within the hospital.
- Monitoring of Incidents within Paediatric Department – the Chief Nurse looked at incidents within the Department on a weekly basis, collated by themes, and any safeguarding concerns went straight to her. Staff also held a daily "huddle" at 3.00 p.m. on the unit to discuss staffing for the next two days and any issues. The minutes were shared with the Chief Nurse who was assured about the improvements made and that these would continue. Moving forward, it was the intention to have a similar process in the main UECC and ensure resources were used in a more effective way and to give people the time to make the necessary changes.
- Timelines for achieving improvements on the ratings of "requires

improvement”– there were internal milestones set out within the action plan which had been submitted to the CQC earlier that week after approval by the Board. It was a very comprehensive 42 page document detailing how the improvements would be made. All the must do’s and should do’s had been responded to in the submission to the regulator. Some actions were small and others very broad under the must do’s. Feedback from the CQC to the Trust on the plan would follow.

- The improvement of the UECC was the top priority (actions to be completed by 31st August 2019); the wider Trust actions would be completed by 31st March 2020, following some audits that needed to be undertaken. It would be driven through the Safe & Sound initiative, pulling the workstreams and appropriate people together and driving that change. Changing culture and leadership styles would take longer and the Trust needed to ensure the physical actions were undertaken and would then introduce a “cultural barometer” and patient safety barometer to measure where it was now and where it would be in subsequent years to ensure quality was embedded.
- Shortcomings of UECC – there were increased numbers of patients attending A&E nationally which resulted in delays to patients being seen, assessments being delayed and pressures meant less time for staff to spend in talking and listening to patients. Any incident that occurred was investigated to make sure that it could be learnt from. The journey through UECC was being reviewed by looking at streamlining patients as they entered the door with various options ranging from on-site GP to ambulatory care unit, rather than waiting in the main department, with the aim of getting them home as soon as possible.
- Agency Staff – in light of the CQC feedback on staffing numbers, there had been increased usage of specialist agency staff within the Paediatric Department. Currently the Department was almost fully established and the use of agency staff had reduced. The Chief Nurse was not unduly concerned about the numbers of agency staff and the ones used had appropriate skills.
- Staff Shortages – across the wards if there was a staff shortage sometimes staff had to move around the Trust to cover and share the risk. An assessment would be conducted by the Senior Nurses across the organisation to identify where the gaps were and where there were opportunities to move staff. The Trust had supernumerary ward managers who could fill in. A risk assessment would be completed to ensure it was addressed on a daily basis. Any escalation of “red incident” wards was escalated to the Chief Nurse and her deputy who looked to pull staff without clinical responsibility in from more corporate areas. Extra beds because of throughput from the UECC would not be opened

without adequate staffing.

- Why some 2017 CQC “requires improvement” ratings were still unchanged in 2019 and confidence now in moving to “good” – Some progress had been made with issues previously identified but there were others still to move on. In medical wards there had been good feedback on staff engagement and on being able to support staff, taking into account the workforce issues. There was confidence in the team, the plans that had been drawn up and the progress made that the Trust could move forward to “good”.
- Adult and Children’s Safeguarding - there was no distinction in the CQC feedback between Adult and Children’s Safeguarding and the issues were with the training and processes to capture information.
- Linking with partners for support on safeguarding – the Trust had already invited themselves to go and present to both the Safeguarding Adults Board and the Local Safeguarding Children’s Board.
- Local plan to address the Better Births Agenda – the Interim Head of Midwifery was working on this and the issues from the inspection feedback would be tied into the plan.
- Quality of care improvement plan – there was a significant focus on the UECC but it included all areas to make sure the Trust drove improvements across all areas that required improvement. There was no complacency regarding the areas rated “good” (whether rated this time or previously) with the aim of moving these to “outstanding”. The Plan would look across all the services and particularly the learning areas. The CQC were clear that on some of the areas historically identified the Trust had made a positive step change but there were others where insufficient progress had been made and these were re-highlighted. The Trust was confident in being able to embed and sustain the necessary changes through the plans.
- Leadership – the Well-led Domain covered a broad range of indicators within it. It absolutely went to the heart of leadership, whether everybody understood what the vision was, had an opportunity to contribute to it, sound governance frameworks in place, and ability to monitor and oversee what was being done. It was about culture. There was confidence in terms of the teams that were in place to drive that change. Some of the frameworks around governance needed strengthening further and to embed and more consistency was required in what was being done. Staff engagement had to significantly improve. There was still some considerable work to go as an organisation and the Trust’s engagement plans had been refreshed and its approach to that as an organisation as a whole to ensure motivating and engaging with

colleagues. Staff survey results would also be taken on board.

- Leadership, management and changing culture without significant changes in personnel – leadership had been strengthened at various levels, including with the new Chief Nurse from a senior clinical perspective, and also within the UECC with a new experienced manager and head of nursing.
- Awareness of the issues in the UECC – the UECC was a brilliant new facility and the staff worked incredibly hard. UECC work was complex and with unprecedented change in the new way of working, in a new environment and a different model of care, and workforce mix. There had been significant scrutiny but a failure to pick up, particularly in Paediatrics, where staff were saying that was not safe and wanted more support in terms of nursing and medical workforce to ensure appropriate care to patients. Whilst that was raised the Trust needed to make sure that it was acted upon and dealt with in a far more effective way at pace than it had been. Work was taking place to ensure all staff had an immediate ability to escalate concerns with better joining up across all levels to be able to provide immediate support, which was viewed as a key issue.
- Patient voice – feedback was received via the Friends and Family which was normally positive. The aspects identified in terms of Safeguarding were in relation to practice that had been observed rather than failure to pick up on comments made by patients.
- Role of Scrutiny – the Trust had not sufficiently picked up on the critical issue in the Paediatric Department so would make it extremely difficult for Scrutiny to have done so. The Trust was strengthening the way in which it audited reports and triangulated information within the organisation and ensuring the golden thread was clear at all levels. There may be an opportunity for scrutiny around the Safe & Sound Framework which would enable some testing of the extent to which it had consistency and delivered the services.
- Given recent events in Rotherham it was very disappointing to read the CQC's comments about safeguarding and CSE referrals - The Trust had made significant progress and had been working across Rotherham to support. The Safeguarding Team was working closely with the Paediatric Team to ensure professional curiosity and weekly meetings had been instigated to discuss cases and ensure a consistent approach.
- Nursing Associates and internal staff development – the first national cohort of 1,000 Nursing Associates had qualified in January 2019 with the second cohort of 1,000 due to qualify in April. It was a two year programme run through different

universities and colleges. Five Nursing Associates had started in Rotherham two years ago and had just qualified. It was hoped to have a cohort of up to 30, recruited from the Trust's Health Care Assistants, who would commence their training in April and supported to go to university one day a week, one day placement on rotation and three days within the nursing workforce on a ward or within a Department. Within the two years there would be roles identified for them within the organisation. Financial support had been received from Health Education England and providing money for backfill for when the Nursing Associates were not on the ward. One limiting factor was the need for basic maths and English and in-house training was planned if people lacked this. A set of competencies had been agreed by the Nursing and Midwifery Council for Nursing Associates, which would include dispensing medicines.

- Workforce Planning – work was taking place on where the Trust wanted to be, what the Trust needed from Registered Nurses and Senior Registered Nurses and Nursing Associates. It was planned to enhance other roles such as that of the Health Care Assistants and to create a bridging module to become a registered nurse. It was important to ensure adequate support and supervision for staff so this did limit the number of trainees at any one time. Having the right competencies, training and assessment, and the same standards, was important.
- The responses to Member questions provided some reassurance but the Commission agreed to have a future progress update, potentially in September in line with the timescale for completion of the UECC actions.

Louise and Angela were thanked for their presentation.

Resolved:- (1) That the information presented and responses to the questions from HSC be noted.

(2) That, when appropriate, feedback be provided on the Safe & Sound Framework and on the Action Plan.

(3) That, when received, the CQC's comments on the action plan be submitted to the Select Commission.

(4) That a presentation be made to the Select Commission on the workforce mix and Nursing Associates.

74. DEVELOPING GENERAL PRACTICE IN ROTHERHAM

Jacqui Tuffnell, Head of Commissioning, Rotherham CCG, gave the following powerpoint presentation:-

National and local demand continues to rise

Year	Rotherham GP activity
2015	1,093,753 appointments
2016	1,180,601 appointments
2017	1,549,034 appointments
2018	1,604,853 appointments

We have

- Now implemented 3 weekend hubs for extended access:-
Dinnington – Saturdays
Magna – Saturdays
Broom Lane – Saturday, Sunday and 6.30-8.00 p.m. Monday-Friday
- Since October 2018 we have been providing an extra 132 hours per week (from 22 hours per week) – over 430 additional appointments
- Utilisation is improving on average now over 60%, and some weeks as high as 80% but DNAs are increasing – there are posters in all practices advertising the access hubs, patient feedback is very positive from those attending – part of winter communications
Saturdays were now at nearly 100% but there was spare capacity on Sundays yet at the UECC the busiest days were at weekends.
- Increased the extended hours offer to meet demand on Monday-Friday
- Implemented Nurse, Physio, Pharmacist and Healthcare Assistant appointments
- Enabled 111 and Rotherham Hospital to be able to book directly into the hubs after triage, although some patients will still choose to wait.
- Started to roll-out the Rotherham 'App' for patients that could ultimately lead to a telephone consultation or face-to-face appointment – it will also be feasible to book directly into the extended access hubs – full cover April 2019 on a phased basis
- Communications – practice notices, MJoG messaging, leafleting, winter campaign
- Implementing a capacity and demand tool to help GPs manage their workload and have the right resources
- Waverley GP service has been procured – The Gateway – delays in building commencement, however, backstop of October 2020
- Implementing teledermatology – rollout commencing April

GP Patient Survey 2018

Q No.	Question	RCCG Results % good	National Results % good
Q3 1	Overall how would you describe your experience of your GP Practice?	84%	84%
Q1	Generally how easy is it to get through to someone at your GP practice on the phone?	71%	70%
Q2	How helpful do you find the receptionist at your GP practice?	88%	90%
Q6	How easy is it to use your practice website to look for	78%	78%

	information or access services		
Q1 6	Being offered a choice of appointment	60%	62%
Q1 7	Satisfaction with type of appointment	73%	74%
Q2 2	Overall experience of making an appointment	67%	69%
Q2 7	Health professional recognising Mental Health needs	89%	89%
Q3 8	Support to manage LTC	81%	79%
Q8	Satisfaction with available appointment times	64%	66%

It was hoped that the responses to several of these questions would improve over time with the introduction of the Rotherham App and patients having more control. Further training with receptionists was planned.

The world is changing

- NHS Long Term Plan and new GP contract
- Primary care networks
30-50,000 population
Integrating community care
Funding additional roles
Extended access
Population health management
Joining up Urgent Care Services
Using digital technology
Service developments

Members were reminded of key issues that had previously been covered in terms of managing demand from patients:

- alternative workforce models
- retaining and attracting GPs
- care navigators
- patients still wanting to see a particular GP at a particular time and being prepared to wait
- patients saying they struggle to get through to get an appointment
- management of the worried well and self-care, no need for a GP
- work to do on patient education

More detail was provided on the Rotherham App and leaflets were shared with Members. People will be able to access their medical record, make changes to their medication, book appointments and use a symptom checker to help decide if they can self-care or need an appointment. To get full functionality patients needed to register formally with their practice first for security reasons.

Discussion ensued with the following issues raised/clarified:-

- Mobile App – carers would be able to access the app via proxy by the person they cared for
- Computer/smart phone – it had been surprising that the more mature residents had embraced the new technology, however, it was acknowledged that everyone did not have access to a computer/smart phone. The surgery telephone lines that were currently busy would hopefully start to be less so when more people utilised the digital technology to make their medical arrangements.

Last year it was also agreed to link with the Council on training around the App following a recommendation from this Commission and the project manager has been discussing groups and downloading the app and how they utilise it.

- Offered the option for appointment at a hub – the doctor's receptionist was required to offer you an alternative venue.
- Members were encouraged to feed back any issues or concerns about an individual practice to Jacqui.
- Medical Records – a patient had to go to their surgery and request access to their medical records. Once that authority had been given you would be able to access it via the app. However, it was a massive job for the practice as they had to go through every patient's individual medical record but they had to do it
- Wider Services - discussions were taking place with the Foundation Trust with regard to making hospital appointments and eventually hoped it would include the Single Point of Access and all services across Rotherham

GP Patients Survey 2018 – it was felt that the satisfaction rate would increase due to the additional workforce that was going into practices. To have the ability to divert patients to services and receive the care they required within a short time rather than having to wait for weeks. Responses could be broken down by practice. Working together in the new primary care networks would have a positive effect.

- Logging in for appointments - encourage patients to use the log-in screens at their practice rather than queueing to inform reception they had arrived.
- Hubs – why not include a holding message about access to a hub when people were waiting to speak to a doctor's receptionist? This idea was welcomed and would be followed up.
- Appointment at a Hub – due to the contract set up by NHS England, appointments were not allowed to be used for urgent care so there had to be a booked appointment system rather than patients just

turning up.

- Waverley – the building of a surgery at Waverley was connected to the creation of the Waverley Centre, a shopping centre that was being created. There had been planning issues and issues with grants. Rotherham CCG was unable to hold any lease and had to appoint a GP provider, Gateway, who would sign the lease. The CCG's cut-off date was now June, 2019 for it to be built by 2020
- Patient Participation Group view of ease of access – it was mixed. Some parts of the population thought it was okay to receive adequate care and access but by participating in a PPG made them realise they should be getting more and helped improve the access arrangements

Jacqui was thanked for her presentation.

Resolved:- That the report be noted.

75. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

76. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

It was reported that the next meeting would be held on 19th March, 2019. The agenda papers would be shared with the Select Commission once published with the ability to raise any issues/questions to be addressed at the meeting.

77. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the Health and Wellbeing Board held on 30th January, 2019.

Minute No. 41 (Developing a Rotherham Healthy Weight for All Plan):-

“Obesity levels are much higher in our most deprived communities: the three most deprived wards (Rotherham Ease, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6 - Councillor Keenan asked what input had been sought or would be sought from local Councillors embedded in those communities to look at best practice, and what resources were they giving to those Councillors to challenge and work? I know there are individual pockets of good work going on with Rotherham United, health eating cafes and things like that and I would like to know where that is going. As one of those Councillors I am concerned if it has been put out there without anyone speaking to us?

“Explore opportunities in the work place to promote physical activity such as stair challenges, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)” - Councillor Keenan asked what opportunities have been put in place for RMBC staff as all well and good having the award if we do not have opportunities at Riverside and indeed here (i.e. Town Hall), and including for the Councillors, to take on board this exercise plan?

“Schools Meals Service provided approximately 1500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards.” – Councillor Jarvis stated some children did not pay and some did pay what amounted to quite a lot in a week. This service costs schools money as they subsidised the price with people charged less than the full price, which meant the money came out of their teaching and learning budget. So we cannot be complacent and need to see what we can do about the price of school meals, as in deprived areas just because children do not qualify for free school meals does not mean it has been solved.

Minute No. 44 (Rotherham Suicide Prevention and Self-Harm Action Plan):-

“After a small decrease ... Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA nearest neighbour LAs” - Councillor Ellis asked would it be timely to have this back to HSC as this was an issue the Commission had been interested in over time?

Janet Spurling, Scrutiny Officer, confirmed that it was hoped to arrange a multi-agency workshop session for the Select Commission in April with all partners.

Resolved:- (1) That the minutes of the Health and Wellbeing Board held on 30th January, 2019, be noted.

(2) That the issues raised above be referred to the Cabinet Member for Adult Social Care and Health and the relevant officers for responses.

78. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 11th April, 2019, commencing at 10.00 a.m.