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

Date:-	**Thursday, 30th November, 2017**	**Venue:-**	**Town Hall, Moorgate Street, Rotherham S60 2TH**
Time:-	**10.00 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 26th October 2017 (Pages 1 - 21)

For Discussion

8. RDaSH Rotherham Care Group Transformation
   Steph Watt, Strategic and Transformation Lead for Integrated Physical and Mental Health Projects (TRFT and RDaSH) and Dianne Graham and Jo Painter, Rotherham Care Group, to give a powerpoint presentation

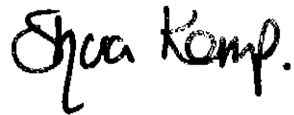
9. Implementation of the Carers' Strategy - Progress Report (Pages 22 - 44)
   Jo Hinchliffe, Adult Care and House, Liz Bent, Crossroads Care, and Jayne Price, Carers Forum, to present

For Information

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

11. Healthwatch Rotherham - Issues

12. Date of Next Meeting
    Thursday, 14th December at 10.00 a.m.



SHARON KEMP,
Chief Executive.

Membership:

Chairman:- Councillor Evans
Vice-Chairman:- Councillor Short
The Mayor (Councillor Rose Keenan), Councillors Allcock, Andrews, Bird, R. Elliott, Ellis, Jarvis, Marriott, Rushforth, Sansome, Whysall, Williams and Wilson.

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

HEALTH SELECT COMMISSION
26th October, 2017

Present:- Councillor Evans (in the Chair); Councillors Andrews, Bird, R. Elliott, Ellis, Jarvis, Marriott, Rushforth, Sansome, Short and Williams.

Apologies for absence were received from The Mayor (Councillor Eve Rose-Keenan) and Councillors Allcock and Whysall.

36. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

37. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

38. COMMUNICATIONS

Healthwatch had organised an Older People's Conference on 30th October at Fitzwilliam Arms Hotel, Parkgate from 10:30 a.m. It would feature interactive presentations on various issues including clinical thresholds and lasting power of attorney.

The Yorkshire & Humber Joint Health Overview and Scrutiny Committee were likely to meet in early January 2018 to scrutinise an update from NHS England on Congenital Heart Disease Services.

39. MINUTES OF THE PREVIOUS MEETING HELD ON 21ST SEPTEMBER, 2017

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 21st September, 2017. Members noted that:-

Arising from Minute No.26 - LGA prevention sessions
New dates were to be arranged in early January due to a clash with a planning event in November.

Arising from Minute No.28 - Sepsis Care Pathway
The Rotherham Foundation Trust (TRFT) was working to review issues relating to the Sepsis Pathway, which was a national pathway. TRFT were conducting a service review of the current Care Co-ordination Centre (CCC) Service to ensure it was fit for purpose in co-ordinating care and providing robust and safe alternative levels of care.

Arising from Minute No.29 - Patient Records
Rotherham, Doncaster and South Humber NHS Trust (RDaSH) were moving to a single patient record system, Systm1, which would be

implemented in Rotherham in April 2018. A key part of the implementation plan was to reduce paper based processes and standardise unnecessary variation.

The CCC would be using the templates developed for the Doncaster single point of access to support both physical and mental health referrals and triage and reduce duplication and wasted activity.

Arising from Minute No.30 - Prescriptions
A response was awaited from the Pharmacy at TRFT.

Following the HSC meeting the following response was received from the Chief Pharmacist at TRFT:-

The Trust already had the ability to prescribe on FP10 prescriptions (the green prescriptions that people get from their GP) so that the prescription could be taken to any community pharmacy to get the medicines dispensed, without the need to develop a new form. Currently these FP10 prescription pads were not available in all areas and using them would mean the Trust incurred additional costs. This might be offset by additional bed capacity and activity.

Arising from Minute No.31 - Ambulance Standards
Members who had submitted questions for Yorkshire Ambulance Service to be asked through the Yorkshire & Humber Joint Health Overview and Scrutiny Committee were thanked.

Resolved:- That the minutes of the previous meeting, held on 21st September, 2017, be approved as a correct record.

40. EVALUATION OF WHOLE SCHOOL PROJECT AND NEXT STEPS

The Chair introduced the item by stating that all the Members who had been involved in the project had reported back very positively and that it had been a successful and valuable piece of work.

Councillor Marriott reported back on her visit to Wales High School on 25th October when all six schools had showcased their work to a wider audience. It had been a very interesting afternoon and showed the different approaches taken by the schools. Councillor Marriott expressed her wish that the good work continue and would lead to other schools becoming involved.

Ruth Fletcher-Brown, Public Health presented an overview of the project to set the context. This was followed by presentations from 3 of the participating schools – Maltby Academy (Sara Graham), Newman School – Community Special School (Sarah Kulmer) and Oakwood High School (Louise Grice).

A. Introduction and context to Whole School Approach

Introduction

- What is a Whole School Approach
- Where did it come from?
- How did this work in Rotherham?
- What actions did the schools take?

What do we know?

In an average class of 30 (15 year old) pupils:

- 3 could have a mental health disorder
- 10 are likely to have witnessed their parents separate
- 1 could have experienced the death of a parent
- 7 are likely to have been bullied
- 6 may be self-harming

A whole school and college approach

- *Promoting children and young people's emotional health and wellbeing: A whole school and college approach* was produced by Public Health England & Children and Young People's Mental Health Coalition in 2015.
- It sets out key actions that Head Teachers and College Principals can take to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works.

8 Principles to promote mental health and wellbeing in schools and colleges

- Leadership and management that supports and champions efforts to promote emotional health and wellbeing
- An ethos and environment that promotes respect and values diversity
- Curriculum, teaching and learning and to promote resilience, and support social and emotional learning
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring the impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral

Future in Mind 2015

NHS, public health, local authorities, social care, schools and youth justice sectors working together to place the emphasis on building resilience, promoting good mental health, prevention and early intervention. (Chapter 4).

Encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing.

Why whole school approach?

'Evidence shows that interventions taking a whole school approach to wellbeing have a positive impact in relation to both physical health and

mental wellbeing outcomes, for example, body mass index (BMI), tobacco use and being bullied.'

What we did

- Funding from CAMHS Local Transformation Fund for 1 school year 2016/2017.
- 6 schools piloted this work; Maltby, Newman, Oakwood, Rawmarsh, Wales and Wingfield.
- Each school looked at the 8 principles and benchmarked themselves against these.
- They took as a minimum 2 areas to develop into an action plan.
- 1 to1 meetings with the schools and once a term as a whole group.
- Elected Members visited all 6 schools.
- Councillor Cusworth was a member of the whole group meetings.

It was confirmed that the 6 schools were committed to continue meeting to share ideas and good practice and to drive this work forward. Other schools were welcome to link in with them and several had already indicated their interest in doing so. The schools were also willing to share the resources they had developed with other schools.

B. Presentation from Maltby Academy

Objectives

- Staff development
- Leadership and management
- Working with parents/carers and local communities

Partnership working

- Maltby Academy
- Maltby Learning Trust (MLT) Academies
- Locality: Early Help/CAMHS
- Maltby Partners: Crags Community School/Full Life Church

Staff Development: Pastoral Network

- Information sharing between schools on specialist areas of knowledge (e.g. attachment)
- Input from external providers including Virtual School and Hilltop School (sensory circuits)
- Early transition planning for Year 5's with mental health difficulties
- Input and information sharing with Early Help and CAMHS
- Access to Restorative Practice training
- Half-termly supervision for individual pastoral staff/senior leaders
- Foodbank Initiative for summer holidays

Leadership & Management: Staff training and wellbeing

- 6 staff wellbeing sessions delivered
- New training material developed including therapeutic techniques to work creatively with children and mindfulness activities
- Further 24 training sessions delivered ranging from 1 hour to full day;

training offered at no cost to MLT schools (attended by majority of ALL staff across 5 schools)
- Comprehensive Life Skills programme for Y7/8 reflecting mental health perspective (in PHSE)

As well as informing children some of the work had also upskilled staff with techniques that could also be used to manage staff's own stress and anxiety. The importance of work going forward arising from needs linked to new digital technology and social media was highlighted.

Working with parents/carers and local community
- Parent workshops: Anxiety and Exam Stress incorporating mindfulness techniques
- Collaboration with Rotherham Foodbank:
- Maltby Learning Trust schools collaborated with Full Life Church (Maltby) to implement a 'food drive' within each school
- Identified families received vouchers for 3 food parcels (nine days of food) over the summer holidays as a separate allocation to standard
- Taking Maltby Academy as an example, the whole staff group took the initiative on board to contribute food items.
- Students with Social, Emotional and Mental Health (SEMH) needs were the prime organisers, collecting food from collection points in school, keeping a tally of different food items, assisting in the delivery of food to the foodbank and in putting the food parcels together.
- The Foodbank initiative therefore provided the additional benefit of a valuable enrichment experience for this vulnerable cohort of students.

Sustainability: Moving forward
Pastoral Network:
- Recognised by Senior Leaders as valuable network
- Staff released half-termly to attend.
- CCG/CAMHS and School Inclusion invited to next meeting
- Offer of supervision continues

Staff training and wellbeing:
- Transgender training delivered October 2017 to 150 primary school staff.
- Consultation continuing on development of Lifeskills Programme in MA across all year groups.
- Further consideration for Staff Wellbeing including Charter
- Commitment reflected in Rotherham MAST role description

Intention to link further with Rotherham Foodbank at Full Life Church, Maltby

C. Presentation from Newman School

Sarah highlighted the wonderful, diverse community of young people who attended the school but drew attention to increasing numbers who were experiencing anxiety, depression and suicidal thoughts, so it had been

important to consider ways of providing support for these young people.

Actions

- To review and improve staff resilience and emotional wellbeing needs in the workplace.
- To review the impact of current emotional resilience interventions and develop the whole school SEMH offer.
- Resilience is: “Life is not about how fast you run or how high you climb but how well you bounce.”

Improved support for staff emotional wellbeing and resilience in the workplace - Workplace Wellbeing Charter

Need identified from analysis of whole school staff questionnaire / survey (June 2016)

- Met with Colin Ellis re. Workplace Wellbeing Charter. (RMBC Public Health)
- Prioritised as part of the school Developing Excellence Plan (2016-17)
- Attended training (ROSIS) re workplace wellbeing
- All standards are now met at ‘Commitment Level’
- Staff will readily approach HR Lead and Lead SEMH teacher for support advice re workplace wellbeing.
- Newman School will achieve the Charter at Commitment level (December 2017) and will continue to measure and action approaches to support workplace wellbeing (Annual questionnaire – Governors)

Impact

- Walking and running group established – all welcome.
- Whole School social events – all welcome.
- Wow board (Corridor display) – celebrating the achievements and contributions of all staff.
- Publications/posters and advice available to staff – dedicated staff room board and dedicated e folder on the Staff Drive.
- Healthy eating week – staff involved in whole school approach and ethos.
- Staff signposted to RMBC counselling and counselling available in school if required.
- Staff choir (with Nordorff Robbins Music Therapist)

Supporting pupil mental health

January 2016

- For children and young people, the prevalence rate of mental health problems is 36% in children and adolescents with learning disabilities. (Source: Mental Health Foundation)
- There were 41 (approximately one-third) pupils throughout school who had been identified through our SEMH referral system as having mental health concerns: anxiety, depression, eating disorders, conduct disorders and self-harm / suicidal thoughts.
- Action 2: To review the impact of current emotional resilience interventions and develop the whole school SEMH offer.

Impact if not addressed

- Pupils lack motivation and commitment to learning
- Pupils have low self-esteem and self confidence
- Absenteeism
- Disruption
- Challenging/withdrawn behaviours
- Limited or no progress
- Exclusion
- Negative life chances and opportunities
- Leads to more severe and long term mental illness
- Communication break-down
- Staff have increased stress
- Unable to teach effectively
- Sickness and absence increases
- Recruitment and retention issues

Newman School SEMH referral pathway November 2016
Universal services available to all pupils
Targeted mental health support services and CAMHS – range of activities
Graduated response

Actions to review the impact of current emotional resilience interventions and develop the whole school SEMH offer.

- Research with York University (Dr. Poppy Nash – School of Psychology).
- Developed an Emotional Resilience Intervention (ReNew).
- The Research project had academic integrity and was successful in developing emotional resilience in participants.
- Counsellor appointed for one year initially (one day per week).
- Attachment Lead training (2 staff).

SEMH case study 2016 featuring

- Background
- Starting point for pupil
- Actions by school
- Positive outcomes for pupil

Impact

- Teaching and Associate staff have received training on Attachment, developing resilience (York University), training from MAST (supporting mental health).
- All pupils have equable access to SEMH support (using a graduated approach) – as defined in Newman's SEMH referral pathway.
- Fully trained counsellor appointed and fully utilised, positive impact on pupil mental health.
- Whole school SEMH policy.

Sustainability

- Middle Leader and Senior Leader to become Specialist Leaders in

Education (SEMH focus) – aim was for the SLE to support leaders in other RMBC schools to develop a whole school approach to SEMH. The actions undertaken through the project had facilitated lead staff to gain confidence and professional knowledge of the impact of current emotional resilience interventions and the development of the whole school SEMH offer as an approach to promoting positive mental health.

- Continuation of Attachment Lead work – further training to whole staff and embedding practice to promote attachment friendly practice through school. Action research project.
- Counsellor appointed for 1 more year (considering training own staff in counselling skills).
- Further development and use of a whole school graduated response to SEMH – improvement of analysis of attendance and behaviour data.

D. Presentation from Oakwood High School

Focus

- Audit of need:
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions
- Targeted support and appropriate referral

Initial steps

- Use of outside partners – Educational Psychology Service (EPS)
- EPS training delivered to whole staff – raising awareness of mental health, wellbeing and resilience
- Developing a system to RAG pupils – Extensive research/Tools to support

Why we developed a screening tool

- To gain a "snapshot" of pupil wellbeing
- To find a way of gathering pupil voice regarding their wellbeing
- To highlight pupils who may be "under the radar" and need support
- To be able to plan and deliver effective interventions that address pupils' needs
- To be able to look at trends and patterns across year groups

Why we used Strengths and Difficulties Questionnaire (SDQ)

- Extensive research into wellbeing tools; many used qualitative methods and would take a long time to analyse
- SDQ was a recognised tool, used by CAMHS, Health etc.
- Using Survey Monkey, SDQ could be completed on pupils' ipads
- Numerical responses could be analysed using Microsoft Excel
- Tested the SDQ on staff
- Rolled out to Y9 via email – prepped Personal Learning Tutors (PLTs)
- Analysis of SDQ and identification
- Allocated staff to pupils and interventions based on the 4 areas of need

- Devised entry and exit questionnaires (monitor impact)
- Resources sourced and distributed
- Interventions began at tutor time

Impact

- Interventions ran
- Learning curve – skill set? Confidence?
- Sustainability?
- Drop-in tutor session
- Identified a group of pupils – pro social – pupil voice

Louise confirmed she had a good knowledge of the strengths of the staff team and could generally identify who was best to provide support to a pupil in specific circumstances. However in this case the interventions ran with staff members available at the time and it became apparent that there were variations in staff confidence/skills regarding talking about emotions, conduct etc.

Staff Wellbeing

- Input from EPS on staff wellbeing
- Identified a core group
- Established a working party
- Small changes that had a big impact
- To look at the workplace charter
- Created an action plan – Promoting Staff Wellbeing January 2017
  - Communicating a sense of value
  - Creating a positive working environment
  - Promoting healthy work habits and self-beliefs
  - Making workloads manageable
  - Promoting a work-life balance
  - Supporting the mental health of staff

And then

- EHWB week – 24th April 2017
- Assembly, tutor activity, SDQ to all year groups
- To allow a snap shot – 77% Green, 14% amber and 9% red from whole school response (587/1000)
- Analysed the main themes
  - Emotional
  - Talk to …?
  - Hyperactivity
  - Conduct
  - Peer problems
  - Pro social – ok with school and coping with the associated pressures

The overall results were reassuring including for students having someone to talk to within school. In addition, the comments box in the SDQ also led to staff picking up pupils who had made comments and

discussing these further. It was also reassuring to know that staff were aware already of nearly all students who had identified as red and there were follow up conversations with the others.

Now what?
- Process of creating whole school strategies for each red group – handbook
- Tutor based activities to back up and support
- Pupil voice work with pro-social group to highlight issues to feed into strategies
- Y7 to complete the SDQ
- Audit of staff – snap shot of their EHWB

Sustainability
- EHWB week every year to coincide with World Mental Health Day
- #HelloYellow
- Identification of key pupils who want to be ambassadors
- Drop-in Tutor time session – direct pupils there
- Small things that make a big difference – use of hash tags
- Work spaces
- Subliminal messages
- Making staff aware of where they can access support

The schools were thanked for their enthusiastic, comprehensive and professional reports that highlighted the benefits of the whole school approach.

Following the presentations the following questions and issues were raised:

- In the presentation from Maltby, work with Year 5 pupils was mentioned. In the future would primary schools be included to a greater extent as mental health problems did not just start in year 5? Or, in the future, would a set of primary schools be asked to take up this approach as it seemed a worthwhile ambition from what has been said regarding the benefits to pupils?

  Maltby included their primaries; Wales also had all their primary feeder schools involved and did something similar to Oakwood in terms of RAG rating pupils but by staff rather than pupils themselves. They worked very closely with the primaries to get them to undertake that work so they could start supporting those young people before they moved to secondary school.

  The funding was limited and schools were encouraged to work with other schools, including primaries, and to reach out further. Partners were also looking at local CAMHS Transformation funding for year 5 and 6 to do some work around emotional resilience. However, this was at a very early stage of putting together a business plan of what that might look like. It was recognised that there was a need to

address children's mental health early on and get that right.

Several primaries attended the presentation event at Wales and many recognised there were things they could learn and take forward at very low cost. The pilot schools had been very willing to share their expertise including sharing toolkits and helping others to learn from their experiences. The 6 schools were continuing to meet and had opened up their meetings to other schools, with several taking up that offer to join, which would provide a platform to support this work going forward.

- It was incredible what had been achieved, but bearing in mind your roles and being ambassadors for a whole school approach, what was the 1 thing that worked particularly well and the ` that you would not do again?

  Oakwood – Not making assumptions about the staff's skill set; even though they were keen they did worry about making situations worse for the young people by saying the wrong thing or advising them incorrectly. If it was to be repeated, attempts would be made to run those interventions as part of the learning from that experience. It also needed to be remembered that it was a whole school approach and not at an individual pupil level, so it was about tweaking things such as how to talk about mental health in a more positive way.

  Maltby – The buying into training and the upskilling element had worked really well. It was also about not under or overestimating where staff were generally in terms of their understanding of mental health. The staff had been fabulous at taking on new concepts but sometimes it could be at too fast a pace so, although it would still be great to introduce concepts of transactional analysis and different models in the therapeutic world, it needed to be at a slower pace going forward.

- When the young people were approached was it with their parents' consent or, if not, do you try and get the parents involved?

  Oakwood - we would definitely always try and involve the parents if it was appropriate to do so and dependent upon the age of the young person. This was mainly for issues of consent as some services required parental consent e.g. as access to CAMHS or learning mentoring within schools. If a young person was reluctant to talk to their parents or for the school to talk to their parents, for whatever reason, and there was assurance that there were no Safeguarding issues, the School would direct them to outside agency support they could self-refer to.

  It was very much the same at Newman School with heavy reliance on the support of the families. From the outset it was about engaging with the families and making sure they were aware that the School

were aware and it was a joint process. Written permission would always be secured from families and from the student if they were able to do so for themselves just to make sure that everybody was aware exactly what was happening.

- What did the audit at Oakwood say about the overall picture of staff mental health? How valuable was an appreciation of staff mental health in the teaching profession?

  The audit had not quite been completed yet but it had been presented to the whole school to raise awareness that it would be looking at staff wellbeing. The working party that had been set up was representative of the different areas of the staff body. The Head Teacher did not want to know all the questions in the survey but rather what things he could do to help improve staff's emotional health and wellbeing. The School had moved into a new, smaller building last year with a smaller staffroom that no longer accommodated the full staff team, which had possibly impacted on morale as staff were not as connected. Previously the talk used to be, "this is the Oakwood way and this is what we do". Hopefully the audit would be out by Christmas and then there would be data available.

- From the work across all the schools, did exam and attainment pressure factor in as a pattern in any of the work that was carried out with the students about their mental health? Or for teachers?

  At Oakwood the first survey had been in April so Year 11 students had had significant exams coming up. There had been a low response from the year group as they had been too busy doing other things and students had opted out of assemblies to revise. It had also led to reflection about what was happening for teachers as well in terms of work-life balance.

- Reflecting on teachers' health and wellbeing, who looked at the Council staff Pulse survey regarding the mental health and wellbeing agenda and had input into the survey? To follow up.

- Were there issues In the 3 schools with bullying? Was there an anti-bullying programme in place?

  Oakwood - With 1,100 pupils in School they did not always interact in the right way all the time but the School had a zero tolerance policy regarding bullying. No statistics were to hand regarding bullying based on a pupil having mental health issues but there was not a feeling that this was happening. Louise worked in the team that picked up instances of bullying and carried out work around mediation. Neither had there been significant instances of homophobic bullying; much of what happened in the schools was around pupils establishing their "pecking order".

Newman School had an anti-bullying policy but were fortunate that, due to the nurturing nature of the School, they did not tend to have many instances of bullying. What was becoming increasingly challenging was that, as some of the more cognitively able pupils became aware of how they were perceived by other people, they were having significant mental health challenges e.g. low self-esteem with a pupil who was a wheelchair user unwilling to leave their bedroom. It was becoming more of an issue outside the school with the public than in school.

Maltby was a similarly sized school to Oakwood with a diverse population; pockets of affluence as well as 1 of the most deprived areas in England, which created problems of its own. A weekly internal meeting of the vulnerable learners' network was an opportunity to discuss any young person with an emerging issue. A craft club for years 7-9 had recently been set up, overseen by a Year 11, to build their confidence. The School would never say they had this totally cracked but tried to keep on top of any bullying with new initiatives and revisiting old ones. The national Anti-Bullying Week commenced the week beginning 13th November.

Paula Williams, Head of Inclusion in CYPS then provided the Commission with an overview of the work that had been taking place over the last 2 years and set the Whole School Approach Project within its wider context.

The Educational Psychology Service (EPS) was part of the Inclusion Team and had a lot of input and involvement in the work done. They were already working in quite close partnerships around some of these issues.

When the new Head of Inclusion post was created 2 years ago, the immediate focus was to try to address the subject of exclusions in schools. The first task had been to start to look at the Social Emotional and Mental Health (SEMH) agenda. Secondary school Head Teachers came together to work in partnership looking at what could be put in place as whole schools prior to children needing Education Health and Care (EHC) Plans for SEMH and prior to children being permanently excluded from schools. The approach taken was quite similar to what Ruth was starting to look at in Whole School approaches.

Work was initially with secondary colleagues, but had now moved into primaries. The schools now worked together in partnerships to look at what they could put in place and how they could improve their collective response to children who had SEMH needs. 2 years ago schools had felt they had very little option but to permanent exclude if they felt a child in school was challenging.

At the same time as working with the schools Paula also started working with the Pupil Referral Units (PRUs). The PRUs had stated that many of the young people permanently excluded from school were young people

who needed some therapeutic input, or their needs were more around mental health type difficulties, similar to the list that Newman gave in their presentation.

Now partnership work was really starting to come together. Also, at the same time as these two pieces of work, CAMHS were transforming their Service and starting to work on how they could move into localities to see young people and families. Early Help were also starting that work.

All the individual pieces of work were being brought together. There was a joint commissioning strategy where health, education and social care were all represented alongside parents and within that strategy there had been oversight of some of the work.

SEMH needs were going to be reviewed to inform a joint strategy that would cover EHC, with work commencing after half term with a view to having something ready in February 2018. Partners would like to involve young people and private providers in order to have a robust piece of work over the next 3 to 5 years.

In June 2017, a 2 day conference had taken place that was initially badged under SEND, but the primary focus was SEMH needs. Over 90 schools had been represented, both primary and secondary, with leaders from those settings looking at whole school approaches. There would always be some schools who were leading the way and others who were just learning, but it was very high on the agenda within education and there was quite a high buy-in.

Moving forward there were different ways in which to keep spreading this:

- Yearly conference on Special Educational Needs and Inclusion in spring, with the next still needing to be on SEMH.
- Events like the 1 at Wales as there was a real mix of colleagues, not just secondary but also primary.
- Special Educational Needs Co-ordinators (SENCOs) networks – local as in the 1 mentioned at Maltby but also Rotherham-wide where this could be addressed together as a Rotherham community.
- The whole school network group of the pilot schools were keen to continue to come together and that group also needed to feed in to the strategy.
- 2 years ago a lot of people were just starting this journey and where we are now was in a much stronger position across Rotherham bringing work together and having 1 strategy that looked at SEMH across education, health and social care. The relocation of all SEN and Inclusion Services at Kimberworth Place with CAMHS was nearly complete and would assist in bringing people together. People were feeling positive about coming together and making a difference.

Members asked the following questions:

- Concern regarding the schools not in the pilot with some being at different stages of the journey. Were all the schools on board with this?

  Although only 6 secondary schools were in the pilot, secondary schools were all aware of it as an issue and were working as part of the partnership. There were close to 100 primary schools and there was a strategic group for primaries around SEMH with areas represented. Some primaries did not feel that they had experienced the same high levels of need for SEMH as others and, until they were in the position where they felt they needed help, they did not see that it was a primary concern. Sometimes this was because of the Early Years settings and primaries were doing a good job already around SEMH needs and working with children to keep them in school. There was still work to do with primaries and would be the focus this year after spending 2 years working more with secondaries, as some primaries had reported increased need and were asking for help. The partnership model and work with PRUs were being looked at to extend the age range in primaries and looking at the kind of service needed for primaries as the model would be different.

- As a Councillor in Wickersley I am seeking assurances in particular about all secondaries and if they were in the right place?

  Wickersley had established a partnership in their Academy chain, so Wickersley, Rawmarsh and Clifton worked very closely together and supported the children within their Trust. What they looked to do was to see what else they could offer before they felt that permanent exclusion was the next option. They had done a lot of work as there were concerns about the high number of exclusions from 1 school in the Trust last year but interestingly the number in that School had reduced this year and they were working much more together and finding solutions within their Trust, in addition to working with external support services.
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- The partnership that Oakwood and Maltby sit within were just pulling together their leaders to re-evaluate where they were at and it had been suggested to do the same in the other partnership that carried many of the central schools as part of the evaluation for moving forward with the strategy.

Resolved:-

(1) That the good work undertaken by the schools in the pilot be recognised, and their plans to maintain their progress.

(2) That consideration be given as to how all Elected Members who were School Governors, in primary and secondary schools, could help to support Social, Emotional and Mental Health as a priority in their schools.

(3) That the Health Select Commission receive a further progress monitoring report on the Social, Emotional and Mental Health Strategy in 2018 as it developed.

41. RESPONSE TO SCRUTINY REVIEW: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES - MONITORING OF PROGRESS

Beki McAlister, Strategic Commissioning Manager, Children and Young People's Services (CYPS), presented a progress report. Anders Cox and Barbara Murray from RDaSH, Ruth Fletcher-Brown, Public Health, and Susan Claydon, Early Help CYPS, provided additional information.

The report provided an update against the recommendations from the Scrutiny Review of Child and Adolescent Mental Health Services (CAMHS) in December 2015. The principal focus of the review had been RDaSH CAMHS, however, the review acknowledged that these services were not provided in isolation but were part of a complex system of service commissioning and provision. The 6 themes included in the update impact on the wider system and had been previously agreed by the Commission as the focus for future updates.

Mental Health was high on the national agenda with a Green Paper due imminently on young people's mental health and particularly looking at early intervention approaches, working around in schools, the community and workplaces. Locally, there had been a transformation of CAMHS and the new Section 75 Agreement pooling budgets between RMBC and the CCG had significantly changed commissioning arrangements.

- Impact of the CAMHS Single Point of Access – The CAMHS Single Point of Access (SPA) was now well established. Integration with the Early Help Single Point of Access was agreed in 2016 and began a pilot phase in 2017, however there was a delay in progressing this work due to changes to management within CAMHS. The Single Point of Access had now been revisited alongside Early Help and the work was progressing positively. Strategic discussions were underway to enhance integrated working with the Early Help Single Point of Access.

  The CAMHS SPA was the main access point alongside contact through the locality workers. There was closer working with services that worked closely with young people and in-reach to the Early Help SPA. More dialogue was taking place on referrals coming in to ensure the right help and more timely help with young people not being "bounced" around the system as it had been viewed historically.

- Impact of CAMHS Locality Working – there was now an established and active presence in local communities. Feedback was now regularly sought to evaluate and improve the locality approach.

  This linked in with the presentations on the Whole School Project with

locality workers working with secondary schools and some of the primaries, which was helping to support teachers to be more confident in dealing with mental health and identifying need. RDaSH also supported World Mental Health Day and #HelloYellow. Locality staff had worked with GPs to raise awareness and were increasingly seeing people in community settings as well as at Kimberworth Place.

- Training and Development for the wider CAMHS workforce – Strategic links were being made within RMBC and pilot work had commenced with the Yorkshire & Humber Clinical Network around a competency framework for school based staff.

  The Yorkshire and Humber Framework "In It Together" considered what training the different staff groups needed and at what level. They had looked at Early Years settings, primary and secondary schools and also colleges. Wales High School was piloting the Framework and involved from the outset. Schools would be able to self-assess against the competencies staff should have with the Framework also providing guidance about training and where to access it. A mapping exercise of training across the CAMHS partnership has been carried out to understand what was currently being provided. Top Tips documents (universal workers and for GPs) would be renewed at the end of the year. Safe Talk Suicide Prevention courses had been running and had had a good take up. RDaSH training for schools by the locality workers had been well received.

- Performance Monitoring and Outcomes – Rotherham Clinical Commissioning Group (CCG) was undertaking an annual baseline data collection to inform the October refresh of the Local Transformation Plan (LTP) and feed into the Joint Strategic Needs Assessment (JSNA). RDaSH were implementing a new electronic records system that would improve reporting against outcomes.

  A CAMHS Section 75 Agreement would commence from 1st November 2017. The Agreement between RMBC and the CCG would strengthen joint performance management and measurement of outcomes linked to the delivery of the LTP.

  It was a very complex picture on provision and commissioning and lack of data was recognised as a national problem with regard to identifying children's mental health needs. Annual baseline data was collected by the CCG as part of the LTP. It had proved difficult to implement the Framework as partners either did not have that type of information or it was not readily available. Over the next few months Beki was intending to meet with all providers to ascertain what information they held, what could be shared and to put something more light touch in place in terms of data gathering. It would be a more collaborative approach as well as a need for a different approach to get data from schools given the number and the offer so

that it was not overly burdensome. The CAMHS/schools interface meetings might be the place to start those discussions and then to build a local picture to feed into the JSNA.

Regarding outcome measures, RDaSH collected data on a very individual basis but faced with IT difficulties were unable to present a whole team picture. There would be movement over to the new IT system mentioned earlier, with CAMHS one of the first to migrate from November 2017. The Service had been very clear in specifying requirements of what data needed to be captured in order to report back on the impact of services. All young people had personalised goals and measured progress against them, which was working very positively.

- Waiting Times – Improvement on all Key Performance Indicators in August 2017 compared to March 2017.

  Urgent referrals were still consistently seen within 24 hours and there was good triage. Performance on the 3 and 6 waits for assessment for non-urgent referrals was continuing to improve. Outliers for September data were still people coming for ADHD/ASD screening assessments and neuro-developmental assessments rather than people with significant concerns about their mental health. This had been achieved through a multi-faceted approach - locality workers, referrals coming in that were more appropriate, and much more consultation/advice and guidance work with other professionals, families and young people directly.

  Waiting for treatment times had also significantly improved and the position was favourable regarding national benchmarking with data due in 2 weeks. ASD assessments remained a challenge with 5 months' wait for a diagnostic assessment but had improved from last year when it had been about 18 months and again Rotherham compared well with other areas.

- Transitions – Transition events were planned with the Different But Equal Board (facilitated by Voluntary Action Rotherham) and within RDaSH there are monthly transitions meetings between CAMHS and Adult Mental Health Services.

  This was an area of concern and nationally remained very high on the agenda. It was generally about young people moving from CAMHS into Adult Mental Health Services but in Rotherham this was being looked at alongside some really positive developments around social prescribing, where some level of support was still needed but not through Adult Mental Health Services. Internally there had been a listening into action learning approach to understand some of the challenges with transitions as the two Services operated quite differently. A new temporary post had been funded that would sit across the two Services, working with 16-25s to reduce the impact of

transition at a very vulnerable time of 18.

Discussion ensued with the following issues raised:-

- Members were positive about their interesting visit to RDaSH CAMHS at Kimberworth Place on 24th October.

- Had moving to the locality model of working led to a reduction in missed appointments? - They were probably a little lower but RDaSH's DNA (Did Not Attend) rate was very low 6-7%, below the national average of 11%.

- It was important to still retain self-referral to CAMHS, would this continue? - Yes self-referral and referral by families was in place, other than when people were questioning a request for ADHD or autism diagnostic assessment as those referrals needed wider information from schools and home.

- Closer working between CAMHS and Early Help had reduced the number of inappropriately signposted referrals. As a review of Early Help was taking place, although paused at the moment, could any future reduction in Early Help have an adverse impact?

  This was more anecdotal information and more work was needed including what the performance structure and the monitoring would look like in terms of that collaboration at the SPA. Early Help currently had around 1,600 families, and many more children, and what the Service hoped to see connected to this agenda was a bigger partner uptake of the Early Help assessment so the early intervention could be done around mental health, which could be connected to parental conflict. Support for relationships was needed and bigger buy-in across partners. It should just ensure referrals went to the right place rather than families bouncing around between Services. This work would not lead to reduced need and volume but the key was early identification for Rotherham to have a healthy Early Help system.

- Given the focus in timely and appropriate access to CAMHS some of the waiting times were still disappointing and although there was a big improvement in August was this sustainable? How did you keep in touch with people who were having to wait a long time before they had their initial assessment?

  As referrals came in which required a routine appointment, families and the referrer were made aware of that and were also made aware that if there were any changes to their presentation or any additional concerns they could contact RDaSH. People had been seen on a more urgent basis if there had been additional concerns. RDASH felt much more confident that with the new approaches were sustainable.

- Linked to waiting times, staffing had been a problem which impacted on undertaking assessments, so was there now a full complement of staff without the use of agency workers, to carry on improving? – Yes a full team was in place with just 1 agency staff member who would be moving to a Trust contract. It felt much more settled.

- What was the reason for the big improvement in performance in August on the non-urgent waiting times?

  Commencing in May there had been a whole systems review of the Service, how referrals came in, how the Service responded to referrals and decision making on having an assessment. This led to the new consultation and advice approach which was very different to the initial triage and assessment approach and allowed them to gather more information and do some further work with families, referrers, GPs and young people before making the decision as to whether that person went to a full assessment or not. RDaSH were much more responsive and much quicker. It took some months to bed in and initially the SPA had done that work but it was moved into the localities from about July which was when the big leap was seen. Staff saw how they could work differently, quicker and leaner and more responsive to patient needs.

Resolved:-

(1) That the monitoring of progress against the responses to the Scrutiny Review of Child and Adolescent Mental Health Services be noted.

(2) That the Health Select Commission receive a further progress monitoring report in 2018.

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

The Health Select Commission received a short verbal update report from the Scrutiny Officer concerning the Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme.

Hyper Acute Stroke

The Joint Committee of Clinical Commissioning Groups had all the information required to inform the business case and would be taking a decision at the next meeting in November 2017.

Hospital Services Review

Further to the papers circulated at the last Commission meeting, the Hospital Services Review would produce its final report for the end of April 2018. The review had been structured in two stages:

- Stage 1 Assessment (June – December 2017). This stage included an assessment of the sustainability of services across the South Yorkshire and Bassetlaw footprint to agree a shortlist to be taken forward for a more detailed assessment of sustainability issues, and identification of the problems with these services.

- Stage 2. Options and New Models (January 2018 – April 2018). This stage would focus on potential solutions to the issues identified.

The final list of services in scope was not yet available. A detailed project plan had been developed, including governance groups and communications. Consultation had commenced with patients and the public. Any further information would be circulated to keep HSC fully briefed.

43. HEALTHWATCH ROTHERHAM - ISSUES

There were no issues to report.

44. DATES OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 30th November, 2017, commencing at 10.00 a.m.

Agenda Item 9

Briefing paper for Health Select Commission **30 November 2017**

Caring Together - The Rotherham Carers' Strategy 2016-2021

Introduction

At its meeting on 28 July 2016 the Health Select Commission considered an updated version of the draft carers' strategy, following previous scrutiny of an earlier draft. The final version was approved by the Health and Wellbeing Board in January 2017 and clearly emphasises the need to identify and support all carers, including hidden carers and young carers.

It was developed in a partnership approach through a multi-agency group comprising RMBC officers, members of the Carers Forum and health and voluntary sector partners.

Strategy and Delivery Plan

Caring Together recognises that carers form an essential part of the overall health and social care offer within Rotherham and should have a voice in how they are supported. The strategy has six outcomes:-

- **Outcome One:** Carers in Rotherham are more able to withstand or recover quickly from difficult conditions and feel empowered.

- **Outcome Two:** The caring role is manageable and sustainable.

- **Outcome Three**: Carers in Rotherham have their needs understood and their well-being promoted.

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

- **Outcome Five**: Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time.

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

Attached at Appendix 1 is a copy of the *Making it Happen – Caring Together Delivery Plan*, the implementation plan setting out the actions to be taken to meet the "together we will" outcome statements and how people will know the strategy is making a difference.
The plan is a "live" and evolving document overseen by the Caring Together Delivery Group to implement and review over the five years of the strategy.

Recommendations

Members of Health Select Commission are asked to:
- Consider and comment on the progress made in implementing the delivery plan.
- Determine the timescale for the next progress monitoring report.

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

Appendix 1

Making it Happen – Caring Together Delivery Plan

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

ASC/JoB
(14.09.16)

Health Select Commission
Update on the Carers Strategy

The story so far …..

CROSS ROADS CARE
Rotherham

Crossroads Care

We aim to:

- Relieve stress in the family or for the Carer of the person with the disability
- To prevent a breakdown in care or inappropriate admission into hospital or residential care
- Supplement and complement existing statutory services and work closely with them

Philosophy of Care:

Crossroads Care Rotherham respects the individuality of Carers and people with care needs and seeks to promote their choice, independence, dignity and safety.

Carers Forum

Supporting & empowering Carers to be heard & achieve better outcomes

Rotherham Carers' Forum is an independent group which enables informal and family carers (unpaid), to have voice in shaping services in Rotherham.

We aim to work together as a strategic partner with Local Authority, Health Service, Voluntary and Communities organisation, charities and groups as an equal partner, participating and influencing local decision making on services for carers and their families.

Carers Forum meets on the 1st Wednesday of each month between 12 noon - 2.00 pm

Caring Together Strategy

Our aims are:

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

Four key priorities for supporting carers:

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

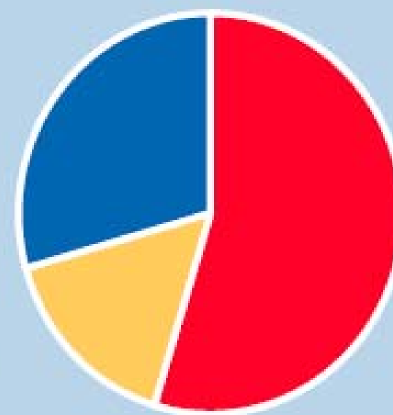
National Carers Strategy (DOH, 2014)

Rotherham Context

Locally

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

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



- Provides 1-19 hours of unpaid care a week
- Provides 20-49 hours of unpaid care a week
- Provides 50 or more hours of unpaid care a week

Strategy Outcomes

Our ambitions are:

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

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

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

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

Putting the strategy into action…..

Making it Happen – Caring Together Delivery Plan

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1	Develop a quality assurance framework to capture carers' outcomes across the health and social care economy	Caring Together Delivery Group	✓ We will have a baseline to measure the action plan against ✓ Carers will not be over-consulted for different purposes ✓ We will have a system for capturing qualitative and quantitative measures	March 2017	All	
2	Targeting hard to reach / unknown carers through the integrated locality team and a joined up approach between Children's and Adults services	The Village Integrated Locality Team Caring Together Delivery Group	✓ Increase in the number of carers' needs assessments ✓ Increase in the number of carers receiving services ✓ Increase in the number of young carers identified	Ongoing	Supports Outcome 1 (2,9) 2 (4,6) 3 (3,5)	Scott Clayton to cross-reference

Qualitative Measures

- Events organised to coincide with Carers' Right Day and Carers' Week
- Increase in carers being involved in service planning
- Case Study - Carers Champion
- Profile of Information advice and support
- Refresh Carers Centre (Carers Corner)
- Utilise community based support
- Targeted action around hard to reach groups
- Feedback from carers on the assessment process
- Case Study - Strong Carers Forum
- Case study - feedback from support agencies online self-assessments
- Feedback from mystery shopping
- Co-produced carers newsletter

Quantitative Measures

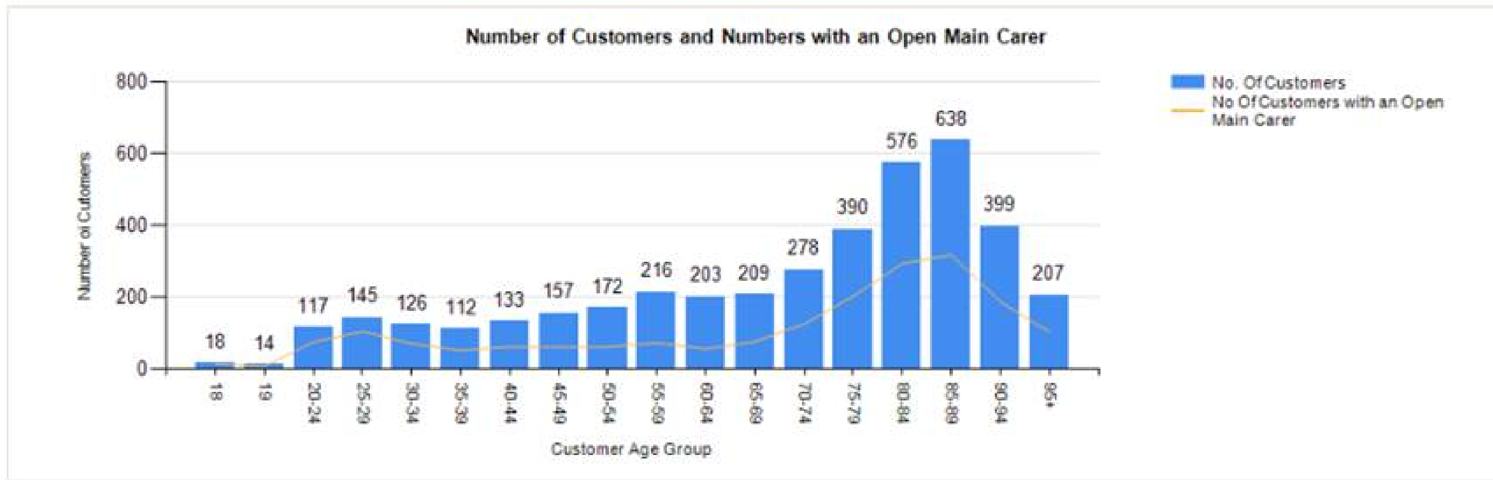
- Training Needs Analysis
- No. of professionals accessing training on carers
- No. of carers accessing training
- Increase no. of engagements with hard to reach carers
- Increase no. of carers who report to access flexible working
- No. of GP practices with up-to-date register
- Increase in no. of Carers Champion
- No. breaks for carers
- Increase in no. of carers receiving an assessment
- No. of carers involved in the Carin…

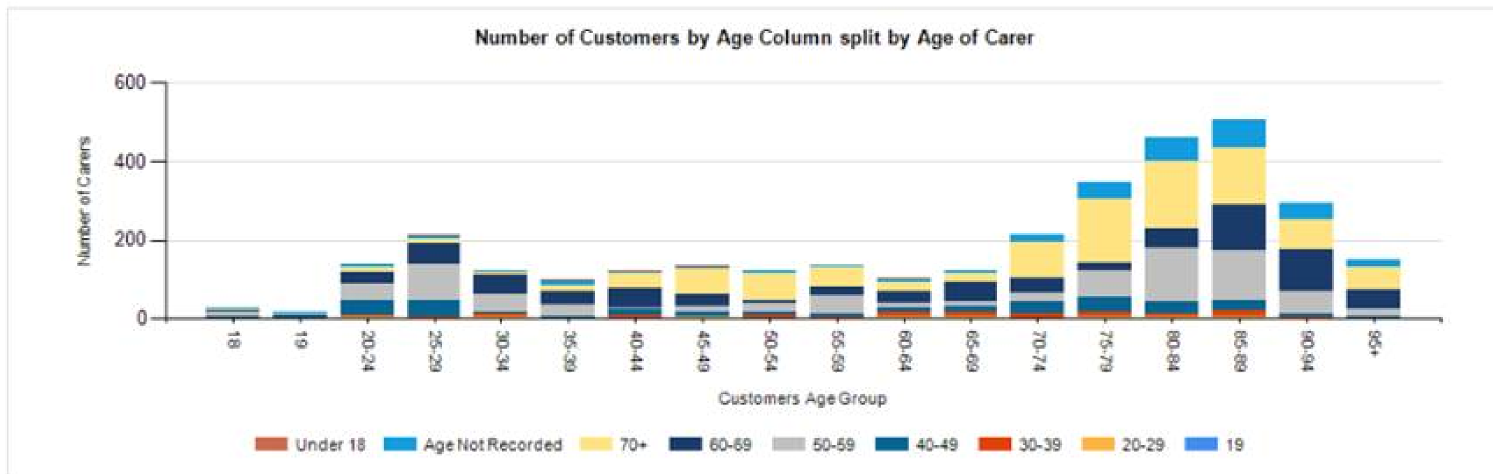
Headline Statistics

- Carers resilience are working with approximately 480 carers per year, prior to Carers Resilience Service these carers may have remained hidden
- Carers Resilience Service hosts 23 carers clinics per month across different Rotherham surgeries, last year we met with 365 carers across all disabilities
- Carers Resilience Service works with 37 surgeries across Rotherham promoting the needs of carers to surgery staff and GPs
- From our work with the surgeries we know that all have a Carers Register but these are operational to different degrees of usefulness.

Headline Statistics cont…

Carer





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Headline Statistics cont…

Young Carers Service Delivery

- 55 young carers and their families supported this quarter
- 169 face to face contacts
- 13 Group sessions
- 14 cases brought to closure
- Young people included 17 Male and 38 Female
- 9 young people came from BME communities, equating to 17% of young people supported

Big hearts, big changes

Rotherham Metropolitan Borough Council

Achievements so far….

The service continues to raise awareness of the Young Carers' Card in schools. At present this is mainly done through contact and visits with Head of Year contacts within schools.

Supported by the Voice & Influence Partnership to host an event at the Carlton Park in July 2017 which enables young people to voice their feelings and hopes for the children and young people in Rotherham

Young Carers Council continues to be active members of the Different but Equal Board.

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Next steps….

- Carers Forum –Sustainability Plan
- Events and Activity Plans
- Consolidation of a carers offer
- Strengthen the Caring Together Delivery Group to increase the distance of travel against the action plan