**You are hereby summoned to a meeting of the Health Select Commission to be held on:-**

**Date:-** **Thursday, 13 April 2017** **Venue:-** **Town Hall, Moorgate Street, Rotherham S60 2TH**

**Time:-** **9.30 a.m.**

## HEALTH SELECT COMMISSION AGENDA

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

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

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meetings held on 2nd March, 2017 (Pages 1 - 14)

**For Discussion**

8. RDaSH Quality Account (Pages 15 - 44)
   RDaSH presentation at the meeting

9. Whole School Approach to Prevention and Early Intervention (Pages 45 - 57)

**For Information**

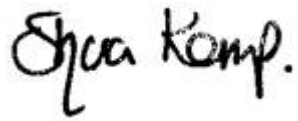
10. Improving Lives Select Commission Update (herewith) (Pages 58 - 60)

11. Joint Health Overview and Scrutiny Committee for the Commissioners Working Together Programme

12. Healthwatch Rotherham - Issues

13. Health and Wellbeing Board (Pages 61 - 71)
Minutes of meeting held on 11th January, 2017.

14. Date of Next Meeting
Thursday, 15th June at 9.30 a.m.



**SHARON KEMP,**
**Chief Executive.**

**Membership:**

Chairman:- Councillor Sansome
Vice-Chairman:- Councillor Short
Councillors Albiston, Andrews, Bird, Brookes, Cusworth, Elliot, R. Elliott, Ellis, Fenwick-Green, Ireland, Marles, Marriott, Roddison, John Turner, Williams and Wilson.

Co-opted Members:
Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

# HEALTH SELECT COMMISSION
## 2nd March, 2017

Present:- Councillor Sansome (in the Chair); Councillors Albiston, Bird, Brookes, Cusworth, Elliott, Marriott, Short, John Turner and Williams and Vicky Farnsworth (SpeakUp).

Apologies for absence were received from Councillors Andrews, Elliot, Ellis and Ireland.

**76. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**77. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**78. COMMUNICATIONS**

(1) Information Pack
The pack contained:-

Quarterly briefing notes
Paper regarding The Village as requested

(2) Consultation
NHS England had launched national consultation on Congenital Heart Disease Services. This would probably be considered by the Yorkshire and Humber JHOSC www.engage.england.nhs.uk/consultation/chd/.

**79. MINUTES OF THE PREVIOUS MEETING HELD ON 19TH JANUARY, 2017**

The minutes of the previous meeting of the Health Select Commission held on 19th January, 2017, were noted.

Arising from Minute No. 67 the STP consultation commenced on 13th February and ran until the end of March. It included an on-line survey as well as the work by Healthwatch and Voluntary Action Rotherham. www.smybndccgs.nhs.uk/what-we-do/stp

Arising from Minute No. 68 it was noted that supplementary information had been provided after the meeting. There were recommendations with regard to the Better Care Fund (BCF) and these would be discussed at the next Health and Wellbeing Board. Select Commission Members were asked to feed back any comments on the BCF plan (available on the website under the Board's agenda papers for 8 March).

Arising from Minute No. 69 further information had been received from the Foundation Trust and would be e-mailed to Commission Members.

Arising from Minute No. 70 it was noted that the representatives for the Schools visits had been amended slightly. The visits were being arranged with the first two (Newman and Maltby) taking place next week.

**80. UPDATE ON INTERIM GP STRATEGY**

Jacqui Tuffnell, Rotherham Clinical Commissioning Group, gave an update following the Scrutiny Review carried out in 2014/15. The powerpoint presentation illustrated:-

Improving Access to General Practice

We said
- We would bid to improve telephony systems across Rotherham

We have
- Bid unsuccessful to date so Primary Care Committee has approved utilising Primary Care funding to enable the upgrades and also to enable call recording to support telephone consultation
- Appendix A details completed practice upgrades and those which will be completed before 31st March, 2017

We said
- We would introduce telehealth across Rotherham

We have
- Piloted and now rolled out telehealth to 19 practices (as at the end of January) and will complete full rollout before 31st March, 2017
- Appendix B details the benefits already being seen from implementing the telehealth system

We said
- Access would be a significant element of our Quality Contract

We have
- Access improvement will be a requirement of all 31 practices from 1st April 2017. Practices have all confirmed that they will meet the requirements of the quality contract by this date
- Appendix C - confirms the requirements of practices by 1st April 2017

- All practices undertaking a resilience programme 'Productive General Practice' to support their ongoing sustainability by the end of March, 2017
- It provides essential tools for practices to support for example skill mix, front and back office functions, planning and scheduling
- Examples
  The Village - care navigators
  Woodstock Bower - telephone consultation for Advance Nurse

Practitioners
Rationalisation of back office functions such as clinical documentation

We said
- We would work with practices to provide more flexibility in appointments

We have
- We have audited the number of appointments in practices to understand if more or less capacity is being provided.
- Appendix D - report and papers associated with the access audit
- Commenced a pilot of Saturday routine appointment availability to complement our urgent appointment offer in January
- Publicising appointments in practices
- Text messages regarding Saturday appointments to all patients with mobile phones
- Article in Rotherham Advertiser (Appendix F)
- Appendix E - initial report of the uptake and patient feedback regarding the Saturday service
- Patient online numbers have significantly improved over the last year. The CCG and NHS England are working with practices who are struggling with their uptake of patient online
- Appendix G - current information regarding uptake of patient online
- We continue to look at ways of raising the profile of the availability

We said
- We would implement our interim strategy for general practice

We have
- The Strategy has now been superseded by 'the Rotherham response to the GP Forward View'
- Appendix H – our response to the GP Forward View
- Appendix I – NHS England's February assessment of our progress in relation to implementation

We said
- We would consider health implications of building schemes impacting on Rotherham

We have

Waverley development
- We are now at the design stage with the developers and are advised that subject to planning, the build of the new health centre will commence in September 2017
- In the interim, an improvement project for Treeton medical centre has commenced to improve capacity
- Reviewed medical capacity for the proposed increased housing to other sites and there is capacity in the practices surrounding the area:
- Bassingthorpe Farm development – Rawmarsh, High Street, Bellows Road and Parkgate
- York Road development - York Road, Shakespeare Road and The Gate

- Forge Island development
- We are reviewing the medical capacity as urban capacity is more limited.

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

- Had the advent of Saturday appointments reduced the numbers attending A&E? – It was not believed that the offer of a Saturday GP service had significantly affected the position. Significant numbers of patients had not been identified that needed a routine appointments with their GP as opposed to those identified that required self-care i.e. pharmacy

- What was the overall aim for improving access to GPs? The main aim was in terms of the 24 hour (urgent) and the five day (routine) access and also ensuring if it had been indicated that someone needed to go back to the practice, that they could get in contact with the practice by telephone/online and make an appointment. 2 practices were providing Physio First where a patient saw the Muscular Skeletal practitioner in the practice rather than the GP and waiting for a referral. Work was taking place on improving the offer of interpreting as well as ensuring that those people that were hard to reach were reached in different ways. The Limited Liability Partnership (consisting of the 31 practices) was converting to a Community Interest Company and had employed a Federation Manager and advertising for a Lead Development Nurse. The two postholders would independently support the practices to improve their standards across the board and share the learning.

- What about those people who could not read or did not have very good eyesight? If they were sent text messages/emails they would struggle as well as the need for easy read letters – The use of text messages was another vehicle to improve communication with patients and was only done so with those patients that had given permission. Letter notification and telephoning the patient directly would continue. The CCG agreed to a follow up discussion with Speak Up.

- How confident was the CCG that the improvement journey could continue given the shortage of GPs and Practice Nurses nationally? Technically Rotherham was “overdoctored”. The journey being taken with productive general practice was to evidence to the GPs that they needed to change how they worked and that there was another workforce that could be employed to do the “everything”. Bands 1-4 staff could be utilised to carry out the basic level skills that were currently conducted at a higher level i.e. GPs. It was also about the GP workforce adjusting to that change of working practice. A bid had been submitted to the CIC for 8.5 fte pharmacists who were a different workforce and carry out medication reviews that were currently done

by GPs. It was already being seen in a number of practices where there were less GPs and more Advanced Nurse Practitioners taking over the roles traditionally carried out by GPs. The feedback from patients was that they had more time with the individuals than the GPs. Patients also needed to understand the different workforce.

- Concern with regard to reducing access to GPs on the basis that in many cases patients booked an appointment for an issue but it was not actually the issue they wanted to discuss. Removing that option may have implications/unintended consequences - This was not the intention; it was the capacity/demand and the actual identification of patients that did not necessarily need to see a GP. It was still expected that soft intelligence would be picked up by practitioners and then brought to the attention of the GP.

- Members of the public valued their relationship with the GP and may share something with them that they would not with a practice nurse – This would be monitored as it progressed. There was a GP recruitment crisis so the resources had to be used correctly but it should not cause a barrier.

  There was work taking place nationally in improving the offer to GPs with a supporting infrastructure to attract more to the profession. A number of GPs in Rotherham were aged 55+ with 16% in the 55-59 years category. There was also the new role of physician associate with 40 students on courses in Sheffield, who would be able to work in both Primary and Secondary Care.

- What kind of contract management performance would there be? Peer review visits were carried out to all the practices and would also incorporate the contract review. On the CCG website under the Primary Care Committee a dashboard of is published showing information for each individual GP practice.

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

(2) That a further update be received in 12 months' time.

## 81. ADULT CARE - LOCAL MEASURES PERFORMANCE REPORT - 2016/17 QUARTER 3

Further to Minute No. 56 of 1st December, 2016, Councillor Roche, Cabinet Member for Adult Social Care and Health, together with Scott Clayton, Interim Performance and Quality Team Manager, and Sarah Farragher, Head of Service Independence and Planning, presented the Q3 Local Measures performance together with the four existing Corporate Plan measures for the period October-December, 2016.

The report set out the current performance challenges as at 31st December or as at 30th November 'shut down' of SWIFT/AIS data, 2016, which included:-

LM05-07 – Commissioning KLOE's
LM08 (CP2.B3) – Number of people provided with information and advice first point of contact (to prevent service need)
LM09 (CP2.B5) – Number of carers assessments (only adult carers and not including young carers)
LM10 (CP2.B7) – Number of admissions to residential rehabilitation beds (intermediate care)
LM11 (CPS.B9c) - % spend on residential and community placements new measure 2016/17

The report also set out responses requested with regard to LMO1-LMO4 at the 17th January, 2017 meeting.

Discussion ensued with the following issues raised/highlighted:-

- Recently signed agreement for the Royal Society for Blind in Sheffield to develop an Enabling Centre in Rotherham.

- Overall the indicators across Adult Social Care (ASC) showed a very positive upward trend with most of the targets met or on the way to be met.

- Review of the current KPIs to check they were appropriate and fit for purpose.

- Summary of the pressures and challenges facing ASC overall and in relation to the Indicators.

- Improved information and availability of better cohort data meant a greater understanding of the customer base.

- LGA Peer Challenge findings of Commissioning in People's Services across Children's and Adult Social Care had been extremely positive. It had found good direction and that capability was not an issue, however, capacity was an issue. There had also been positive feedback about the Protection Team.

- LM01-04 were all Adult Social Work Services that clients were receiving some of which would be crosscutting packages and/or commissioned services from the independent sector.

- Once in receipt of services, clients should be reviewed in time. At the point of access there was a duty system which responded to immediate and priority cases within 24 hours and clients would be triaged and assessed. There were waiting times for assessments and reviews, the reasons for which were set out in the report, but the

Service was picking up those that were in immediate need and prioritising that work. Whilst the figures needed to be improved significantly, people were being kept safe.

- It was known that there was an issue with the assessment of care packages and work was taking place. Services that impacted upon people were so very important.

- The four new cases would be young people that had come through CYPS TO Adult Services. Young people with complex learning disabilities and physical disabilities were now surviving into adulthood with increasing numbers of young people with Autism and the package of support was very intensive. It was a combined issue of the Directorate not having a sufficiently developed market in terms of being able to manage the costs of providers nor a sophisticated offer. Rotherham's inhouse services were not set up to deal with people with the most complex needs. Every care package was being looked at to ascertain if costs could be reduced without impacting upon the care of the patients. This was the purpose of the Practice Challenge Group

- There had been significant vacancies within the Directorate for the past 12-18 months which had been put on hold until completion of the restructure. Some of the vacancies were now out to advert. There had been some backfilling with agency staff but that had been reduced due to the budget situation.

- Adult Social Care Social Workers had been regraded on the back of the work in CYPS, however, some of the enhancements offered in CYPS were not offered in Adult.

- Due to carers now being able to choose not to have their own assessment there would be a gap in the activity that was no longer captured. Through the use of the new recording system, the intention was to ensure that the staff at the front end were at least giving the opportunity to those carers to have a single assessment and for some services ensuring that it was done. That recording mechanism would give teams an opportunity to report that some carers had been through the process and opted not to have a carer's assessment and the reason why. If the measure was continued going forward it might need a new baseline.

- The Mental Health Carers Team was located in RDaSH and their data was not recorded on the Authority's system. It was hoped that Liquidlogic would resolve this issue. It was a small team and they had suffered sickness absences.

- The Carers Strategy was now approved, signed off and in implementation phase. Part of the action plan was how to get carers' needs better assessed but the feedback received from carers was

that actually the wording of the assessment was quite frightening; they felt they were being assessed as to whether they should be caring for their loved ones or not. A way forward was needed. There was also scope to build on the assessments undertaken by Crossroads to enable carers to access budgets and support.

- Care assessment reviews in the past had taken the form of a "tick box" exercise. Work was now taking place on how the review supported people to be more independent. There were massive changes taking place to the service at the same time as still running the service and had resulted in a dip in performance. However it was a recoverable position. Those that would not be a priority response would include self-funders who had now fallen below the threshold and waiting for re-assessment, those that wanted to make a change to their care package etc.

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

(2) That continuing performance updates to be reported as agreed previously.

(3) That a demonstration of Liquidlogic and the cohort data dashboard be made to the Commission

(4) That Select Commission Members contact Janet Spurling, Scrutiny Adviser, on any areas they would like to focus upon during 2017/18 in relation to performance measures and targets.

## 82. RESPONSE TO SCRUTINY REVIEW - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Barbara Murray and Christina Harrison (RDaSH), Paul Theaker and Ruth Fletcher-Brown presented an update on response to the Scrutiny Review of Child and Adolescent Mental Health Services.

Barbara gave the following powerpoint:-

Rotherham Children and Young People's Mental Health Services – Progress Report

Service Model

- Incorporating local and national priorities and agendas
  - Future in Mind, local transformation plans, including eating disorder pathways
  - Building early intervention and prevention
  - Community focussed engagement

Pathway Overviews

- Learning Disability
  - Specifically working with young people with a mental health problem and moderate to severe learning disability
- Single Point of Access
  - Receiving all referrals and triaging for urgency on the same day
  - Available as a point of contact for anyone to ring with any concerns
  - Working towards working jointly and some co-location with Early Help and MASH ('First Response')
- Crisis/Intensive Community Support
  - Urgent assessments
  - Short term additional support during crisis supporting people into and out of hospital
  - Longer term interventions where there are high levels of risk
- Locality Teams
  - Assessments and brief interventions (6-8 sessions)
  - Liaison with other services – GPs, schools, Early Help
- Psychological Therapies
  - Time limited specialist therapy alongside other workers and consultation to colleagues
  - Longer term work with young people/families
- CSE
  - Works alongside other colleagues
  - Provides support, advice and consultation to different services
- Developmental Disorders (ASD and ADHD)
  - Diagnostic assessment for ASD and ADHD
  - Post-diagnosis support for ADHD

Attention was drawn to:

- All pathway leads were now in post, with the last one, the Locality Work Lead from January 2017.
- Closer working with Early Help had led to greater mutual understanding of each other's work and resulted in fewer people "bouncing round" the system in the last few months.
- Due to the work of the Crisis/Intensive Community Support Team there had been a reduction in Tier 4 or inpatient stays in the last 6-12 months
- The new lead for Developmental Disorders had changed the pathways and reduced waiting times significantly in a short period.

In accordance with Minute No. 43 of 16th October, 206, Paul Theaker, Operational Commissioner, and Ruth Fletcher-Brown, Public Health Specialist, presented a further update against progress of the Scrutiny Review's 12 recommendations.

It was noted that the refresh of the Emotional Wellbeing and Mental Health Needs analysis was complete and a common performance framework that provided improved and standardised data collection

across the whole mental health system had been developed and was being tested with service providers.

The timescales for outstanding actions within the response template had been revisited due to the impact of delays in the CAMHS Service reconfiguration and were now achievable and realistic. There was robust monitoring of the actions taking place through the CAMHS Contract Monitoring Group and CAMHS Partnership Group to ensure that they were completed by the due dates.

Discussion ensued with the following issues raised/clarified:-

- Findings from the Needs Analysis refresh had shown a need for improved links between CAMHS and SEND and work on pathways for vulnerable groups such as the Youth Justice System.

- Currently the data captured included numbers of contacts, caseloads and referrals, plus waiting times and interventions. Each Service collected the high level information but more needed with regard to demographic and geography.

- RDaSH would expect to see the right referrals coming through to the right places; the development of a screening tool would help with signposting people to the right service depending on their level of need. The investment in workforce development had already seen an impact within Early Help with a reduction of 122 people signposted in Quarter 1 to 81 in Quarter 3 and the number of inappropriate referrals sent back reducing from 25 in October to 6 in January.

  All courses facilitated by Public Health measured the change in people's knowledge and confidence which hopefully would have a knock on effect for RDaSH CAHMS Services and get the person to the right service at the right time. Alongside the Workforce Development wider CAMHS work, consideration would be given as to what training was available and which training providers. Leeds City Council had carried out work with their providers in quality checking the training that was available.

- RDaSH Locality Workers were very much engaged with schools and teachers with their consultation meetings affording an opportunity to raise any issues/queries about a child. RDaSH could deliver formal training but often individual cases were raised with the teacher coming away from the meeting with a broader knowledge and understanding. RDaSH could provide advice/assistance on an individual case by case basis alongside delivering formal training.

- In terms of the Education Skills agenda, schools had now set up Social, Emotional and Mental Health school clusters with the aim of preventing young people being excluded from schools. The clusters were made up of a number of schools within a geographic area and

managing those young people. CAMHS Locality Workers linked into that work and worked with schools in the cluster to prevent young people being excluded and keeping them within the school environment.

- Video conferencing was a method used by Public Health to receive information. Recently Public Health had received a series of webinars appropriate for schools which had circulated accordingly. Schools did not necessarily have to attend a training session and could deliver the webinar in-house.

- If a parent noticed something wrong with their child but the school did not think there was a problem, the role that RDaSH could play was with regard to the emotional health and wellbeing and help schools to be able to understand and know what to look out for. RDaSH was trying to work much more closely with Education particularly around Autism and ADHD. There was the Single Point of Access where members of the public could ring and have those conversations: the Locality Worker would then work with the parent and school to understand and support that voice. An added value of the training was the improved communication.

- Work was taking place on producing a Sufficiency Strategy looking at project numbers of young people coming through the system, what specialist provision there was in Rotherham and what was needed going forward. This issue of whether Rotherham had specialist education capacity for those diagnosed early with developmental disorders would be raised with Education.

- There were no Key Performance Indicators currently with regard to the Locality Worker model being monitored through the RDaSH contract. However, work was taking place with RMBC and RCCG to firm up what they would be and how they would be captured. RDaSH was gathering feedback and information from its partners on an informal basis and it was understood that, from the Council perspective, there would be a Survey Monkey questionnaire processes to gather the information around ease of access.

- The names and contact information for the Locality Workers would be provided for Elected Members.

- Taking into account the performance figures received in the past, was there an argument that the 3 week target waiting time should be reviewed (recommendation 8)?

- The current position was that the 3 weeks stretched target would remain for 2017/18. However, it was important to point out that the 6 weeks national target was where Rotherham was looking at benchmarking itself. The stretched target was a very local target to push itself. RDaSH agreed to share the benchmarking information.

The Chairman stated that a lengthy discussion had taken place with regard to the new approach to future updates without the use of the response template since the Service had changed significantly since the original review. Suggestions had been made by Members as to key areas for future updates.

Resolved:- (1) That the monitoring and progress made against the response to the Scrutiny Review of Child and Adolescent Mental Health Services be noted.

(2) That future updates focus on the key areas identified by Members i.e.:-

Waiting time data
Performance management information,
Impact of single point of access and is it preventing escalation where people
Impact of locality working
Training and development across the wider CAMHS workforce
Transition from CAHMS, Policy and CQUINS.

(3) That an update on waiting times for assessment and treatment be submitted to the Select Commission on a monthly basis.

(4) That a further update be submitted in October, 2017.

**83. PROGRESS ON ROTHERHAM YOUTH CABINET REVIEW - IMPROVING ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Janet Spurling, Scrutiny Officer, presented a report on the progress of the Rotherham Youth Cabinet Review – Improving Access to Child and Adolescent Mental Health Services.

The review had formed part of the ongoing work by the Youth Cabinet to improve access to Mental Health Services and support for young people in Rotherham following their work on self-harm in 2014. The key focus of the young people's attention was on services provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) following a major reconfiguration that resulted in a new service model. They had also been keen to scrutinise wider working and links between partner agencies especially through the School Nursing Service as previous work had shown inconsistency in access to School Nurses and a need to raise their profile in schools.

Progress was being made in transforming wider CAMHS through the CAMHS Strategy and Partnership Group. Integrated multi-agency working, both strategically and in localities, was central to the transformation and the new service model linking RDaSH CAMHS with

Early Help Services through a single point of access was now being rolled out.

The Youth Cabinet had made 11 recommendations all of which had been accepted (set out in Appendix 1 of the report submitted) together with the latest progress updates on the actions agreed by partner agencies.

Several of the recommendations aimed to enhance consultation and involvement with children and young people in Service development and monitoring. They also linked in with the outcomes of the RDaSH Voice and Influence Review commissioning by the Rotherham Clinical Commissioning Group. The review had identified a number of priorities for developing engagement with children and young people in direct practice, Service management and organisational leadership.

Resolved:- That the progress updates for the review undertaken by the Rotherham Youth Cabinet be noted.

## 84. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Commission's consultation response for both Service proposals had been submitted online on 10th February with only minor amendments from the version circulated for comment.

The JHOSC would meet on 3rd April with an additional CSC meeting on 29th March to consider the papers as they would include the final outcomes from the consultation and the high level business case.

The Joint Committee of Clinical Commission Groups was to meet on 18th April to make the final decision.

## 85. IMPROVING LIVES SELECT COMMISSION UPDATE

Councillor Cusworth gave the following update on the recent Improving Lives Select Commission meeting:-

- Lifestyle Survey completed by students in Y7 and 10
  Young people appeared to be making healthier choices, high percentage drinking less than one sugary drink a day, many saying they had never tried smoking at all but the use of contraception had increased. There had also been a slight increase in the number of young people trying drugs for the first time and consistency with last year in those identified has having a disability or long term health problem.

- Looked After Children's Care Leavers Strategy 2017-2021
  1 of the underpinning outcomes was that children were healthy and safe from harm with one of the strategic objectives being to improve the physical health of LAC including their emotional wellbeing.

- The concern regarding delay in undertaking health assessments should improve as nurses how have access to LiquidLogic with notifications coming through in 3-4 days. Good joint working was taking place between RDaSH CAMHS and RMBC.

Should any Member require more information they should contact Councillor Cusworth directly.

Councillor Cusworth was thanked for her report.

## 86. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

## 87. DATE OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 13th April, 2017, commencing at 9.30 a.m.

**Briefing paper for Health Select Commission** **13 April 2017**

**Rotherham Doncaster and South Humber NHS Foundation Trust – Quality Dashboard Rotherham**

**Introduction**

RDaSH reconfigured its operating structure last year creating place based care groups for services, apart from CAMHS which has remained trust wide. In Rotherham the care group includes adult and older people's mental health services, learning disability services and drug and alcohol services.

The trust used to produce Quarterly Quality Improvement Reports with a range of performance data on key areas. However these reports were superseded by monthly Patient Safety dashboards in 2016, reported to the Quality Committee. Additional information is now included to supplement the patient safety data. The first dashboards were trust wide but are now by locality and will enable comparison of performance between the three localities as well as national benchmarking. RDaSH have indicated that 2016-17 would probably be year zero for the new way of reporting and that three years data is necessary to build up a picture over time and enable trend analysis.

**Quality Account**

Each year in June all NHS Trusts have to publish a Quality Account as part of their annual report and accounts. These are written to a given overall format with mandatory information, including performance on targets. The account includes progress on the quality priorities and actions agreed the previous year and an outline of the priorities for the coming year. As with other stakeholders HSC will be sent the draft quality account for consideration and comment.

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The three quality priorities for 2016/17 were derived from the CQC inspection feedback:

- holistic, integrated physical and mental healthcare
- safer and more effective care
- services that actively listen and respond to our communities, patients, service users and our people

Information in both the dashboard and the quality account is reported in relation to three national core domains of quality:

- Patient safety
    - Incidents
    - Duty of candour
    - Reducing restrictive interventions
    - Falls
    - Pressure ulcers
    - Medicines management
    - Safeguarding
    - Infection prevention and control
- Clinical effectiveness
    - NICE guidance
    - Clinical audits
- Patient experience

    - Patient and public engagement
    - Complaints and compliments
    - Friends and Family tests

Other information in the quality account includes:

- Commissioning for Quality and Innovation (CQUIN) targets and payment framework
- Local commissioning priorities
- Participation in clinical research
- Information governance
- Data quality
- Patient-Led Assessments of the Care Environment (PLACE)
- Our Staff (RDaSH's fourth domain)
    - Workforce data
    - Staff opinions
- Performance on key national priority measures

**Recommendations for HSC**

Members of the Health Select Commission are asked to:

- Consider and comment on the information presented in the Quality Dashboard and accompanying powerpoint presentation.

*Briefing note: Janet Spurling, Scrutiny Officer janet.spurling@rotherham.gov.uk*

NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

# Quality Dashboard Rotherham

*February 2017*



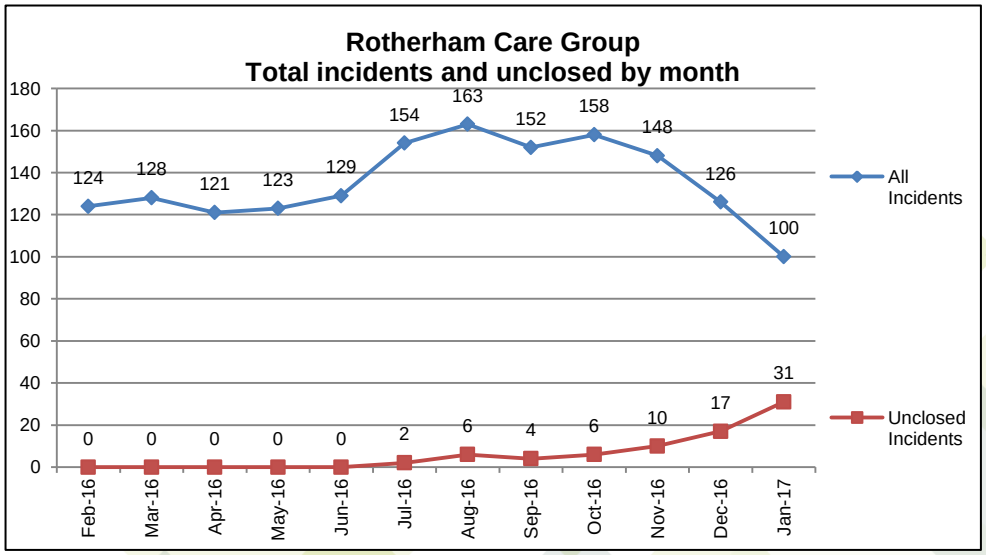
RDaSH leading the way with care

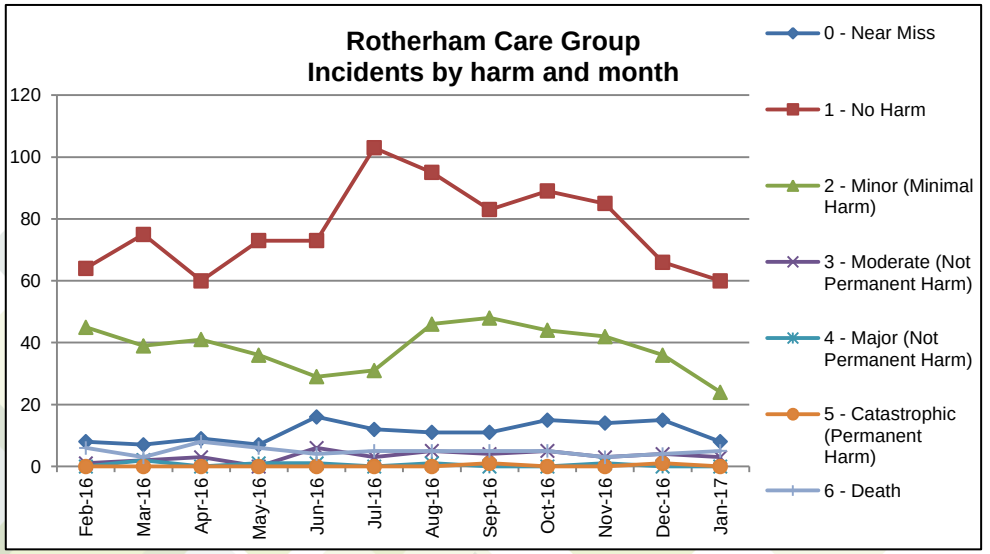
# Contents

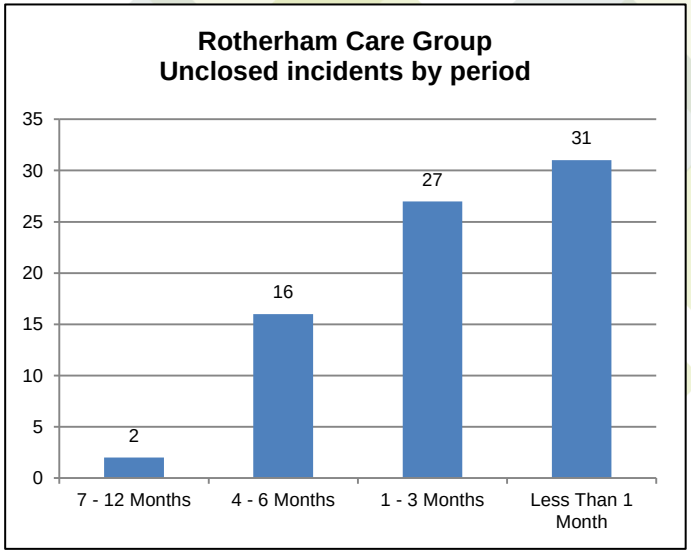
**Pages:**

# Patient Safety

# Patient Safety: Incident Reporting



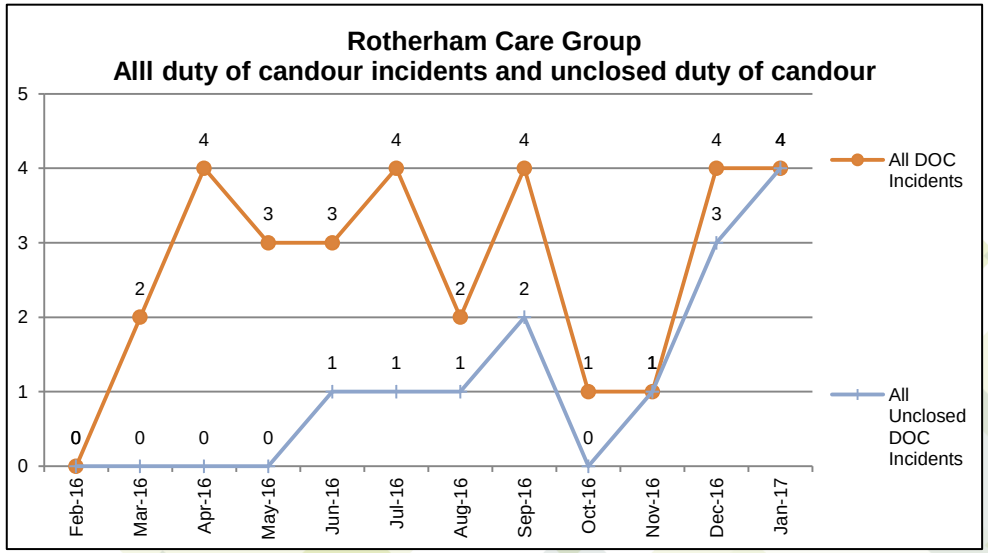



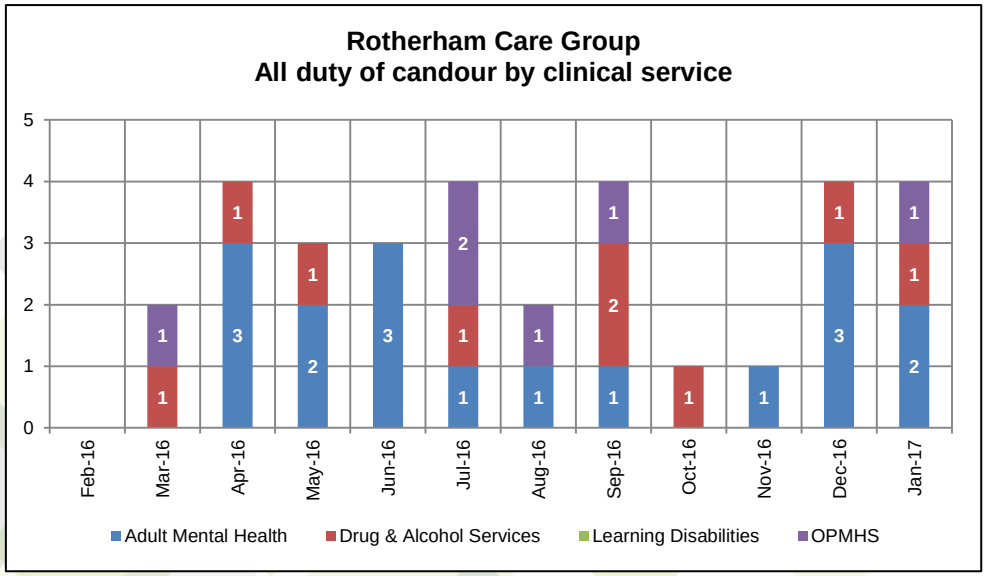

- There were 100 incidents reported in January 2017. This is a decrease of 26 incidents compared to 126 reported in December 2016 (a 20.63% decrease). Of the total incidents for the month:

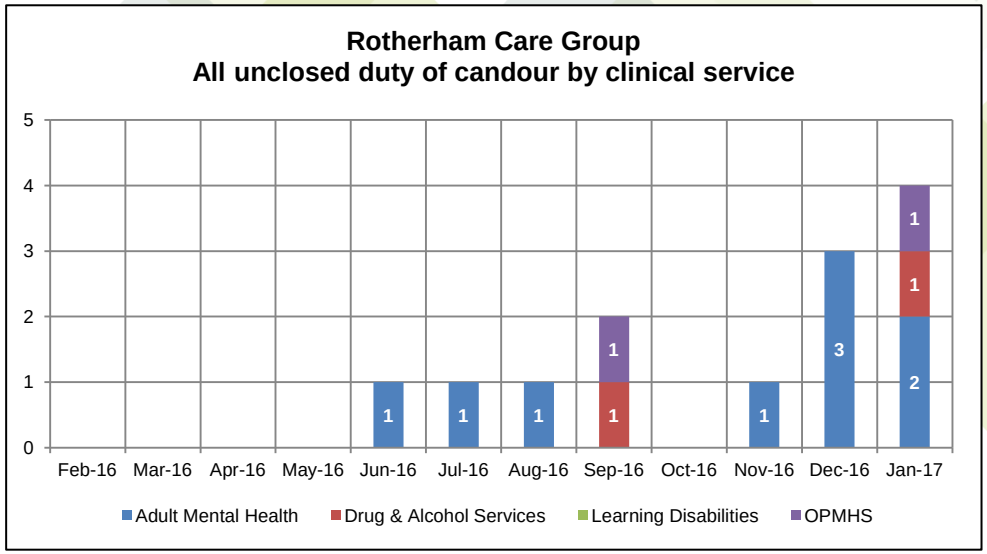
| | | |
|---|---|---|
| 0 – Near Miss | 8 | (8%) |
| 1 – No Harm | 60 | (60%) |
| 2 – Minor (Minimal Harm) | 24 | (24%) |
| 3 – Moderate (Not Permanent Harm) | 3 | (3%) |
| 4 – Major (Not Permanent Harm) | 0 | (0%) |
| 5 – Catastrophic (Permanent Harm) | 0 | (0%) |
| 6 – Death | 5 | (5%) |

- This shows the majority of incidents are within the No Harm and Minor Harm groups. There continue to be fluctuations between the months, but no trends are developing.
- There were no Major or Catastrophic incidents reported.
- The total number of incidents unclosed is 76. The number of incidents remaining unclosed for over a month is 45, with 18 of these over 3 months old. The Care Group Director has been made aware of the need to reduce this, especially the older incidents.

# Patient Safety: Duty of Candour




- Duty of Candour triggering incidents in Rotherham are averaging at 2.67 incidents per month over the last 12 months. There is no clear trend.
- The number of incomplete Duty of Candour incidents 13 out of 32. All 13 are being investigated and within the agreed time frame for the investigations.

# Patient Safety: CAS Patient Safety Alerts

This report details RDaSH's response to The Central Alerting System (CAS) Alerts. The Central Alerting System brings together CMO's Public Health Link (PHL) and the Safety Alert Broadcast System (SABS). Safety alerts, emergency alerts, drug alerts, Dear Doctor letters and Medical Device Alerts are issued on behalf of the Medicines and Healthcare products Regulatory Agency, the NHS Commissioning Board (replacing the National Patient Safety Agency), and the Department of Health.

**Key:**

| | | | |
|---|---|---|---|
| **EL** | Executive Letter | **MDA** | Medical Devices Alert |
| **NHS/PSA** | Patient Safety Alert | **DDL** | Dear Doctor Letter |
| **EFA / EFN** | Estates & Facilities Alert | **DH** | Department of Health |
| **CEM/CMO** | Chief Medical Officers Letter | **RRR** | Rapid Response Report |
| **Blue Text** | **In Progress** | | |

## In progress / outstanding from previous months

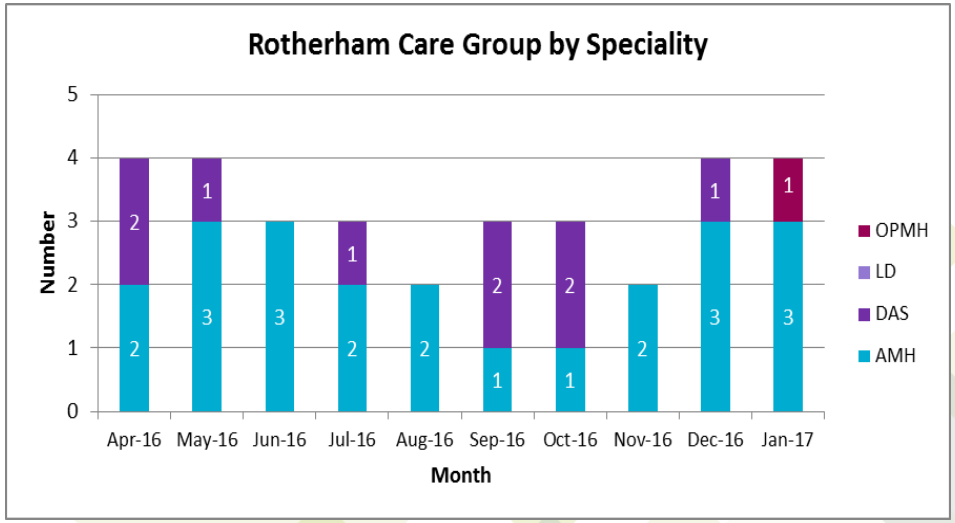
| No | Date alert issued | Alert Designation | Name of alert | Deadline for implementation | Applicable to RDASH or not? | Status (closed in progress.) | Action plan for implementation in place |
|---|---|---|---|---|---|---|---|
| **A** | 12-Jul-16 | **NHS/PSA**/RE/2016/005 | Resources to support safer care of the deteriorating patient (adults and children) | 31-Jan-17 | **Applicable** | **Closed** | All necessary actions completed. |
| **B** | 22-Jul-16 | **NHS/PSA**/RE/2016/006 | Nasogastric tube misplacement: continuing risk of death and severe harm | 21-Apr-17 | **Applicable** | **In Progress** | Assessing Relevance |
| **C** | 04-Oct-16 | **NHS/PSA**/D/2016/009 | Reducing the risk of oxygen tubing being connected to air flow meters | 04-Jul-17 | **Applicable** | **In Progress** | Assessing Relevance |

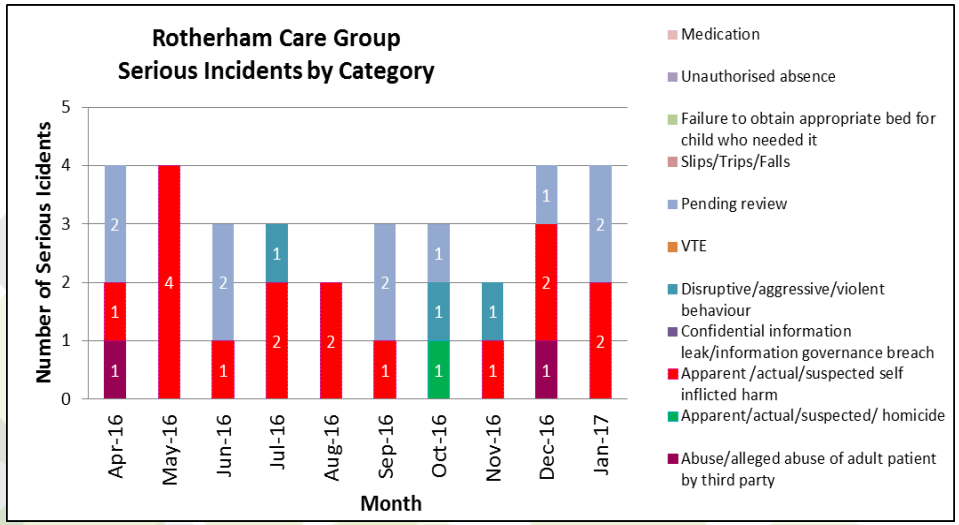
# Patient Safety: CAS Patient Safety Alerts

**January 2017**

| No | Date alert issued | Alert Designation | Name of alert | Deadline for implementation | Applicable to RDASH or not? | Status (closed in progress.) | Action plan for implementation in place |
|---|---|---|---|---|---|---|---|
| **1** | 03-Jan-17 | **EL**(17)A/01 | Drug alert Class 4 - Sanofi-Aventis Deutschland GMBH. ARAVA 100mg film coated tablets | | **Applicable** | **Closed** | Disseminated to all prescribers, clinical areas and Pharmacy Team |
| **2** | 05-Jan-17 | **EL**(17)A/02 | Drug Alert Class 4 - Bayer plc, Mirena 20 micrograms / 24 hours intrauterine delivery system | | **Applicable** | **Closed** | Disseminated to all prescribers, clinical areas and Pharmacy Team |
| **3** | 09-Jan-17 | **EFN**/2017/01 | High Voltage Hazard Alert – National Equipment Defect Report (NEDeR) - UPDATE - Schneider Electric - ... | 06-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **4** | 10-Jan-17 | **EFN**/2017/02 | High Voltage Hazard Alert – Dangerous Incident Notification (DIN) - GEC Alsthom - HWX - Circuit Breaker | 07-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **5** | 20-Jan-17 | **EFN**/2017/03 | Low Voltage Hazard Alert – Suspension of Operational Practice (SOP) - UPDATE - Lucy Switchgear - Low ... | 17-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **6** | 27-Jan-17 | **EFN**/2017/04 | High Voltage Hazard Alert - National Equipment Defect Report (NEDeR) - Brush Switchgear - VTD - Circ ... | 24-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **7** | 31-Jan-17 | **EFA**/2017/001 | Swimming pool overhead lighting systems | 07-Mar-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **8** | 31-Jan-17 | **EFN**/2017/06 | High Voltage Hazard Alert - Dangerous Incident Notification (DIN) - AEI - QF371H-3 - Circuit Breaker | 28-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |
| **9** | 31-Jan-17 | **EFN**/2017/05 | High Voltage Hazard - National Equipment Defect Report (NEDeR) - Merlin Gerin - GENIE - Circuit Breaker | 28-Feb-17 | **Not Applicable** | **Closed** | Not held by this Trust |

# Patient Safety: Serious Incidents



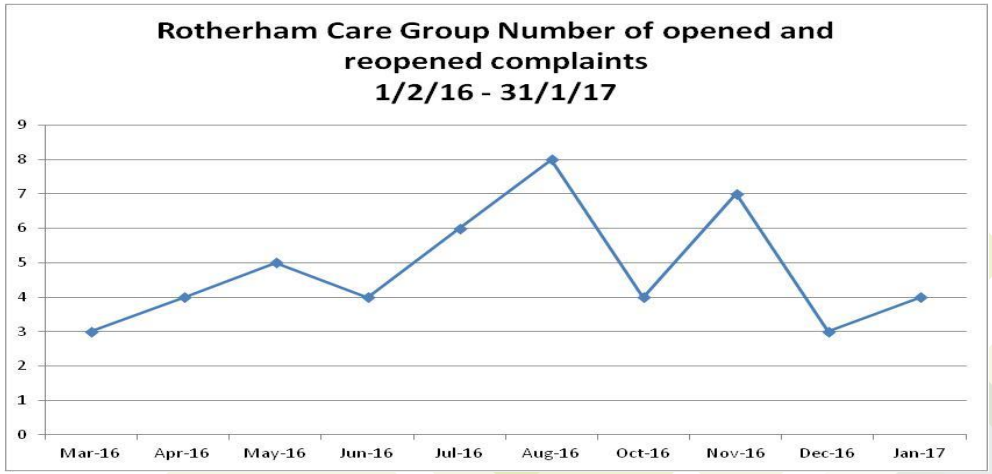



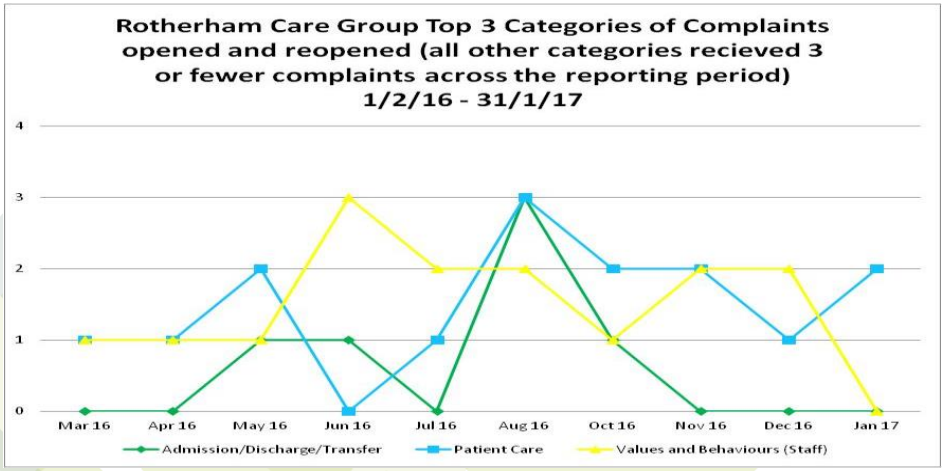

- Services within Rotherham Care Group have reported a total of 32 serious incidents from April 2016 to January 2017, four of which were reported in January 2017. The number reported in January 2017 is above both the median (3) and the mean (3.2) for the data period. The majority of the incidents continue to be reported by AMH with 67% having been reported by the speciality during the data period.
- The categories of serious incidents reported by the Rotherham Care Group during January 2017 were two pending review (Unexpected death) and two apparent/ actual/suspected self-inflicted harm. The highest reported category continues to be apparent/actual/suspected self-inflicted harm which accounts for 50% of the incidents reported, followed by pending review (unexpected deaths) which accounts for 31% of the incidents reported.
- There were two investigations due for completion in January 2017, one of which was completed in the original timeframe. The Commissioner has agreed an extension for the remaining investigation.

| | Sept 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 |
|---|---|---|---|---|---|
| No. of Action Plans | 12 | 8 | 8 | 4 | 2 |
| No. of actions in action plans | 60 | 47 | 38 | 16 | 9 |
| No. of completed actions | 40 | 40 | 34 | 11 | 5 |
| No. of actions not yet due | 20 | 4 | 1 | 5 | 4 |
| No. of overdue (Red) actions | 0 | 3 | 3 | 0 | 0 |

- During January 2017, 2 Action Plans, compiled of 9 individual actions were sent out for review to Rotherham Care Group. There are no actions that have exceeded their timeframe.

# Patient Safety: Complaints and PALS




**February 2016 – January 2017**

- 40 new complaints
- 8 re-opened complaints

| New complaints received February 2016 – January 2017 | | | | | |
|---|---|---|---|---|---|
| Withdrawn | On-going | Upheld | Partially Upheld | Not Upheld | Awaiting confirmation of outcome |
| 4 | 9 | 2 | 11 | 12 | 2 |

- Of the complaints investigations which have been completed during this reporting period, 11 (40.7%) were closed within 40 working days.
- There has been a slight increase in complaints in January 2017 as 4 new complaints were received, compared to 3 in December 2016.
- 2 of these related to Intensive Community Therapies but were regarding different categories. See graphs and tables below for further detail.

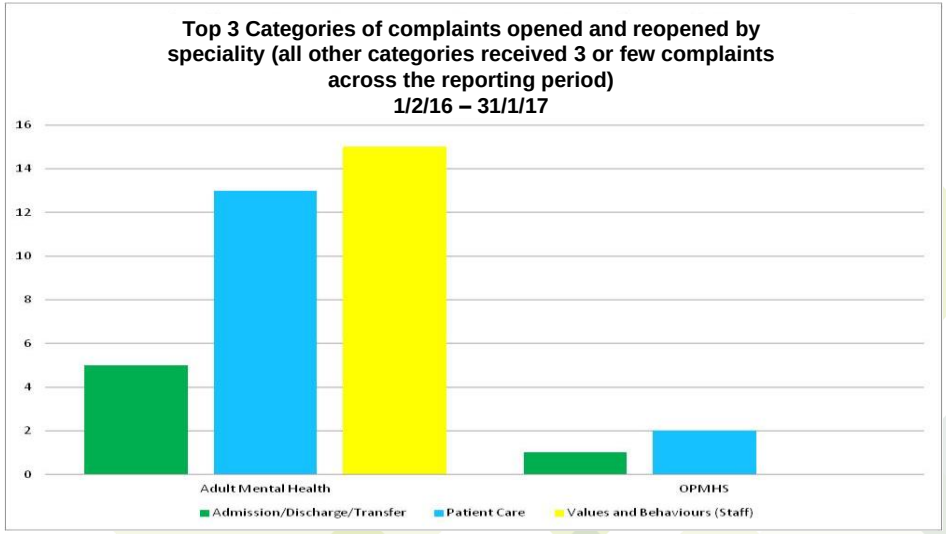
- The top 3 categories account for 36 of the 48 (75.0%) complaints during the reporting period February 2016 – January 2017.
- Patient Care has shown an increase as a category across all Care Groups, including Rotherham. However, there has been a decrease on the number of complaints regarding Values and Behaviours of Staff in Rotherham Care Group.
- The 4 complaints received in January related to:
  - Care needs not adequately met
  - Treatment delayed
  - Delay in giving information/results

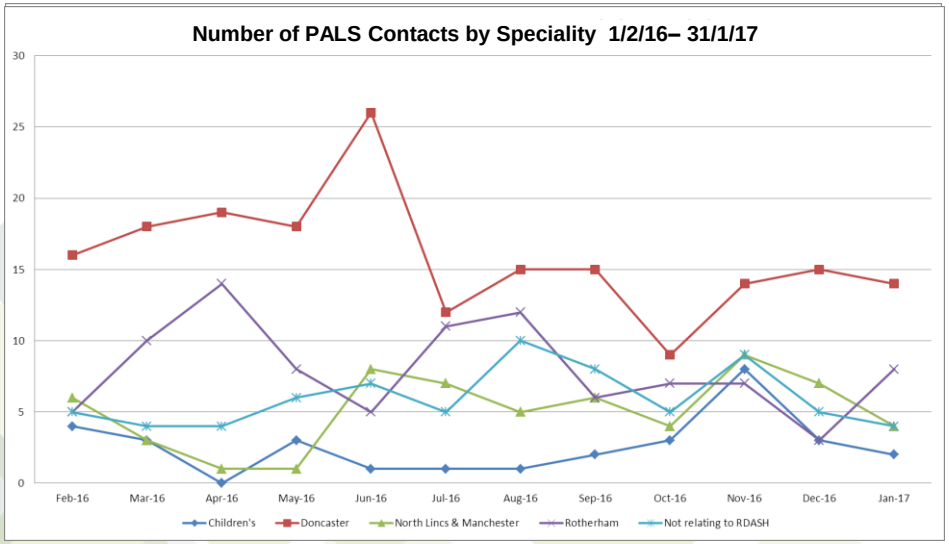
**Outcomes of Re-opened Complaints**

No further complaints were reopened in January 2017. The table below shows the outcome of the reopened complaints previously received.

| Outcome of reopened complaints within RDaSH February 2016 – January 2017 | | | | |
|---|---|---|---|---|
| Withdrawn | On-going | Upheld | Partially Upheld | Not Upheld |
| 0 | 1 | 0 | 5 | 2 |

# Patient Safety: Complaints and PALS

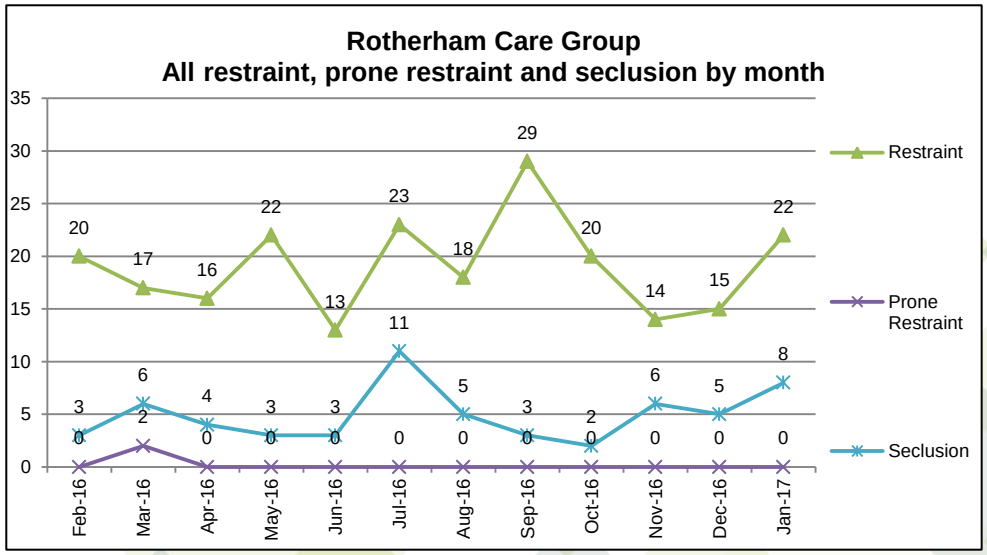


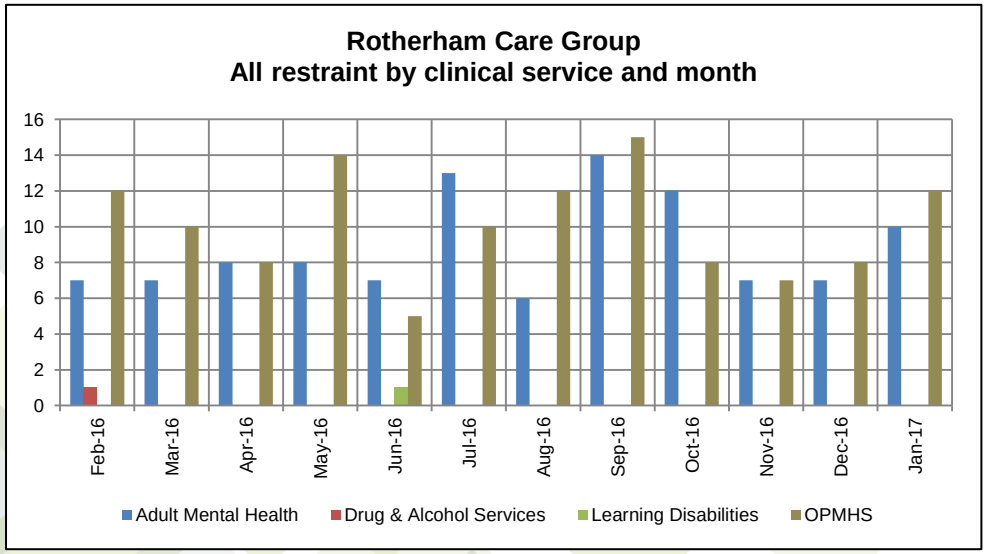




- Despite a decrease in January 2017, Values and Behaviours of Staff remains the top category in Adult Mental Health.
- As mentioned above, the Patient Care category showed an increase across all Care Groups.
- Across the reporting period, no complaints were received for Drug and Alcohol or Learning Disability Services in Rotherham.

- 96 PALS contacts were received during the reporting period February 2016 – January 2017, which is a slight increase on the previous reporting period when 94 were received.
- Adult Mental Health contacts have increased significantly again since receiving none in December 2016. Further analysis showed that these contacts were from:
  - 3 Community Therapies
  - 1 Kingfisher Ward
  - 1 IAPT
  - 1 Access Team
  - 1 Social Inclusion
  - 1 ADHD

# Patient Safety: Reducing Restrictive Interventions




- The use of restraint in Rotherham was 22 incidents in January 2016, averaging at 19.08 incidents per month.
- Older People's Mental Health Services report more restraints than any other clinical service with the Adult Mental Health Service second. This is as expected due to the patient type they care for. Over the past 12 months there has been just 1 incident reported for Drug and Alcohol Services and 1 incident for Learning Disability Services.
- The use of prone restraint has remained at 0 with March 2016 being the only month where prone restraints have been reported as necessary over the last 12 months. This gives an average of 0.17 incidents per month.
- Seclusion in Rotherham has averaged at 4.92 seclusions per month with an increase from 5 recorded seclusions in December 2016 to 8 in January 2017.
- More detailed data is provided to the Reducing Restrictive Interventions Group for monitoring.

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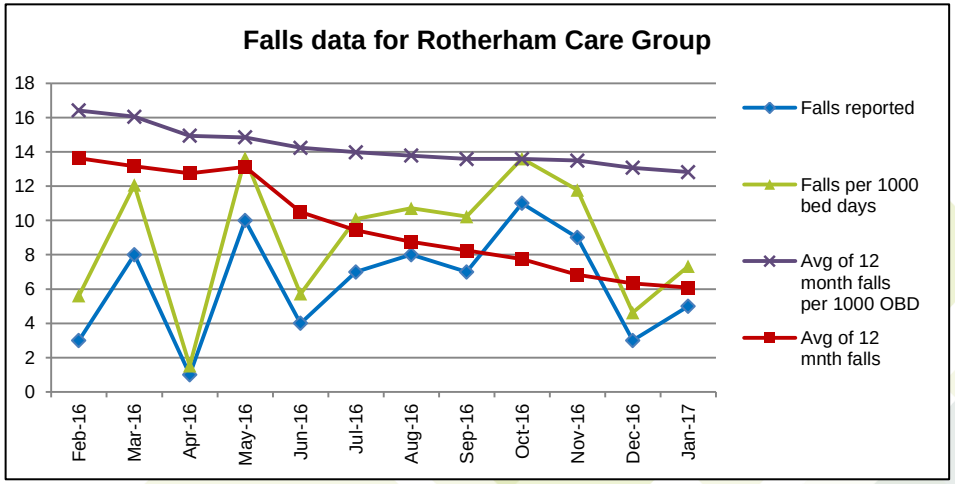
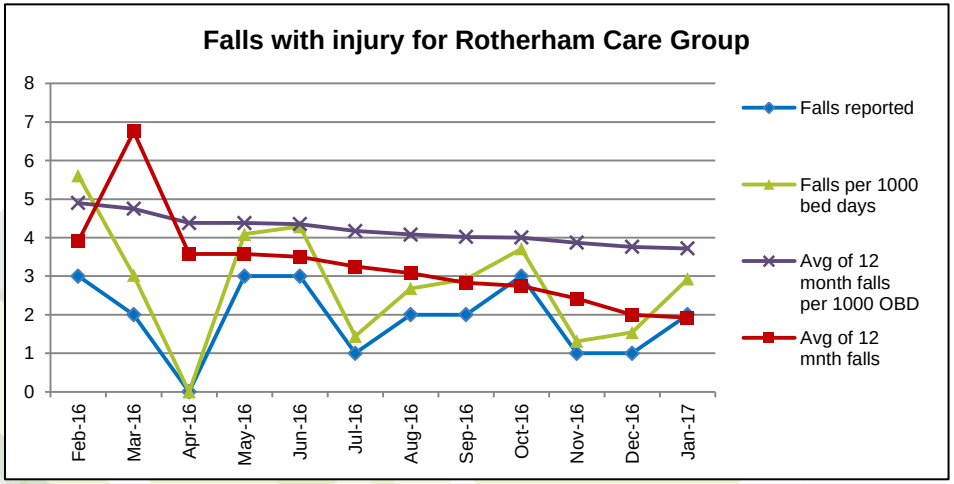
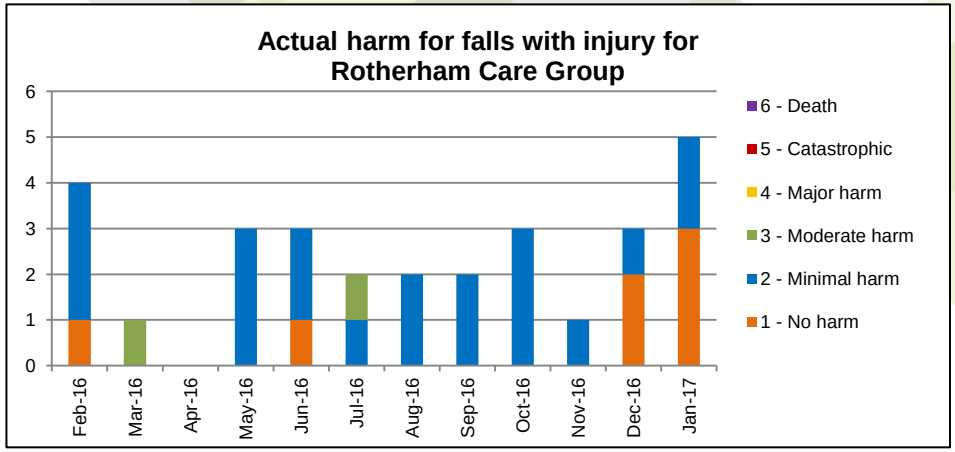
# Patient Safety: Falls




- January's data shows an increase of 2 falls reported in the Rotherham Care Group bringing the total to 5 falls reported that month.
- Falls recorded in January 2017 are recorded as no harm and minimal harm, with no moderate, major, catastrophic or death incidents recorded.




- Falls with injury have increased by 1 to give a total of 2 patient's falling within the Rotherham Care Group during January 2017.
- Patients continue to be risk assessed and managed in accordance to their risk status.

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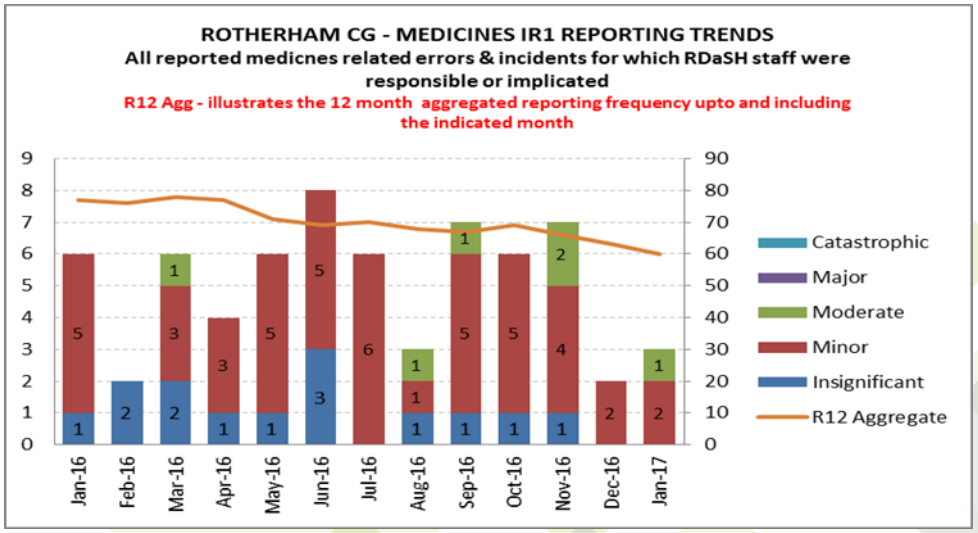
FallSafe

# Patient Safety: Medicines Management




- The above graph indicates the categorisation of medicines related errors and incidents over a period of two years. It represents month by month reporting as well as a 12 month rolling aggregated figure.
- The reported incidents include breeches of the MHA and Controlled Drug Trust operating procedures.
- The definitions for moderate incident include:
    - A medicines event occurred that reached the patient and required monitoring to confirm that it resulted in no harm and/or required intervention to preclude harm.
    - A medicines event occurred that may have contributed to or resulted in temporary harm to the patient and required intervention.
    - A medicines event occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalisation.

- The Rotherham Care Group have the second highest rate of reporting incidents across the Care Groups.

### Reporting Prevalence

The table below reflects the relative seriousness of reported medicines related incidents across the Trust incidents.

| | Insignificant | Minor | Moderate |
|---|---|---|---|
| **Children's** | 54% | 43% | 4% |
| **Doncaster** | 23% | 65% | 12% |
| **North Lincs & Manchester** | 27% | 58% | 15% |
| **Rotherham** | 30% | 63% | 7% |

- While the spread of seriousness is not out of step with Trust average, the overall trend is downward and would suggest that the culture of reporting incidents should be promoted.

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# Patient Safety: Pressure Ulcers and Suicides

## Pressure Ulcers

A Root Cause Analysis (RCA) is completed for all Pressure Ulcer Serious Incidents. After consideration and debate by the panel, the following three possible outcomes are agreed:

- **Avoidable** – incident to progress as a serious incident
- **Unavoidable** – this is where no service failings have been identified so it is de-logged from Strategic Executive Information System (STEIS)
- **Not acquired in Trust care** – work with partner organisation to ensure incident is logged on their systems.

There were no pressure ulcers serious incident reported during the data period January 2016 to January 2017 for patients within the Rotherham Care Group.

- **Highlights—**continued reduction of avoidable pressure ulcer serious incidents being reported - success of Root Cause Analysis panel being considered to be rolled out to other areas e.g. Falls
- **Assurance—**Root Cause Analysis Pressure Ulcer Panel remains in place. Learning identified is shared directly at team meetings of team involved

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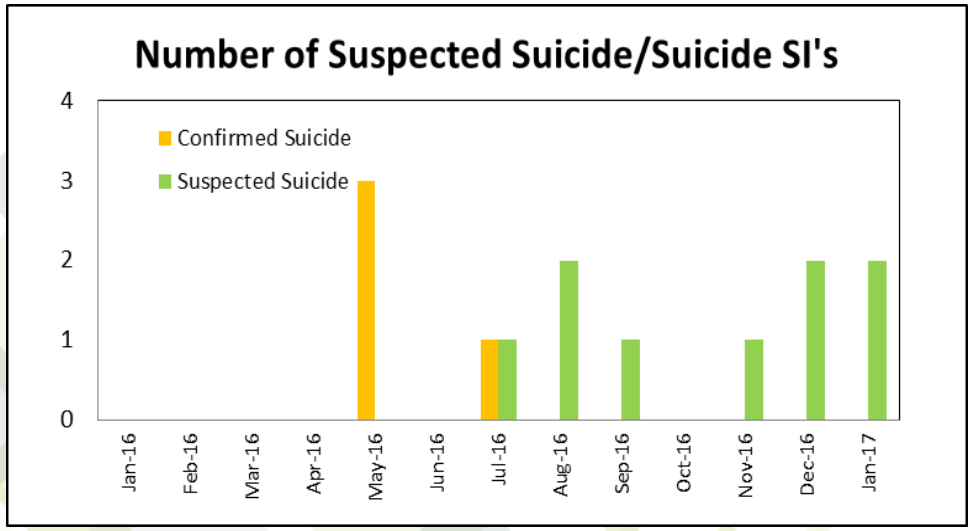
## Suicides



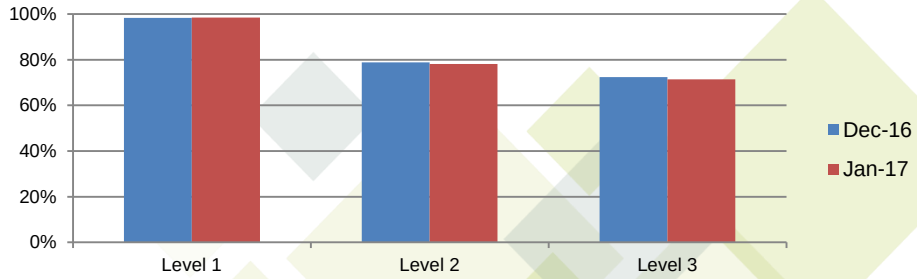

All incidents of patient deaths are deemed to be suspected suicides where the death is in circumstances suggestive of suicide. It is only when the coroners conclusion confirms suicide that a patient death is classed as suicide.

The graph shows the number of suspected suicides and confirmed suicide reported within the Rotherham Care Group per month since January 2016 to January 2017. All other deaths are classed as unexpected death and are not included within the data.

- **Highlights/Assurances** - All serious incidents are subject to a comprehensive investigation using the Root Cause Analysis methodology
- **Risk**—Delay in the coroner's conclusion

# Patient Safety: Safeguarding Adults

## Safeguarding Adults Training Compliance




| Doncaster Training Levels | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| December 2016 | 98.56% | 78.79% | 72.36% |
| January 2017 | 98.5% | 78.06% | 71.43% |

The table above shows there has been a slight decrease in compliance across all levels of mandatory safeguarding adults training.

2 bespoke sessions (what does good look like in a Section 42 Enquiry) have been run in conjunction with RMBC. Whilst there are lessons to be learnt from the sessions, it demonstrates a positive move towards a more effective way of managing a safeguarding adults enquiry process.

## Strategic Executive Information System (STEIS) received by Safeguarding Adults

| Clinical Services | Amount received |
|---|---|
| Adult Mental Health | 3 |
| Older People's Mental Health | 1 |
| **Total** | **4** |

All strategic executive information system (STEIS) reports are reviewed by the safeguarding team for any links to safeguarding. Of the 4 STEIS received, 0 required management through the safeguarding adults process.

# Patient Safety: Safeguarding Children

## Safeguarding Children Training Compliance

| | Required | Achieved | % |
|---|---|---|---|
| Children's level 1 | 454 | 446 | 99.18% |
| Children's level 2 | 24 | 22 | 91.67% |
| Children's level 3 | 186 | 134 | 72.04% |
| Domestic abuse - basic awareness | 619 | 615 | 99.35% |
| Domestic abuse - level 1 | 53 | 49 | 92.45% |
| Domestic abuse - level 2 | 200 | 103 | 51.5% |
| Prevent level 1&2 | 616 | 611 | 99.19% |
| Prevent level 3 | 204 | 161 | 78.92% |

Some staff have commented that they have not been able to get places on Domestic Abuse training. This is exacerbated by the fact that Rotherham LSCB have suspended their DVA training, which should be back online in the near future following review.

Across RDASH in January 2017 the below training has taken place:

| Training | Attendees |
|---|---|
| Prevent | 105 |
| Signs of safety | 15 |
| Level 2 | 4 |
| Domestic abuse | 10 |

Ad hoc training was also provided to Heatherwood school surses and Foundations regarding Signs of Safety and North Lincolnshire school nurses regarding report writing

## Safeguarding Children Supervision Figures

Supervision returns from the adult services are provided on a quarterly basis so no update from last submission.

There have been 3 group supervision sessions provided in January by the named professional for safeguarding supervisors. These resulted in 1 supervisor being provided with supervision.

A forum also took place in January for the supervisors which was attended by 8 supervisors.

## Rotherham staff within the Children's Care Group Safeguarding Children's Supervision as of 6.2.217

| Safeguarding Supervision | Number of staff supervised | % achieved |
|---|---|---|
| Know the score | 1/3 | 33.33% |
| CAMHS | 19/30 | 63.34% |
| Named professionals | 1/1 | 100% |

# Patient Safety: Infection Prevention and Control

## Audits and Outcomes

There were **0** audits undertaken within the Rotherham Care Group during the month of January 2017.

The community premises audit tool is in the final stages of development and will be implemented once the inpatient audits, across all care group sites are completed.

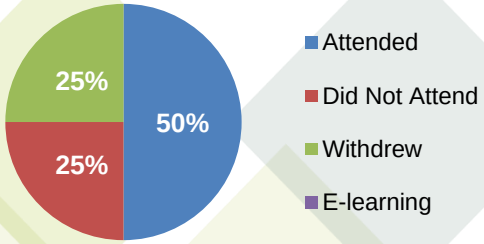
An audit tool for staff practices in relation to infection prevention and control is in the process of being developed.

To monitor cleanliness and staff practices the IPC team and domestic services officer/ supervisors undertake joint walk round inspections of inpatient areas. An action plan is produced and the ward manager is responsible for updating the action plan.

## Post Infection Reviews (PIR)

In January 2017 **0** PIRs have been undertaken within the Rotherham Care Group.

## Training




**During January 2017:**

**2** staff have undertaken level 2 standard precaution face-to-face training sessions

**1** staff did not attend

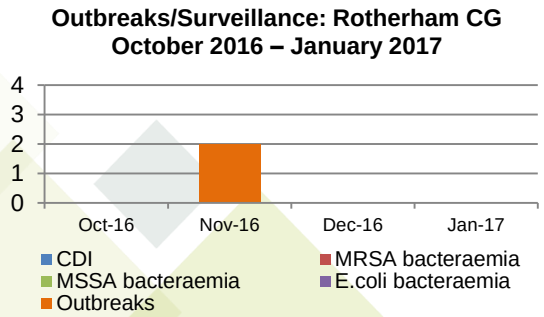
**1** staff withdrew

**0** staff completed e-learning

## Training Compliance as of 31 January 2017

| Care Group | Required | Achieved | Compliance |
|---|---|---|---|
| Rotherham | 398 | 324 | 81.41% |

## Outbreaks/Surveillance




In January 2017 there has been:

- **0** Clostridium difficile infections (CDI)
- **0** MRSA bacteraemia
- **0** MSSA bacteraemia
- **0** E.coli bacteraemia
- **0** outbreaks

# Clinical Effectiveness

# Clinical Effectiveness: NICE Guidance

**12** guidances were issued in January 2017 and have been reviewed by NICE Clinical Leads and updated on Health Assure with relevance and compliance status. Each of the 12 guidances are split into 9 divisions, (*this approach is under review in line with the new care groups*) giving a total of **108** results. The Clinical Quality Lead will be following up those items not assessed with the relevant leads.

**NICE Updates: January 2017 NICE Guidance (12 Items)**

From January 2017 please note that NICE Guidance and Quality Standards are now amalgamated onto 1 view page for ease of access and completion. There are 12 NICE items for review on the Database for January 2017 as detailed below. The agreed completion update period for these items is to the 13th of February 2017.

QS086 (Updated Jan) Falls in older people: This is an updated standard from 2015 version. Additional (National) recommendations have been added to the Quality Standard following recent national falls and fracture audit. RDaSH Falls Policy and related practices would appear to be fully in line with the renewed standards and the Clinical Quality Lead is advised that via the Trust Falls Lead this will be discussed further at the next Trust wide Strategic Falls Group (date unconfirmed).

**NICE invitation for stakeholders to register for new topics**

There has been one response to recommend involvement in the review of NICE CG178 Psychosis and schizophrenia in adults: prevention and management. The Clinical Quality Lead is awaiting (a) name/s to put forward for the review process.

| Ref | Title of Guidance | Compliance |
|---|---|---|
| CG062 | (Updated Jan) Antenatal care for uncomplicated pregnancies | 1 Awareness, 3 NA, 5 Not assessed |
| DG026 | Integrated multiplex PCR tests for identifying gastrointestinal pathogens in people with suspected gastroenteritis (xTAG Gastrointestinal Pathogen Panel, FilmArray GI Panel and Faecal Pathogens B assay) | 8 NA, 1 Not assessed |
| NG062 | Cerebral palsy in under 25s: assessment and management | 1 Awareness, 3 NA, 5 Not assessed |
| NG063 | Antimicrobial stewardship: changing risk-related behaviours in the general population | 1 Awareness, 3 NA, 5 Not assessed |
| QS086 | (Updated Jan) Falls in older people | 2 NA, 1 Partially Implemented, 1 Fully Implemented, 5 Not assessed |
| QS141 | Tuberculosis | 6 NA, 2 Awareness, 1 Not assessed |
| QS142 | Learning disabilities: identifying and managing mental health problems | 2 Awareness, 4 Fully implemented, 1 Mostly Implemented, 1 Not assessed |
| TA427 | Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib | 7 NA, 2 Not assessed |
| TA428 | Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy | 7 NA, 1 Mostly Implemented, 1 Not assessed |
| TA429 | Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation | 4 NA, 5 Not assessed |
| TA430 | Sofosbuvir–velpatasvir for treating chronic hepatitis C | 4 NA, 5 Not assessed |
| TA431 | Mepolizumab for treating severe refractory eosinophilic asthma | 4 NA, 5 Not assessed |

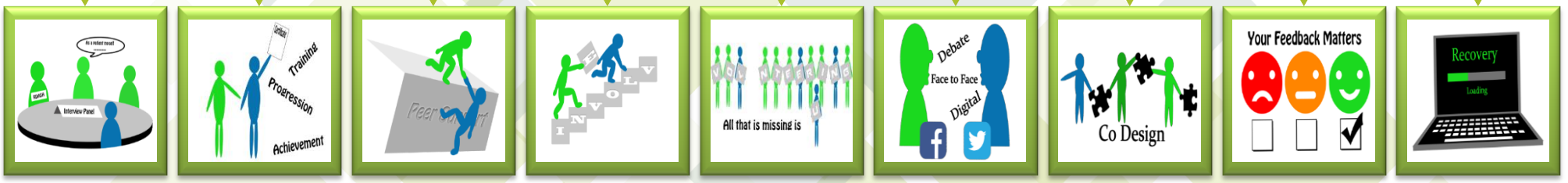
# Clinical Effectiveness: Clinical Audit

**No clinical audits were completed during January 2017.**

# Patient Engagement

# Patient Engagement: Patient Public Engagement & Experience

**Patient Public Engagement & Experience Strategy**




**Executive Leads**

1. Rosie Johnson 2. Rosie Johnson 3. Deb Wildgoose 4. Phillip Gowland 5. Deb Wildgoose 6. Deb Wildgoose 7. Kathryn Singh 8. Deb Wildgoose 9. Debbie Smith

## Implementation Plans

An Executive Director lead has been identified for each of the 9 areas of the strategy and they have the overall responsibility and accountability for the development and implementation of the plans. Each Director has been asked to nominate a Listen to Learn Champion who will support the development and implementation of the plans and attend the quarterly Listen to Learn Co-Production Network meetings to provide a progress report on the actions identified within the plans.

The first meeting took place on the Tuesday 24 January 2017 and was attended by ***76 delegates*** including patients, carer's, governors, volunteers, peer support workers, partner agencies and staff. The overall feedback was very positive and we will be working with the listen to Learn Network members to review the suggestions for further developments.

The next Listen to Learn Co-Production Network meeting will be held on Wednesday 26 April 1.00 – 3.00pm at the Unity Centre, Rotherham

# Patient Engagement: Patient / Carer Events

## Patient story to board

*26 January 2017*

- To coincide with the launch of the LiA working with patients/service users with hearing difficulties, our patient story to Board in January was presented by one of our service user's from the Doncaster deaf community.
- He was supported by Rebecca Walls, Clinical Nurse Specialist in Mental Health and Deafness and, with the help of an interpreter, he was able to tell his story.
- He was able to talk about some of the circumstances leading to his period of depression which he experienced for 5 years before finally accessing RDaSH IAPT Service
- He talked about the benefits of working with staff who themselves are deaf and some of the challenges faced when trying to communicate with people who are not.
- He outlined some of the possible solutions for services to consider when providing services to clients who are deaf, these include:
    - Accessible information
    - The use of text messaging
    - Alternative communication methods
    - Flexible appointment times
- A Big Conversation event will take place on Thursday 9 February 2017 and will focus on how RDaSH Services can improve access for the deaf community. He has been invited to attend

## Helping carer's find "me time"

A new pilot project has been launched at Doncaster's hospice to give carers a chance to have **'me time.'**

The project, called **'Time for You,'** is for carers who have loved ones using the services of St John's Hospice, Weston Road, Balby in Doncaster.

The monthly sessions offer carers the chance to take part in group relaxation and other activities including arts and crafts, a visit to the hairdresser and support on accessing other services.

Places are limited to 12 carers per session, and they must book in advance. Sessions run from 1pm – 3pm and take place on the following dates:

***Tuesday 24 January, 28 February, 28 March, 25 April, 23 May and 27 June.***

Joanne Brooks, Hospice Sister, said:

***"Carers work really hard looking after a loved one – many of them 24 hours a day, seven days a week, and they deserve a bit of 'me time.' We hope that by attending our sessions it will help them to find time to relax, think about themselves for a few hours, and have other carers to talk to."***

The project will be reviewed after six months.

If you are a carer of a patient who attends the hospice in Doncaster, please contact Day Hospice nursing staff on **01302 798472** to book on a session.

# Patient Engagement: PPEE Team Activities

## PPEE Team Activities

**Doncaster**

- Presentation to DMBC Adult Social Care Workforce Forum to promote RDaSH Carer Awareness training.
- Visit to Doncaster Rethink Carer's Service and Crisis Accommodation to strengthen partnership links and discuss opportunities to work more closely together.
- Joint working with our Doncaster Occupational Therapy Services to plan ways in which PPEE can be more accessible for patients on our Doncaster wards.
- Doncaster Member's Community Drop In.
- LiA Deaf Awareness Meeting Doncaster.
- Visit to Healthwatch Doncaster to strengthen continued partnership working.

**Rotherham**

- Rotherham Member's Community Drop In
- Attendance at the monthly Rotherham Carer's Forum meeting with carer's and partner organisations.

**North Lincolnshire**

Attendance at the North Lincolnshire quarterly Healthwatch meeting to share and discuss current developments.

## Common Sense Confidentiality

This video provides information about confidentiality and the sharing of information and involves a conversation between a professional and a carer.
https://www.youtube.com/watch?v=wJkR0I4QCzA

# Patient Engagement: Friends and Family Test

## Friends and Family Test

In January 2017, Rotherham Care Group received a total of 23 Your Opinion Counts cards. No FFT scores were gained from the OPMH discharge surveys. One of the Your Opinion Counts cards did not have the FFT score completed.

The number of Your Opinion Counts cards received has decreased since December 2016 when 33 were received.

The decrease shown has been due to the cease of the use of the Happy or Not consoles in Learning Disabilities. The licence is currently under review and it is unclear at this stage of this system will continue in the future.

The following is a breakdown of the figures for Rotherham Care Group for January 2017.

| Care Group | Extremely Likely/ Yes | Likely | Neither Likely Nor Unlikely/Maybe | Unlikely | Extremely Unlikely | Don't Know | Not recorded | Grand Total |
|---|---|---|---|---|---|---|---|---|
| Rotherham | 12 | 4 | 2 | 1 | 2 | 1 | 1 | 23 |

This relates to the following FFT score (percentage of positive responses):

| Care Group | Jan 2017 | Dec 2016 | Nov 2016 |
|---|---|---|---|
| Rotherham | 72.7% | 76.1% | 74.5% |
| RDaSH as a whole | 94.3% | 86.7% | 89.5% |

The responses per speciality are shown in the table below.

| Speciality | Extremely Likely/ Yes | Likely | Neither Likely Nor Unlikely/Maybe | Unlikely | Extremely Unlikely | Don't Know | Not recorded | Grand Total |
|---|---|---|---|---|---|---|---|---|
| AMH | 3 | 1 | 0 | 0 | 0 | 1 | 0 | 5 |
| Drug & Alcohol | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 5 |
| LD | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| OPMH | 8 | 2 | 1 | 0 | 0 | 0 | 0 | 11 |
| TOTAL | **13** | **3** | **2** | **1** | **2** | **1** | **1** | **23** |

This relates to the following FFT score (percentage of positive responses):

| Specialty | Jan 2017 | Dec 2016 | Nov 2016 |
|---|---|---|---|
| AMH | 80.0% | 77.8% | 42.9% |
| Drug & Alcohol | 25.0% | 100% | 100% |
| LD | 50.0% | 63.2% | 69.9% |
| OPMH | 90.9% | 95.5% | 100% |
| TOTAL | **72.7%** | **76.1%** | **74.5%** |

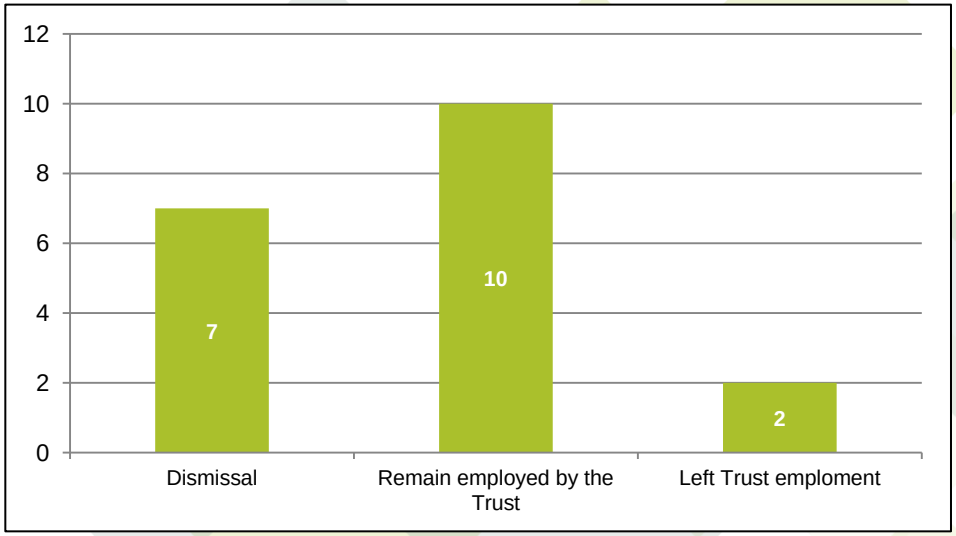
The Happy or Not consoles in Learning Disabilities ceased to be used as from January 2017 and these accounted for approximately 200-250 responses per month. The licence is currently under review and it is unclear at this stage of this system will continue in the future.

# Professional Leadership

# Professional Leadership: NMC Status

## NMC Referrals

At present there are 19 members of staff who are currently have an open referral with the NMC, with the following breakdown:




There have been no new referrals made by the Trust.

There have been 5 referrals made to the NMC by members of the public since the last update, and one of these has since been closed.

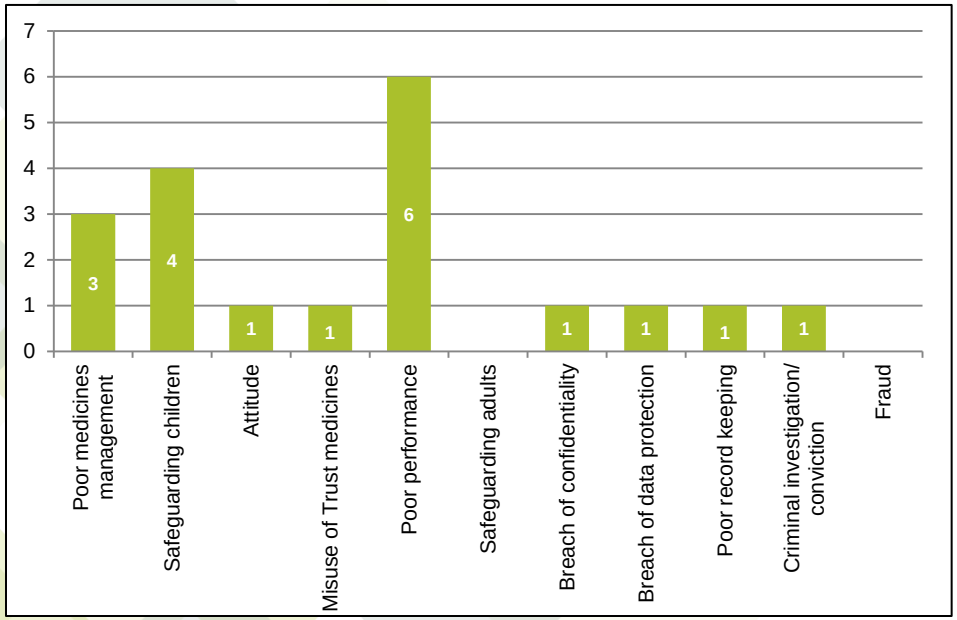
In relation to the 5 public referrals there are no organisational concerns about the fitness to practise of these staff.

One referral has closed since the last update, the NMC's decision was that there was no case to answer.

***Please note: NMC data is unavailable by Care Group.***

## Reasons for NMC Referrals

There are numerous reasons for referral and an individual may be referred for more than one reason. In relation to the current on-going cases the following shows a breakdown for why referrals have been made:



# CQC

# CQC: Inspections

In September and October of 2016 the CQC re-inspected the Trust and undertook a well led review. The final reports from this inspection were received and published in January 2017.

Overall the Trust has been rated as “Good” and a breakdown of the areas can be shown in the poster on the right hand side. This poster was circulated by the Communications Department and all services are required to display it to the public. Too read any or all of the reports please go to: http://www.cqc.org.uk/search/site/rotherham%20doncaster%20and%20south%20humber?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html

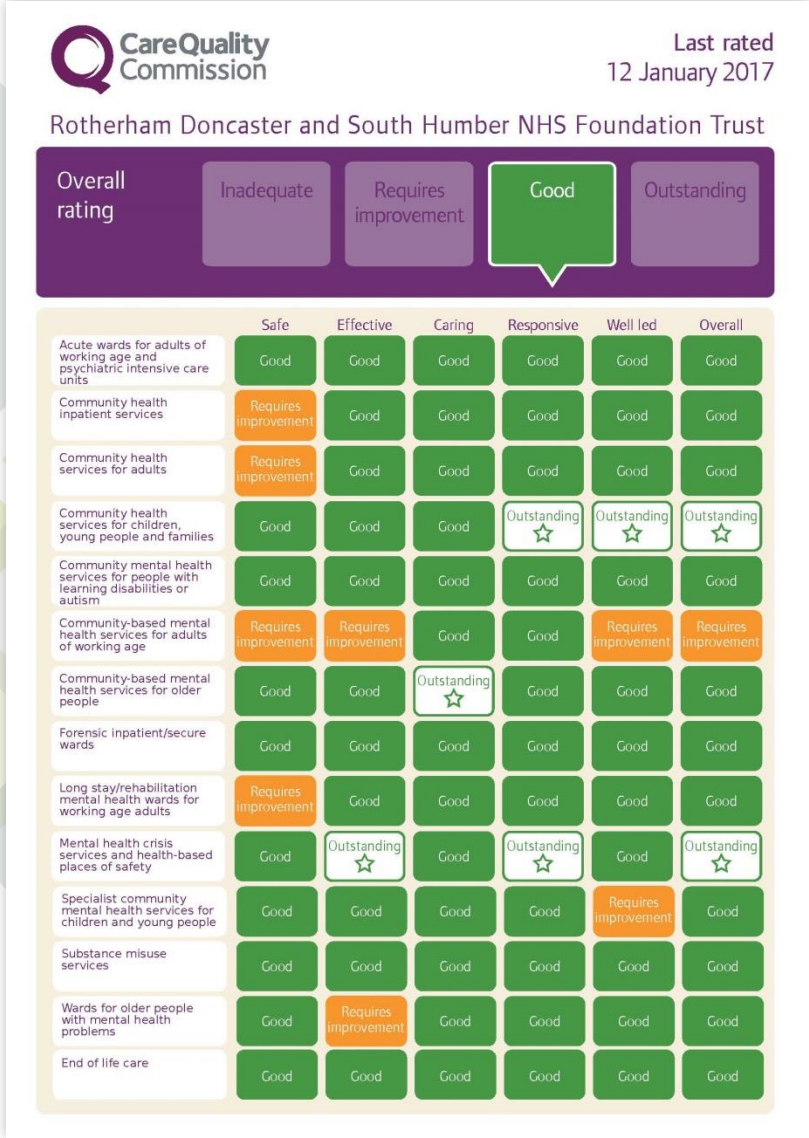
## Next steps

The reports from this inspection were received in December 2016 for accuracy checking and the final reports published on 12 January 2017.

There was a requirement that the Trust compete an action plan for the recommendations made and this has been taken forward within the Care Groups. The action plan was submitted to CQC by the required deadline of 10 February 2017. The recommendations made by the CQC relate to the following areas:

- Risk assessment
- Staff training/knowledge in relation to the MCA
- Compliance with mandatory training.

The actions agreed within the Care Groups will now be incorporated into the Trust phase 2 sustainable quality improvement plan. Progress against the phase 2 action plan will be monitored through the quality committee.




| | Safe | Effective | Caring | Responsive | Well led | Overall |
|---|---|---|---|---|---|---|
| Acute wards for adults of working age and psychiatric intensive care units | Good | Good | Good | Good | Good | Good |
| Community health inpatient services | Requires improvement | Good | Good | Good | Good | Good |
| Community health services for adults | Requires improvement | Good | Good | Good | Good | Good |
| Community health services for children, young people and families | Good | Good | Good | Outstanding ☆ | Outstanding ☆ | Outstanding ☆ |
| Community mental health services for people with learning disabilities or autism | Good | Good | Good | Good | Good | Good |
| Community-based mental health services for adults of working age | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| Community-based mental health services for older people | Good | Good | Outstanding ☆ | Good | Good | Good |
| Forensic inpatient/secure wards | Good | Good | Good | Good | Good | Good |
| Long stay/rehabilitation mental health wards for working age adults | Requires improvement | Good | Good | Good | Good | Good |
| Mental health crisis services and health-based places of safety | Good | Outstanding ☆ | Good | Outstanding ☆ | Good | Outstanding ☆ |
| Specialist community mental health services for children and young people | Good | Good | Good | Good | Requires improvement | Good |
| Substance misuse services | Good | Good | Good | Good | Good | Good |
| Wards for older people with mental health problems | Good | Requires improvement | Good | Good | Good | Good |
| End of life care | Good | Good | Good | Good | Good | Good |

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

**Council Report**

Health Select Commission – Thursday 13 April 2017

**Title**
Whole school approach to prevention and early intervention

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

**Strategic Director Approving Submission of the Report**
Shokat Lal, Assistant Chief Executive

**Report Author(s)**

Janet Spurling, Scrutiny Officer, Assistant Chief Executive's Directorate
janet.spurling@rotherham.gov.uk 01709 254421

**Ward(s) Affected**
All wards

**Executive Summary**

One of the actions being implemented following the scrutiny review of Child and Adolescent Mental Health Services is a pilot initiative in six local schools to take a whole school approach to mental health. Each school has identified its own priorities following a self-assessment.

It was agreed in January that HSC members would participate in the monitoring visits to the schools to learn at first-hand about the work. Appendix 1 includes the priorities for each of the schools, together with the observations of the HSC member following their visit.

**Recommendations**

- That the progress by schools piloting a whole school approach to promoting mental health and wellbeing be noted and discussed.

**List of Appendices Included**

Appendix 1 – School priorities and HSC member feedback from monitoring visits
Appendix 2 – Feedback from Whole School Steering Group

**Background Papers**

Health Select Commission Scrutiny review of Child and Adolescent Mental Health Services – review report, response and subsequent monitoring reports

Briefing paper on whole school approach, HSC January 2017

Future in Mind Report, May 2015

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

**Title: Whole school approach to prevention and early intervention**

## 1. Recommendations

1.1 That the progress by schools piloting a whole school approach to promoting mental health and wellbeing be noted and discussed.

## 2. Background

2.1 A full scrutiny review of Rotherham, Doncaster and South Humber NHS Trust (RDaSH) Child and Adolescent Mental Health Services (CAMHS) was carried out by a sub-group comprising members of the Health Select Commission and the Improving Lives Select Commission during 2014-15.

2.2 One of the recommendations from the review was:

"*In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health*."

2.3 In response to this recommendation a pilot whole school approach is running in six Rotherham schools during 2016-17. This specifically includes developing and implementing an Emotional Wellbeing and Mental Health Plan tailored to each individual school. Regular monitoring takes place each term and there will be a full evaluation in July 2017.

## 3. Key Issues

3.1 Each of the pilot schools carried out a mini needs analysis based on the eight principles from national guidance on taking a whole school approach to mental health. This process enabled them to identify the key emotional wellbeing and mental health priorities for their particular school, which they are now taking forward through a clear action plan.

3.2 It will be important to ensure that the six schools are able to sustain their progress once the pilot has ended and that wider learning is shared with other schools going forward.

## 4. Options considered and recommended proposal

4.1 Following an update on progress on the previous CAMHS review recommendations in October 2016, when the pilot was discussed at length, a further briefing was given at the meeting in January 2017. It was agreed that HSC members would participate in the monitoring visits to the pilot schools to learn first-hand about the work.

4.2 The priorities for each of the schools are included in Appendix 1, together with the observations of the Member who accompanied officers on the monitoring visit, where these have taken place to date. Further information from the recent steering group meeting is included in Appendix 2.

## 5. Consultation

5.1 Not applicable in relation to this report.

## 6. Timetable and Accountability for Implementing this Decision

6.1 Schools are working on their action plans in this academic year and full evaluation of the pilot will take place in July 2017.

6.2 HSC has previously agreed to scrutinise the evaluation and future plans to share learning as part of its work programme in 2017-18

## 7. Financial and Procurement Implications

7.1 Non recurrent funding from the CAMHS Transformation monies was designated to piloting a whole school approach in 2016-17.

## 8. Legal Implications

8.1 None from this report.

## 9. Human Resources Implications

9.1 None from this report.

## 10. Implications for Children and Young People and Vulnerable Adults

10.1 The intention of the pilot is to impact positively on children and young people's mental health and wellbeing, through building resilience and focusing on prevention and early intervention.

## 1.1 Equalities and Human Rights Implications

11. The initiative will bring about a positive contribution to promoting equality through the whole school approach to social and emotional mental health.

## 12. Implications for Partners and Other Directorates

12.1 Successful transformation of CAMHS requires a multi-agency approach involving Public Health, Children and Young People's Services, schools and health partners.

## 13. Risks and Mitigation

13.1 Access to high quality support and care for social and emotional mental health is essential for children and young people in all parts of the borough to achieve improved health outcomes and to reduce health inequalities for our community.

13.2 There has been a whole service reconfiguration of RDaSH CAMHS and there is now closer multi-agency working at both strategic and operational level, such

as the roll out of locality working; single point of access to Early Help and CAMHS; and better links with schools.

**14. Accountable Officer(s)**
James McLaughlin, Democratic Services Manager

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services - not applicable

Director of Legal Services - not applicable

Head of Procurement - not applicable

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

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

Appendix 1

**School priorities and HSC member feedback from monitoring visits**

**Cllr R Elliott - Wingfield Academy**

1. Enable student voice to influence decisions: Redevelop Student led Voice and Influence activities from strategic to operational within the Academy - Student Ambassador Programme.

2. Targeted support and appropriate referral- Provision of support services for children and young people. To develop an enhanced Early Help offer to further support emotional wellbeing for students and parents / carers through a therapeutic offer that is not currently available through the Core Early Help offer.

## 1 Progress on the priorities

Two priorities - Student Voice and Community Approach

The Head Teacher was at pains to point out that the Academy was working on these priorities before the extra funding came in, so rather than a new initiative this was a continuation of what they were already doing.

## 2 Any early outcomes from the work to report yet

Student voice has been enhanced from basically talking about toilets and other minor complaints to involvement with the SLT team including 12 students attending a SLT team meeting at least once a term thus giving the team a real insight into student opinions. The Academy also have Wellbeing Ambassadors in every year group, these children are drawn from a variety of backgrounds and offer support and assistance to any student in their year who may have problems which they would not want to share with Academy staff.

Community Approach involves the Early Help team, which involves the Wingfield Community and the Wingfield cluster of Primary schools. This team has recently been expanded to nine workers and also features a mental health specialist attending the Academy once a week and an Art therapist who visits the cluster schools. 33 families are presently being assisted by the team. Positive results are being shown and open evenings for these families have been held.

## 3 Any difficulties or barriers the school is experiencing

Two of the schools in the cluster have the same Executive Head who is part of a cluster at the other side of Rotherham therefore those two schools do not attend meetings at Wingfield.

## 4 Work with other schools in the cluster

Apart from the difficulties listed at 3, the Early Help team do visit the other Primary schools at least once a week.

### 5 Plans to sustain progress after the pilot

As was mentioned earlier Wingfield Academy has been active in these priorities for some time and has invested heavily in them, the Head Teacher is adamant that this is the way forward and will continue into the future.

**Cllr Short - Newman School**

1 To review and improve staff resilience and emotional health and mental wellbeing needs in the workplace.

2 To review the impact of current emotional resilience interventions and develop the whole school Social and Emotional Mental Health offer.

### 1 Progress on the priorities

Newman School has implemented a great deal of work on this.

### 2 Any early outcomes from the work to report yet

A full report, which will be published, is due out.

### 3 Any difficulties or barriers the school is experiencing

None reported.

### 4 Work with other schools in the cluster

Newman is working with other schools.

### 5 Plans to sustain progress after the pilot

A full plan will be in place and they will continue to work on mental health – pupil needs, staff needs. School will implement a model. I am convinced this school will be on top of all the requirements.

**Cllr J Elliot - Wales High School**

1. To improve staff resilience and enable them to deal with students' emotional health and mental wellbeing needs.

2. To improve identification of students who require mental health support and design clear thresholds of targeted support and appropriate referral.

### 1.Progress on the priorities

I was very impressed with the hard work of the staff involved in the pilot. They came across with enthusiasm and motivation to improve the mental wellbeing of staff and students. The funding seems to have been spent well, including in-school councillor

for additional half day; cover for staff to attend training; donation to blind dogs charity; and investment in Wellbeing Wednesday.

The staff in conjunction with health professionals have developed a list of criteria, with Green Amber and Red thresholds, to assist in identifying students who may require mental health support. They hope to update this 3/4 times a year. Criteria include issues such as bereavement, family break up, student's health etc. There is now a clearer picture of mental health needs in school so that student support can be targeted.

Staff have attended a variety of courses including transgender, well-being, attachment, toxic trio and resistant families. Looking to incorporate training received into CPD and perhaps also include Mental Health for First Aid Training.

### 2 Any early outcomes from the work to report yet

The school has developed Wellbeing Wednesday, a lunch time focus, with a recent visit of a guide dog's socialisation day for staff and students to join in.

Mental health is now a priority at year team meetings. Pastoral teams and tutors are better trained on signs of mental health and where to signpost.

Mental health is a prominent feature of Wales High Twitter feed.

Reassessed marking policy to improve staff workload and rationalised meetings throughout the year so teachers have less to attend.

Established strong links with CAMHS locality worker.

### 3 Any difficulties or barriers the school is experiencing

None mentioned

### 4 Work with other schools in the cluster

Primaries had input on the list of criteria and asked to work with Year 6's.
Wales High I looking to visit Meadowview Primary who have a Wellbeing Charter in place.

### 5 Plans to sustain progress after the pilot

The staff I spoke to are determined to carry on. They spoke about wanting to share what they had learnt and developed with other schools.

**Cllr Cusworth - Oakwood High School**

1. To develop information to baseline and assess for Social and Emotional Mental Health and resilience.

2. Build the skillset of staff to develop and build resilience in pupils.

## 1 Progress on the priorities

In order to develop a baseline the school looked at developing their own tool to assess pupil's current social and emotional health and resilience. This would make it possible to assess any improvements or deterioration in pupils. The idea was to RAG rate children, identifying ambers and prevent them from going into red and also to identify Greens and keep them there. The school considered developing its own tool but in the end opted for the Strengths & Difficulties Questionnaire (SDQ) which they uploaded to Survey Monkey. At Oakwood all children have access to an iPad and so children completed the survey this way. The results were then transferred onto a database and RAG rated. The targeted year was Year 9 as school felt this is a pivotal year as people approach linear exams (mock exams in old money).

The school has also launched "Motivational Monday's" and are trying to meet as a staff more regularly as the staff room in the new building is too small for everyone to comfortably meet in.

SENCO setting up a working party of 4/5 staff members – looking at how "small things can make a big difference".

## 2 Any early outcomes from the work to report yet

The school felt that the most positive result that was revealed was where pupils wrote in the any other comments box. This helped staff to identify issues affecting children and offer them support. The other positive the school saw was that the pupil's rated as RED were already known to the school team.

## 3 Any difficulties or barriers the school is experiencing

Following collation of data and interventions set up, the school's Special Educational Needs Coordinator (SENCO) had a period of absence. During this time there was a lack of steer regarding the interventions. Some went ahead and some did not. The staff responsible for delivering the interventions were tutors with some free time due to restructure of classes at Oakwood. On the SENCO's return it was apparent that a certain skill set is required to deliver emotional health and wellbeing interventions. It was clear that it is not as straight forward as delivering a maths or literacy intervention.

The SDQ was completed by pupils' on their school provided iPads during an English lesson. When pupils sat down with tutors to participate in the intervention staff asked them to expand on their questionnaire answers. Some pupils said they put anything down because they were in English and bored, others said it was before Christmas and they were stressed but they don't feel that way anymore.

## 4 Work with other schools in the cluster

The leads of each pilot scheme, including Oakwood's SENCO, meet regularly at the *Whole School Steering Group*. This meets at a different school involved in the pilot scheme each time. I attended one of these meetings on 28th March 2017 and it was great to see how schools were sharing information, templates and questionnaires.

Oakwood to consider linking with primary feeder schools Year 6's ahead of transition to Year 7.

### 5 Plans to sustain progress after the pilot

A plan is in place to continue the scheme and to improve on areas they found challenging by:

- Having an Emotional Health and Wellbeing Week – assembly, tutor-time activities and then completing the SDQ. This will hopefully help pupils take the questionnaire more seriously due to the preparatory work. Interventions will be on a whole school basis in tutor group time and will look for trends and promote themes for tutor group work. This approach will ensure an ethos of "all in this together" and that Oakwood deals with issues as a whole school.
- SENCO plans to speak to children who present as highly resilient to learn from them in the hope they can add value to children who are finding it difficult to cope.
- Using tutors to support other SEND work/interventions thereby freeing up SEND staff already skilled in emotional health and wellbeing skills to carry out the interventions.

**Cllr Andrews - Maltby Academy**

1. To work with senior leaders in MLT schools to ensure that mental health is given due priority and that mental health awareness among wider workforce is raised, thus enabling staff to identify and seek support for students and colleagues at earlier opportunity.

2. To raise awareness among the wider community by implementing workshops for parents/carers and by providing a half-day mental health raising event for the wider Maltby Community**.**

3. To ensure that Pastoral Managers, as Mental Health Champions for their schools, have the requisite skills, knowledge and support mechanisms embedded in order to meet the needs of rising numbers of children with complex mental health needs while also safeguarding their own mental health and well-being. This will be facilitated by implementing a clinical supervision model, local and pilot-wide networking and regular links to multi-agency partners e.g. Educational Psychologists, Early Help teams and CAMHS**.**

### 1 Progress on the priorities

### 2 Any early outcomes from the work to report yet

### 3 Any difficulties or barriers the school is experiencing

### 4 Work with other schools in the cluster

### 5 Plans to sustain progress after the pilot

**Cllr Marriott - Rawmarsh Community School**

**Priorities**

1. To build resilience with a targeted group of pupils at the earliest stage to enable them to deal with emotional health and mental wellbeing needs.

2. Deliver Social Studies lessons to Y7 and Y10 pupils, focusing on understanding how people behave, why people get angry or feel differently. Empathising with peers experiencing personal, social and emotional issues.

3. Engaging the hard to reach parents/carers.

**Please note the visit has not yet taken place but feedback from the school at the steering group meeting attended by Cllr Cusworth has been included.**

## 1 Progress on the priorities

Working party of 5 parents looking at engagement and typical behaviour of teenagers has been running for 3 weeks – SENCOs working with parents and young people.

Work is targeted and its aim is to promote resilience and self-reliance. SENCO working with some students to address small things around organisation and taking responsibility and this can reduce anxiety.

Behaviour specialist has observed lessons in Rawmarsh Community School and primaries within the Trust.

Packages encouraging positive behaviour being rolled out whole school and to primaries.

With regards to pupil voice the school plans to RAG rate before the summer break.

## 2 Any early outcomes from the work to report yet

Improvements have been noted between parents and young people in this short time and considering using anonymised anecdotes to encourage participation from other parents. Parent engagement is unique amongst the pilot.

## 3 Any difficulties or barriers the school is experiencing

## 4 Work with other schools in the cluster

Rawmarsh is working with primary schools who are part of the same Multi Academy Trust (MAT).

## 5 Plans to sustain progress after the pilot

**Appendix 2**

**Feedback from Whole School Steering Group – Cllr Cusworth**

**Screening tools**

- All schools now have screening tools from RDaSH and CAMHS – ASD and ADHD.

**Workplace Wellbeing Charter**

- Oakwood - SENCO to set a working party looking at the charter and to develop an action plan.
- Wales – already looking at Workplace Wellbeing Charter but concerned about cost (clarified at the meeting that there is no cost.)
- Rawmarsh – not yet looked at it but they have lead officer contact details in Public Health.
- In actual fact this should save money due to reduction in staff sickness and absence.

**Updates from Schools – second term in**

Updates were provided from Wales, Oakwood and Rawmarsh. Unfortunately no one attended from Newman, Wingfield or Maltby school.

**Update from Public Health** (Ruth Fletcher-Brown)

- At Wingfield School some pupil's sit on the SLT and have also spoken to governors – they have a strong student council.
- Schools encouraged to update their action plans – with particular reference to the differences they feel their actions have made.
- Ruth suggested anonymised case studies would be useful to share and will send a template to leads to help – would like to have these back by beginning of May.
- Plan to share good practice through an event possibly held at Wales school w/c 16th October 2017 13.15 to 15.30.
    - 6 Schools will do a presentation 10 minutes each
    - Wingfield will be given more time as they would like the students involved to be invited.
    - Followed by a marketplace where information can be given and discussions can take place and literature can be taken away.
    - Ruth to arrange poster template for the event.

**Update from RDaSH/CAMHS** (Ruth Fletcher Brown on behalf of Paul Theaker)

- Schools feel they have a strong relationship with their link worker – Wales meet with link worker monthly and Rawmarsh meet termly.
- However, it was raised that although referrals made are first checked with link worker they still bounce back as inappropriate and have to be resubmitted – this wastes time and delays any appointment.
- GPs have told schools they can no longer make referrals into CAMHS.
- There will be a single point of access (SPA) into Early Help and CAMHS by the end of May 2017 – it will be sited in Riverside and calls will be triaged.

- The CCG are reviewing the locality model – and what this looks like for Schools and GP practices,
- There is now a CAMHS screening tool for anyone working with children and young people – includes list of anxiety for example and signposts based on mild, moderate etc.
- There is an ambition for all staff within schools to be trained to an appropriate level, dependent on position, to enable them to recognise and signpost on if concerns re mental health and emotional wellbeing.
- Consistency across South Yorkshire and Humber is the goal and it is hoped this will begin to be implemented from September 2017.
- RMBC hope to roll this out to all people working with children and young people.

**Any other business**

- Ruth advised funding was available from NHS England but must be spent in next 6 weeks – Rotherham Suicide and Self-harm group want to do some more work – looking at z cards.
- As a result of Lifestyle Survey Rotherham will be looking at the “STILL” project – based on Time to Change which is aimed at both adults and children.
- Looking for a school to help launch this project and ties in with Oakwood’s Emotional Health and Wellbeing Week.

**Cllr Cusworth – Improving Lives Select Commission Update**

Improving Lives meeting met on 22nd March 2017

Agenda items relating to Health;

1. Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham.
    a. SEND Information Advice and Support Service (SENDIASS) Annual Report April 2015/ March 2016.
    b. Rotherham Children and Young People's Plan 2016 – 2019

2. Children's and Young People's Services Performance Report - January 2016/17

3. Safeguarding Children & Families Monthly Performance Report As at Month End: January 2017

**1 Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham.**

**a) SEND Information Advice and Support Service (SENDIASS) Annual Report April 2015/ March 2016.**

In terms of Health these are the headlines:

- Of referrals to SENDIASS only 6% are health related compared to 91% education related.
- Staff and volunteers within the Service have accessed the following training in relation to health;
    - Visually impaired training
    - Health & Social Care in EHC plans
    - ASIST Applied Suicide Intervention Skills Training
- A case study around "Rose" illustrated how SENDIASS work with partners to support families in relation to health it included the following:

*"Rose had been misdiagnosed historically leading to significant health complications. There is an ongoing court case around this. Several health practitioners were involved which led to communication challenges between them all. (Especially between different authorities). Training had been provided to school staff. Julie wanted medical care to be signed off by school staff. School refused to action this initially, however later stated they had been doing this and it had been mum's request to speak to the practitioner each day that had been refused. Conversations had taken place between practitioners as it had been questioned if mum's own health needs had an impact on how Rose was seen within a health context. Julie felt Rose's medical needs were unclear and sought other practitioner involvement for*

*further diagnosis (this is ongoing) A diabetic care plan was in place however Julie didn't have a copy of it initially. School felt this had been shared by the diabetic nurse. Ongoing changes to the care plan were needed to include other health needs, however no medical practitioner would sign this off. (Several avenues were pursued including Diabetic Nurse/school nurse/ complex health care team/ lead medical practitioner) Medical needs were being met within school and support was sought from the Diabetic Nurse when needed."*

SENDIASS supported the family by Signposting to other sources of support including Parent Forum and Health Watch, amongst many other things.

SENDIASS encouraged education and health partners to work together resulting in a positive outcome for the family.

**b) Rotherham Children and Young People's Plan 2016 – 19.**

The Children and Young People's Plan (CYPP) is a single strategic, overarching plan for local services where outcomes for children, young people and their families need to improve.

Governance and priorities are already linked in with Health and Wellbeing Board and Strategy

Strategic Outcome 1, in particular states that "Children and young people are healthy…" by,

- Reducing the levels of childhood obesity – This will be measured by a reduction in year-on-year levels of childhood obesity for: (a) Reception year children (age 4/5) and (b) year 6 children (age 10/11)
- Reduce risky health behaviours in children and young people including the risk of self-harm and suicide among young people – This will be measured by;
    - Hospital admissions caused by unintentional and deliberate injuries (0-14 and 15-24 years).
    - Hospital admissions for mental health conditions (0-17) and
    - Hospital admissions as a result of self harm (10-24 years)

**2 Children's and Young People's Services Performance Report - January 2016/17**

The report states that there are continuing issues with the data received from health but that work round solutions have been implemented and the Head of Service has discussed concerns with health and public health commissioners. A meeting has been held with colleagues at TRFT to raise these concerns and look for solutions. However; the concerns have now been escalated to the Director for Children's Services, the Head of Service is preparing an overview of concerns (including issues re data sharing in early years and around SEND) for discussion with the CEX of the Trust. Through these discussions it has emerged that TRFT are also having issues

with GP data so would be unable to provide this at present this is being escalated/discussed with the Clinical Commissioning Group (CCG). The Head of Service will now commence work with public health, commissioners from the Practice Improvement Partner (Lincolnshire CC) and legal colleagues to revisit the 0 -19 contract arrangements and to look to make amends where possible to include data sharing.

Looked After Children Health outcomes

The report stresses that there are known delays in the data input for both Health and Dental information therefore it is likely that performance may change when statistics are rerun in future reports.

Current statistics demonstrate that the timeliness of dental checks is declining at 66.1% compared to previous performance of above 71% and a target of 95%.

Health Assessment reviews in the previous three months has been good at over 95% in time and it is expected that the fall in January to 92.7% will be linked to data inputting issues. This will need to be monitored in future months.

Initial Health Assessments (IHA) however remain an area of concern. Every child should have their first (initial) health assessment within the first 20 working days of entering care. However the number of IHAs completed each month is not reflecting the increase in LAC admissions. It is worth noting that January's improvement to 50% relates to only one IHA out of two.

**3 Early Help and Family Engagement Monthly Performance Report As at Month End: January 2017**

Only area of interest/concern relating to health is the low number of early help assessments being completed by health partners – health visitors, school nurses etc.

HSC members are asked to contact Cllr Cusworth with any questions or to request the link to any of the reports.

# HEALTH AND WELLBEING BOARD
## 11th January, 2017

**Present:-**

**Members:-**

| | |
|---|---|
| Councillor D. Roche | Cabinet Member for Adult Social Care and Health **(in the Chair)** |
| Jo Abbott | Public Health, RMBC (representing Terri Roche) |
| Karen Borthwick | Children and Young Peoples' Services (representing Ian Thomas) |
| Tony Clabby | Healthwatch Rotherham |
| Dr. Richard Cullen | Governance Lead, Rotherham CCG |
| Chris Edwards | Chief Officer, Rotherham CCG |
| Sharon Kemp | Chief Executive, RMBC |
| Dr. Julie Kitlowski | Clinical Chair, RCCG |
| Carole Lavelle | NHS England |
| Councillor Mallinder | Chair, Improving Places Select Commission |
| Kathryn Singh | RDaSH |
| Janet Wheatley | Voluntary Action Rotherham |

**Report Presenters:-**

| | |
|---|---|
| Sarah Farragher | Adult Care and Housing, RMBC |
| Ruth Fletcher Brown | Public Health, RMBC |
| Giles Ratcliffe | Public Health, RMBC |
| Sue Wilson | Performance and Planning, RMBC |

**Officers:-**

| | |
|---|---|
| Kate Green | Policy Officer, RMBC |
| Gordon Laidlaw | Communications Lead, Rotherham CCG |
| Dawn Mitchell | Democratic Services, RMBC |

**Observers:-**

| | |
|---|---|
| Councillor Sansome | Chair, Health Select Commission |
| Councillor Short | Vice-Chair, Health Select Commission |
| Janet Spurling | Scrutiny Officer, RMBC |
| Councillor Yasseen | |

Apologies for absence were received from Louise Barnett (Rotherham Foundation Trust), Terri Roche (RMBC), Ian Thomas (RMBC) and Councillor Watson.

### 48. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

### 49. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

## 50. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 16th November, 2016, were considered.

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

Minute No. 36 (Health and Wellbeing Strategy), it was noted that all the five Strategic Aims' action plans would be submitted to the May meeting. A timetable would be sent to all Board sponsors and lead officers for the Aims to meet the May Board meeting deadline.
**Action: Kate Green**

Minute No. 36(2), it was noted that work was taking place looking at the governance framework between the Adult and Children's Safeguarding Boards and the relevant partnership boards and the system relationship. A discussion would take place with the Chairs of the 2 Safeguarding Boards and would be considered at the Rotherham Together Partnership Board. A report back would be given in March.
**Action: Sharon Kemp**

Arising from Minute No. 38(2) (Health and Wellbeing Strategy Aim 1 – All children get the best start in life), it was noted that the proposals regarding raising aspirations and addressing the social issues had not been submitted.

Arising from Minute No. 39(2) (Health and Wellbeing Strategy Aim 3 – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life), it was noted that the action plan would be submitted to the May meeting as minuted above.

Arising from Minute No. 39(3), it was noted that a new working group had been established, Chaired by the Strategic Director of Adult Care and Housing, and was to hold its first meeting in January.

It was also noted that the Autism Partnership Board was to be launched at the end of the month.

Arising from Minute No. 41 (Rotherham Place Plan), it was noted that a meeting had taken place in December 2016 with Miranda Flood (Vanguard) to discuss how a bid could be structured for additional funding. No further information had been received as yet.

Arising from Minute No. 43(3) (Healthy Ageing Framework), it was noted that a piece of work was underway looking at all documents to ascertain where the gaps were. The outcome would be submitted to the Board.
**Action: Terri Roche**

Arising from Minute No. 43(4), it was noted that the draft Rotherham Plan (formally referred to as the Community Strategy) was to be submitted to the next meeting of the Rotherham Together Partnership Board. Consideration would then be given to which proposals contributed to an age friendly community and ascertain where the gaps were.

Minute No. 44(2) (Caring Together – The Rotherham Carers' Strategy), it was noted that the Strategy had been approved at the Cabinet/Commissioners meeting on 9th January, 2017.

Minute No. 45 (Rotherham Safeguarding Adult Board 2015-16 Annual Report), it was felt that there was need for a future discussion on care homes given the increasing pressures on the Hospital Trust and Adult Social Care Workers, Winter pressures, funding issues, viability of some homes and standards of care and quality.

Resolved:- (1) That the minutes of the meeting held on 16th November, 2016, be approved as a correct record.

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

(3) That the issue of care homes be included as an agenda item at the next meeting.
**Action: Anne Marie Lubanski/Kate Green**

## 51. COMMUNICATIONS/UPDATES

There were two important events taking place in Rotherham unfortunately both on the same day:-

The Rotherham Foundation Trust – NHS Integrated Locality Event
24th January, 2017 – New York Stadium

Local Government Association facilitated Workshop on Prevention
24th January, 2017 – Rotherham Town Hall

## 52. COMMUNICATING AND ENGAGING ON THE REGIONAL SUSTAINABILITY AND TRANSFORMATION PLAN AND ROTHERHAM PLACE PLAN

Janet Wheatley, Voluntary Action Rotherham, and Tony Clabby, Healthwatch Rotherham, reported that Healthwatch and the Voluntary and Community Sector across the STP area had been contacted by Helen Stevens to assist with the engagement and communication of the STP. The request had included holding a series of engagement events with the public. £5,000 was being offered from regional funds to undertake the engagement.

It was proposed that a series of engagement events be held targeting the north, south and central areas and some communities of interest led by Chris Edwards, Sharon Kemp and Louise Barnett. The presentation prepared by the CCG would be used with the aim of describing the STP as context but to base the majority of the conversation on the Rotherham Place Plan.

Guidance notes were to be circulated but had not been received as yet. Not to engage widely on the STP and Place Plans was not an option.

Any suggestions as to how to engage with members of the public and patients would be welcomed.

Discussion ensued with the following issues raised/clarified:-

- There was a clear distinction between the STP and Place Plan and, although interlinked, should be kept separate
- A formal route of approval of the Place Plan by Members was still required
- Important that the engagement clarified that the Place Plan and STP had totally different governance arrangements with the former owned by Rotherham and would be decided by Rotherham partners
- The engagement was an opportunity to get messages to the public about health and social care in general

It was noted that there was to be a development session on 8th February to discuss how the Rotherham Place Plan would be managed in a partner governance arrangement.

Resolved:- (1) That the outline plans submitted by approved.

(2) That officers be nominated in all bodies to take the work forward.

(3) That all stakeholders commit to support the work including actively promoting engagement.

(4) That Chris Edwards and Sharon Kemp advise Tony Clabby and Janet Wheatley on the key messages for the engagement.
**Action: Chris Edwards/Sharon Kemp**

## 53. HEALTH AND WELLBEING STRATEGY

Giles Ratcliffe, Public Health Consultant, gave the following powerpoint presentation on Aim 4 of the Health and Wellbeing Strategy

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

- Reduce the number of early deaths from cardiovascular disease and cancer

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

JSNA Inequalities – Why and issue?

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

JSNA – Local Picture

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

Public Health Outcomes Framework (PHOF) November 2016 Data

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

Workshop held 16th March, 2016 – 17 attendees

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

Focus on MECC

- 16th December: meeting of Chief Officers/Nominated Leads
- National PHE re-launch; dedicated website; regional network; resources in development (apps, online training, videos etc.)
- Suggested Themes:
  Alcohol
  Healthy weight (physical activity +/or diet)
  Smoking?
  Mental Health (loneliness/isolation?)
- Recognition that not making the most of existing opportunities: Directory of Services; One You (not on front pages of all partner websites/points of access) Public Health television
- Services (providers and commissioners) will need to plan for increased activity
- Needs to ensure a targeted approach in terms of localities and patient/service user groups
- Organisations need to determine what methods of roll-out will work for them
- Wider than just 'professionals' e.g. community members, hairdressers, taxi drivers, local people
- Pilot area for saturation and evaluation purposes e.g. Maltby
- Requires similar messages to be delivered to next generation via schools – focus on big health issues
- Will require both online and train-the-trainer models of delivery
- Resourcing will be a challenge for all organisations especially to deliver at scale and pace – training requirements considerable
- Budget – investment vs return

Last 12 Months

- Public Health Equity Audit underway – all Public Health commissioned services
- NHS Health Checks
- Social Prescribing Service – Mental Health pilot
- Fully integrated Rotherham community model of care – continued progress
- Active for Health – first year of delivery
- Successful NHS Diabetes Prevention Programme Wave 2 bid
- Care Home Liaison Service
- £4.7M Work and Health South Yorkshire Funding – planning
- Integrated Re-ablement Village

Plans for the Future

- MECC/Healthy Conversations: training, targeting localities; Secondary Care
- Share Public Health Equity Audit findings – widen to other local authority/CCG provided/commissioned services
- NHS Diabetes Prevention Programme – focussed on areas deprivation
- Integrated Wellbeing and Behaviour Change Service

- Work and Health implementation
- Health in all Policies
- Right Care First Time – Respiratory
- STP
- Integrated IT

Discussion ensued with the following issues raised/clarified:-

- Suggested that 2 themes be focussed upon at a time i.e. Alcohol and Smoking followed by Healthy Weight and Loneliness and Isolation (Mental Health
- Favoured targeted and locality base approach
- A rolling programme approach would assist in keeping MECC at the forefront of people's minds
- Maltby, through the Area Assembly, was a model of good practice for its work on suicide and suicide prevention
- Maltby and Eastwood had been selected as proposed pilot areas
- One of the local academic institutions should be engaged to ensure that the Rotherham model was appropriately evaluated from the beginning to demonstrate effectiveness
- MECC should be wider than professionals and must utilise the assets in each community and involve local people in the delivery of MECC messages

Resolved:- (1) That there be a rolling programme approach of 2 themes at a time.

(2) The first 2 themes to be Healthy Weight and Mental Health (Loneliness/Isolation) followed by Alcohol and Smoking at a later date.

(3) That each organisation to be responsible for internal implementation and training (using common resources and methods).

(4) That the suggested approaches to pilot in a locality (e.g. Maltby and Eastwood), using the data to demonstrate these were areas of significance) and target service users be endorsed.

## 54. VOICE OF THE CHILD LIFESTYLE SURVEY 2016

Sue Wilson, Head of Service Performance and Planning, presented a report which set out the key findings from the 2016 Borough-wide Lifestyle Survey report which was open to schools throughout June and July, 2016. In total 2,806 pupils had participated in the survey.

The Lifestyle Survey results provided an insight into the experiences of children and young people living in the Borough and provided a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes of:-

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

The positive findings of the 2016 Survey were:-

- Over 70% of young people drinking one or less high sugar drinks per day
- Reduction in the consumption of high energy drinks from 2015
- Increase % of young people who had never smoked
- Increased % of pupils who had never had an alcoholic drink
- Increased number of pupils who had received CSE training as part of the PSHE curriculum
- Decrease in the number of pupils who had not used contraception when having sexual intercourse
- Increased number of young people who had visited a youth centre/youth clinic

The report also set out the areas for attention.

Each school that participated in the Survey (twelve out of sixteen) received their own results. Work took place with the PHSE leads in the schools targeting the particular areas of concern relating to their school. Of the four schools that did not take part, three of them undertook their own survey and used the information to develop their PHSE programme and curriculum offered to their children and young people. Access to the surveys had been requested.

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

- There had been an increase in the number of pupils completing the survey
- The reliability of the information was derived from looking at questions that were statistically significant
- All schools and pupils were encouraged to take part
- Disappointing result regarding the number who did not want to be in Rotherham in ten years' time. This needed to be discussed at the Rotherham Together Partnership Board
- The need for a breakdown of those who said they had medical conditions to ascertain exactly what the conditions were
- The statistics should include numbers of pupils as well as the %
- Breakdown required of the bullying experienced and the reasons why the young people did not want to stay in Rotherham
- The information would be shared with the new School Nursing Service
- Did the increase in long term conditions include reference to mental health?

- Suggestion that the five Strategy Aims consider the information relevant to their Aim in the development of their action plans
- Useful to include the ages of the children

Resolved:- (1) The report be noted.

(2) That the Board sponsors and lead officers for the five Health and Wellbeing Strategy Aims ensure that the key issues raised in the report and pertinent to their particular aim were incorporated into their action plans.

(3) That further discussion take place with regard to the process and engagement.

(4) That consideration be given to submission of the report to the Rotherham Together Partnership Board.

## 55. CARING TOGETHER - THE ROTHERHAM CARERS STRATEGY

Sarah Farragher, Head of Service Independence and Support Planning, presented the Rotherham Carers Strategy for approval by the Board.

It was noted that at the meeting of the Cabinet/Commissioners on 9th January, 2017, the document had been endorsed for partnership approval.

The document had previously been considered by the Health and Wellbeing Board (March, 2015, March, 2016 and July, 2016).

The action plan was a “live” document. The Caring Together Delivery Group would continue to meet to implement the action plan and review as and when necessary to ensure that it worked. There would be gaps because it was an evolving document. The Foundation Trust had now been consulted; the Trust supported the Strategy and would work with partners to ensure its implementation.

Discussion ensued with the following raised/clarified:-

- Part of the outcome of the Strategy was to increase the awareness of carers
- A “hidden” carer who was admitted to hospital should be picked up upon admission but acknowledged that this was something that needed to be improved
- A member of the Trust would be part of the Caring Together Delivery Group
- There were 3 carers who were regular participants of the Group and linked with the Carers Forum.

Resolved:- (1) That the Caring Together, Rotherham Carers’ Strategy 2016-2021, be approved.

(2) That discussions take place with the Rotherham Foundation Trust regarding their procedures for identifying "hidden" carers upon admission to hospital.
**Action: Sarah Farragher**

(3) That an update be given in six-twelve months on the action plan.

## 56. ROTHERHAM PUBLIC MENTAL HEALTH AND WELLBEING STRATEGY 2017-2020

Jo Abbott, Assistant Director of Public Health, and Ruth Fletcher-Brown, Public Health Specialist, presented the Rotherham Public Mental Health and Wellbeing Strategy 2017-2020 which would look at the Mental Health promotion and prevention across a three tiered approach:-

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

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

The aims of the Strategy were:-

- Have a common understanding of what it meant to improve public mental health
- Maximise the opportunities to promote mental health and prevent mental ill health within Rotherham through:-
  Taking a life course approach to promoting mental heath
  Promoting a more holistic approach to physical and mental health
  Integrating mental health into all aspects of work
  Creating environments which supported mental health and tackled the stigmas associated with mental ill health

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

High level actions had been proposed in the Strategy but a more detailed action plan needed to be developed and submitted to a future Board meeting in 2017.

Kathryn Singh, RDaSH, reported that her organisation was fully supportive of the work that Ruth had been leading on, however, Mental Health was so much broader that the Mental Health Trust. The Prime Minister had recently announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities as part of the Mental Health Service Reform. There would be a number of strands of Mental Health funding to be accessed. She agreed that the Aim 3 Working Group was not appropriate and needed to be revised so it could incorporate much more of the work.

Resolved:- (1) That the Strategy be endorsed and the high level actions as outlined in the document be endorsed by March, 2017 to allow consultation on the Strategy and sharing within individual organisations between January and March, 2017.

(2) That leads from the relevant partner organisations be identified by the end of January, 2017, to work with the Public Health lead to develop a more detailed action plan.

(3) That a detailed action plan be submitted to the Health and Wellbeing Board for approval in 2017.

(4) That a multi-agency group be established to develop and oversee the implementation of an action plan.

(5) That the terms of reference for Aim 3 be reviewed to include the Strategy within its workload.
**Action:- Giles Ratcliffe/Julie Kitlowski**

(6) That the Strategy be circulated widely for comment.
**Action:- Ruther Fletcher-Brown**

## 57. DATE, TIME AND VENUE OF THE FUTURE MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 8th March, 2016, venue to be confirmed.

(2) That future meetings take place on: -

- 17th May, 2017
- 5th July
- 20th September
- 15th November
- 10th January, 2018
- 14th March

All to start at 9.00 a.m., venue to be confirmed.