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

Date:- Thursday, 12 April 2018 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 18th January 2018 and on 1st March, 2018 (Pages 1 - 18)

For Discussion

8. Urgent and Emergency Care Centre Update (Pages 19 - 27)
   George Briggs, The Rotherham Foundation Trust, to present

9. Scrutiny Review - Drug and Alcohol Treatment and Recovery Services (Pages 28 - 48)
   Councillor Evans, Chair, to present

For Information

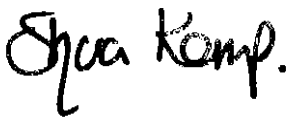
10. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update

11. CAMHS Update (Pages 49 - 53)

12. Healthwatch Rotherham - Issues

13. Health and Wellbeing Board (Pages 54 - 61)
Minutes of meeting held on 10th January, 2018

14. Date of Next Meeting
Thursday, 15th June at 9.30 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
18th January, 2018

Present:- Councillor Evans (in the Chair); The Mayor (Councillor Eve Rose Keenan), Councillors Andrews, Bird, Jarvis, Keenan, Marriott, Rushforth, Short, Whysall and Williams.

Councillor Roche, Cabinet Member, Adult Social Care and Health, was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors R. Elliott, Ellis, Sansome and Robert Parkin (Rotherham Speakup).

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

60. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

62. COMMUNICATIONS

LGA Health and Prevention
The Chair reminded Members of the above event to be held on 15th and 16th February, 2018.

Please contact the Chair or Janet Spurling, Scrutiny Officer, to book.

Y&H JHOSC and Congenital Heart Disease (CHD) Services
Janet Spurling, Scrutiny Officer, reported that last November NHS England had made a decision regarding the future commissioning arrangements for CHD Services for adults and children with a standards-based approach at all tiers of provision.

After several years of intensive scrutiny on CHD, Members were pleased with the positive final outcome. They had requested a further report around progress/implementation specifically in terms of assurance on Leeds Teaching Hospitals Trust's progress in meeting all the standards (including any that remained outstanding) and the development of the Y&H Network (including its relationships with other network areas). The further report might also include an update on the redevelopment of Leeds General Infirmary and its specific impact and/or implications on CHD Services for children and adults.

The above information would be shared across the region. However, whilst recognising the positive outcomes from the JHOSC's work, Members also recognised that its work had essentially been completed and there were no further plans for the JHOSC to meet in the future.

Improving Lives Update

Councillor Jarvis gave the following update from the Improving Lives Select Commission which had met on 12th December, 2017, the main agenda items had included:-

- Update on the Domestic Abuse Strategy – voice of the victims, outcomes of the Peer Review and details of the Perpetrator Programme:-
  Perpetrator Programme - had received further funding and would probably start to come into place in March, 2018
  Voice of the victim – increased contact with 3rd sector organisations involved with victims and developing means for talking to victims who were already going through the system
- Virtual Schools
- Adoption

63. MINUTES OF THE PREVIOUS MEETINGS HELD ON 30TH NOVEMBER AND 14TH DECEMBER, 2017

Consideration was given to the minutes of the previous meetings of the Health Select Commission held on 30th November and 14th December, 2017. Members noted that:-

Minute No. 50 (Implementation of the Carers' Strategy)
Councillor Short had joined the Improving Lives Select Commission's recent visit to Barnardos. Barnardos currently looked after over 200 vulnerable Rotherham children providing a range of outreach support and support. They also visited schools with their "Real Love Rocks" training and CSE prevention training, a programme training teachers on CSE and an outreach programme working with local providers. He would urge Elected Members, if they had the opportunity, to visit the organisation.

Minute No. 51 (Joint Health Overview and Scrutiny Committee)
It was noted that the meeting scheduled to take place on 11th December, 2017, had been cancelled due to the bad weather conditions. The re-arranged meeting would take place on 29th January, 2018, in Matlock the agenda for which would be published shortly. Any questions or issues that Members would wish to be raised should be forwarded to the Chair/Scrutiny Officer.

Minute No. 56 (Communications)
The stakeholder event on 31st January would be held between 9.30-11.30 a.m. in the Lecture Theatre at the Hospital.

Minute No. 57 (Refresh of the Health and Wellbeing Strategy and the Integrated Health and Social Care Plan)
The Select Commission's recommendation regarding strengthened links and governance for delivery of the Carers' Strategy had been agreed by the Health and Wellbeing Board and a new priority included under Aim 3.

Minute No. 58 (RCCG Commission Plan 2018-19)
Information on the CQC ratings for the 31 GP practices had been attached as an addendum to the minutes.

With regard to the new GP surgery for Waverley, it was still hoped that building would start in April with a view to it opening in April, 2019 but much would depend upon the developer.

Resolved:- That the minutes of the previous meeting, held on 30th November and 14th December, 2017, be approved as a correct record with the inclusion of the apologies of The Mayor (Councillor Eve Rose Keenan).

64. INTEGRATED LOCALITY EVALUATION

Dominic Blaydon, Associate Director of Transformation TRFT, and Nathan Atkinson, Assistant Director of Strategic Commissioning RMBC, gave the following powerpoint presentation on the evaluation of Integrated Locality:-

The Health Village Integrated Locality Pilot
- Commenced July 2016
- Integrated locality team serving the adult population – aged 64+
- Based at The Health Village, Doncaster Gate (2 GP practices – Clifton and St. Ann's) supporting 35,949 residents
- Multi-agency team – predominantly TRFT staff with a small number of Adult Care, Mental Health and voluntary sector staff

Overarching Aims for cohort of Adults 64+
- Reduce hospital admissions
- Reduce length of stay in hospital
- Reduce cost of health and social care
- Reduce duplication
- Improve communication
- Develop a holistic approach to care

Purpose of Evaluation
- Has the pilot contributed to attainment of key aims?
- Impact of the pilot service model
- Can the Service model be replicated?
- Recommendations for future implementation

Work done so far by Grounded Research@RDaSH
- Literature search and evaluation complete
- Compilation of background information
- Interviews and focus groups carried out
- Dataset analysis
- Final evaluation due on 31st January 2018

Key Learning thus far
- Development of an MDT approach is effective
- Separation of planned and unplanned care works well
- Benefits of co-location to all partners
- Enables the identification of high risk patients in a holistic way
- Encourages a culture of service improvement – bottom up
- Has stimulated further work to simplify referral pathways
- IT and Information Governance issues partially resolved

Key Metrics (People over 64 years)
Key Performance Indicators
- Non-elective admissions
- Non-elective bed days
- Length of stay

Contra-Indicators
- Discharge destination
- Elective bed days

Conclusion
Learning
- Positive TRFT acute activity impact
- Reduces duplication and fragmentation
- Improves communication across the system
- Provides a more holistic approach
- Improves the interface with Primary Care
- Provides opportunities for reablement
- Allows for better integration of referral pathways
- Splits planned and unplanned care
- Has informed the future footprint based on 7 GP practice clusters

Challenges
- Systemic impact unclear especially for Adult Care/Mental Health
- Future test of concept required at larger scale
- Integration of IT and Governance
- Capacity within the system
- Manging variation to match local requirements
- Embedding required changed across the system
- Consideration of a whole family approach
- Building in prevention and early intervention

Implementation

– Service model presented to ACP Board	Q4 – 2017/18
– Consultation carried out and completed	Q1 – 2018/19
– Implementation Plan developed	Q1 – 2018/19
– Separation of planned/unplanned care complete	Q2 – 2018/19
– Phase 1 implementation of integrated localities	Q4 – 2018/19

Discussion ensued with the following issues raised/clarified:-

- If the pilot was to be run again/scaled up, the wider pathway would need to be factored in and how it impacted/fitted in with the 2 Transformation Plans i.e. RDaSH and Adult Care Improvement Plan

- Capacity – staff teams that had joined the pilot had still had their existing workloads with the challenge of balancing their day-to-day activity with the new ways of working and taking on slightly different roles. The key for future implementation would be phasing so that when staff did move they did not bring huge existing caseloads

- The pilot in the central area had had easy travelling distances to where residents lived, however, there were large parts of the Borough that were green spaces and rural. If the principles of the pilot were applied in outlaying parts of Rotherham there would have to be a different approach i.e. not one size fits all

- Any future implementation would have to consider workforce development and organisational development to ensure staff were full au fait with the agenda

- Improved links with Early Help and Young People's Services still required to bring the whole family approach together

- Prevention and Early Intervention – a number of disciplines still worked in a traditional reactive way. Factoring in Early Intervention was something that was needed but was sometimes challenging for workers given their caseloads

- Consultation was required with a range of stakeholders as well as the public to ensure that whatever was rolled out/implemented was meeting their requirements. The Implementation Plan would be developed in early 2018/19 with a degree of phasing. There was an opportunity for the Trust as it was to consult on some of its community held services and around the locality structure developed by the CCG as well as part of the Place Plan

- The holistic care approach would streamline the process for an individual/family considering the whole health and care needs instead of a number of referrals to different agencies

- The scale and ambition was ultimately to have 7 clusters of multi-disciplinary teams which may be of different sizes and composition. The difficulty was that a range of organisations were going through significant transformation looking at how they were deploying their resources and different ways of working. At the time of developing the pilot it had been known what disciplines were needed and the particular individuals who could be brought in from existing capacity. It required much more thought as to how quickly it could be done and how it would be resourced. Some organisations had the structural capacity to move a bit quicker than others; TRFT already operated in the community and locality so how it morphed and changed was a little easier than Adult Care

- Ultimately there could be fully integrated localities across the 7 GP clusters supporting those GP practice populations, incorporating Mental Health, Therapy, Social Work and the Community Nursing offer with an Integrated Leadership model. The Leadership Team would have full responsibility for delivering a joint set of outcomes incorporating both Social Care, Mental Health and Health outcomes, separately commissioned by both CCG and the Council

- In terms of the unplanned offer, more consideration needed to be given but there would be a multi-disciplinary team supporting those with an urgent care need working alongside the localities. In terms of integration there were policy, legal and cultural barriers between health and social care organisations and a hostile financial environment

- If successful in reducing the numbers of non-elective admissions it would alleviate some of the pressures on A&E. It was not known if it would save substantial amounts of money and was not the main purpose of the pilot; the purpose was to provide a better offer within the financial envelope available and to get the whole of the Health and Social Care economy on more sound financial footing. The Trust needed to try and provide a better offer for the finances available in transferring care from acute into community. However, a reduction in patients admitted to hospital meant the Trust lost income; from next year the Trust would be paid per person admitted to hospital and not for being looked after in the community

- From the Social Care side, the impact in terms of the resources within the pilot was fairly minimal and the impact on the package reduction side had not really been seen as yet. This was not surprising given that there was only 2 members of staff within the pilot

- The challenge of integration of IT and governance had often been one of the reasons for not being able to integrate because of the different systems within organisations. There would not be a single system that integrated localities could use but proper processes needed to be in place to make sure the interaction between the systems was

streamlined. A big advantage to Rotherham was that of the Rotherham Health Record which allowed Community Health Teams to see who from their locality was in hospital/A&E and allowed them to interact and get information about those patients and act as a trigger for when they should go in and support the hospital in trying to discharge the patient. Social Care would be added so that information would be used by integrated locality teams as well

- When the model pilot was launched in July 2016 it had been very much with an Adult focus, however, as the Accountable Care Partnership had developed there had been a much stronger presence from CYPS and the voluntary sector services that supported CYPS. The future design would very much centre on the whole life journey pathway. There was a lot of good work going on in other parts of the system around the whole family approach and it would be missing a trick if work in the locality and working with individuals was not picked up and resources used wisely and widely to make as big an impact as possible. The whole point of integrated working was to reduce silos. A lot of Health and Health and Social Care integration tended to focus on old people and frailty conditions but that could be at any age

- It was known that Learning Disability and Mental Health had higher prevalence rates across all ages in Rotherham and their needs were just as important as anybody else within the community and must be considered and any resulting additional needs for individuals must be considered

- There was no hard data as to whether there had been any improvement in treatment times and support but there was feedback from teams, together with case examples, of where that integrated approach had delivered those type of things

- Integrated locality working provided opportunities for supporting care homes. Historically care homes had huge difficulty in accessing medical, nursing and social care support. Each of their residents would have different GPs and therefore have different district nursing teams etc. The integrated locality consolidated it all with each care home having one GP and one integrated locality team to work with. The feedback was that it was of huge benefit because they knew where they could get that support, develop a relationship with that GP and the team and get continuity of service

- Feedback would be provided on the second staff evaluation of the Health Village

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

(2) That a working group be established to consider the final report when available and feedback thereon to the Commission.

65. ADULT SOCIAL CARE - FINAL PUBLISHED YEAR END PERFORMANCE REPORT FOR 2016/17

Further to Minute No. 17 of 20th July, 2017, Nathan Atkinson, Assistant Director Strategic Commissioning, presented the final published year end performance report 2016/17 for Adult Social Care.

Appendix 1 of the report submitted was a refreshed final table of year end performance which also showed the Direction of Travel and relative benchmarking positions against comparative councils in Yorkshire and Humber region and national rankings.

The performance highlights for 2016/17 included:-

- Of the 28 Adult Social Care Outcome Framework (ASCOF) measures outcomes, 8 had improved, 3 maintained performance and 16 declined (one Indicator was new for 2016/17)
- Performance on Delayed Transfers of Care attributable to Social Care or both NHS and Social Care continued to improve
- Outcomes for people after a period of short term support (Reablement) remained in the top 3 of all Yorkshire and Humber authorities
- Areas of challenge included supporting individuals in receipt of services within Learning Disabilities and Mental Health needs to gain and sustain paid employment
- Performance with regard to how care and support was personalised continued to place Rotherham in the bottom 3 of the Yorkshire and Humber authorities
- Satisfaction of service users and carers remained high when compared regionally and nationally

Discussion ensued with the following issues raised/highlighted:-

- The implementation of Liquid Logic had led to better data and a better understanding of what was happening. Good real time information and engagement with customers and carers was emphasised

- The Cabinet Member had challenged and tasked Rotherham Adult Social Care to be outstanding within 3 years

- The Improvement Plan was refreshed every 3 months. It was currently in the process of being refreshed as one of the things that the first tranche had really focussed upon was stabilising and making safe so the focus had very much been on sorting out unallocated work, ensuring Safeguarding was as robust as possible and dealing with any issues that had not been dealt with in as timely manner as they should have been. The Strategic Director had made it very clear that the actions within the Plan had to be delivered to time and in accordance with timescales

- The Improvement Plan was governed by the Adult Care Improvement Board which was Chaired by an Independent Person (Andrew Cozens from the Local Government Association). Within that there was professional challenge which was required because there was a lot of work to be done in Adult Social Care to get to where it wanted to be as an outstanding service

- The journey was showing positive signs in terms of the direction of travel, some of the data around the Single Point of Access and the referral routes of where people were going

- There was a lot to do. It would be worth having some degree of scrutiny of the Plan

- The Directorate wanted to strengthen the "front door" in response to some of the findings from the report. Historically, when someone presented to the Rotherham front door they received far more support per head than they perhaps would in other councils. This was part of the assessment process and one of the reasons why it needed to be resolved. In terms of the 18-64 year olds referred to in the report, the numbers were primarily those with learning disabilities, physical disabilities and mental ill health whose health prevalence rates in Rotherham were higher than most of Yorkshire and Humber again some of which was historical. In terms of the overall numbers in support this remained relatively static around 4,000 excluding mental health and 4,500 including mental health but they were much more complex needs requiring more support

- There was a legacy group of people that received support currently which, if presented today, might get a better offer

- 70% referred to new people that requested support last year. Last year the higher than average support for 18-64 (80% more) and 65+ (30% more) was largely due to historic practices

- Now seeing people diverted from first point of contact and providing more information and advice to prevent that reliance on services

Resolved:- (1) That the report and final published year end performance results be noted.

(2) That discussion take place with regard to future reporting of the Adult Services Care Outcome Framework measures.

66. LOCAL RESPONSE TO MENTAL HEALTH REGULATIONS UNDER THE POLICING AND CRIME ACT

The Panel noted the questions, together with the responses provided, which were submitted to the 15th December, 2017, meeting of the South Yorkshire Police and Crime Panel.

67. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

68. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 11th January, 2017, were noted.

Councillor Roche reported that he was currently reading through the final draft of the revised Health and Wellbeing Strategy. Members should receive a copy of the final version some time during February.

69. DATES OF FUTURE MEETINGS

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 15th June, 2017, commencing at 9.30 a.m.

HEALTH SELECT COMMISSION
Thursday, 1st March, 2018

Present:- Councillor Evans (in the Chair); Councillors Andrews, Ellis and Jarvis.

Apologies for absence were received from The Mayor (Councillor Keenan) and from Councillors Allcock, Bird, R. W. Elliott, Marriott, Rushforth, Sansome, Short, Whysall, Williams and Wilson.

There was no webcasting of this inquorate meeting.

70. DECLARATIONS OF INTEREST

Councillor Ellis declared a personal interest in Minute No. 75 (Improving Access to General Practice) as a registered patient at one of the GP surgeries listed within the submitted report. Having declared that interest, Councillor Ellis remained in the meeting and participated in the discussion on that item.

71. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

72. COMMUNICATIONS

The following matters were discussed:-

(1) Visit to Carnson House – Members of the Health Select Commission had made a very informative visit to this drug and alcohol recovery service on Wednesday, 14th February, 2018.

(2) Health Select Commission Work Programme 2018/19 – Members were requested to inform the Chair of any items they wished to be considered for inclusion in this Select Commission's work programme for the 2018/19 Municipal Year.

73. MINUTES OF THE PREVIOUS MEETINGS HELD ON 18TH JANUARY, 2018

Consideration of this item was deferred until the next meeting.

74. CARERS STRATEGY UPDATE

In accordance with Minute No. 50(5), Jo Hinchliffe, Change Leader for Adult Social Care, presented a progress report on the implementation of the Carer's Strategy delivery plan including response to the five recommendations made at the 30th November, 2017, meeting of the Select Commission. Further information was provided by Sean Hill (RMBC Children and Young People's Services) and Kevin Hynes

(Barnardo's).

The original delivery plan had been co-produced with input from a range of carer organisations containing 21 tasks all clearly mapped through to the Carers Strategy Outcomes. Many of the actions had not had an owner or timescale for completion. In consultation with partners, it was felt that the original plan content was still relevant but the timescales should be refreshed and streamlined with clear action owners allowing better oversight and outcomes for carers.

The refreshed plan was more thematic with the following areas agreed:-

1. Carers Support
2. Young Carers
3. Unknown Carers
4. Publicity and Promotion
5. Training Offer
6. Quality Assurance

It was anticipated that the period September to December, 2018 would allow the Strategy Group to monitor the impact/difference made and allow for discussions to take place in relation to any new pieces of development work that may need to be captured in a workbook refresh

The report stated that an excel workbook had been devised, entitled "Caring Together Revised Action Plan January 2018". This workbook captured the themes and tasks from the original plan for the carers strategy.

Members noted that a full presentation of the Caring Together Strategy and the workbook should have taken place later on 1st March, 2018 at the Young Carers Council Meeting. However, that meeting was ultimately postponed because of the inclement weather conditions.

The Health Select Commission debated the following matters:-

: the imminent review of the terms of reference of the Carers' Strategy Delivery Group, including the possibility of a representative of the Rotherham hospital;

: ensuring that the 'red-amber-green' performance rating system is applied to the measurement of progress with the carers' strategy delivery plan and recommendations, with additional columns in the workbook showing when actions commenced and clear evidence showing completed actions as well as those in progress;

: the availability and effectiveness of the 'bite size' training for carers (further details of the training offer will be made available for Members of this Select Commission);

: ways of ensuring that the GP surgeries maintain up-to-date registers of carers;

: discussions with schools about young carers who are school pupils and whose caring responsibilities might impact upon school attendance or lead to exclusions; the possible introduction of a memorandum of understanding in respect of young carers;

: the forthcoming discussions between the Council and the voluntary and community sector consortium about a potential bid for funding to increase educational attainment for Looked After Children and young carers;

: alternative ways of monitoring the experiences of young carers; and capturing data on young carers for actions YC7 and YC8 in the delivery plan; initially, there would be sampling with known young carers; this linked to developing the Quality Assurance Framework and establishing baseline data, also using data from the Early Help Service, Barnardo's and the Lifestyle Survey questions for young carers;

: the need for continuing scrutiny of the implementation of the carers' strategy delivery plan and recommendations, as well as the procurement of services from external agencies (eg: Barnardo's).

Recommended:- (1) That the report and presentation be received and their contents noted.

(2) That the refreshed carers' strategy delivery plan and progress with the implementation of the recommendations since November 2017 be endorsed.

(3) That the additional information suggested by Members of this Select Commission be included in the "Caring Together Revised Action Plan January 2018" workbook.

(4) That a further progress report on the implementation of the carers' strategy be submitted to a meeting of the Health Select Commission during the 2018/19 Municipal Year.

75. IMPROVING ACCESS TO GENERAL PRACTICE

Further to Minute No. 80 of the meeting of the Health Select Commission held on 2nd March, 2017, Jacqui Tuffnell (Rotherham Clinical Commissioning Group) gave the following presentation on improving access to General Practice (doctors):-

We said:
We would introduce telehealth across Rotherham – We have:

- Implemented Memory Jogger (Mjog) across Rotherham practices
- Small number were using to enable patients to report results
- 30 practices were using to message patients e.g. flu campaign

appointment reminders
- 1,400 appointments per month were released back from patients advising they are no longer attending and these were available for booking within fifteen minutes.

We said:
Access would be a significant element of our Quality Contract – We have:
- Access improvement was a significant element of our quality contract and a requirement of all 31 practices from 1st April 2017. Spot checks had confirmed compliance as per self-declaration to date
- Now implemented 3 weekend hubs for extended access:
  Dinnington – Saturdays
  Broom Lane – Saturday, Sundays and 6.30-8.00 p.m. Monday-Fridays
  From July, 2018 the CCG would be funded for providing extended access
- Utilisation was improving

We will:
- Increase the extended hours offer to meet demand on Monday-Fridays
- Implement nurse appointments
- Implement e-consultation
- Implement NHS 111 online
- Implement an "App" for patients that could ultimately lead to a telephone consultation or face-to-face appointment
- Implement a capacity and demand tool when NHSE make it available

We have:
- Patient online numbers have significantly improved over the last year. The CCG and NHS England were working with practices who were struggling with their uptake of patient online
- We continue to look at ways of raising the profile of the availability by workshops to support new users
- Facilitated all practices to undertake the productive general practice programme
- Facilitated additional resilience monies to 10 practices
- Facilitated the creation of a GP Federation – Connecthealthcare Rotherham – including medical and nursing leadership
- We have funded the Federation to recruit 11 HCA Apprentices for practices to increase this workforce
- We have funded nurse training and development, nurse educator roles and development roles from other sectors into primary care
- Provided funding for locality based workforce
- Commenced work with Rotherham Foundation Trust on joint roles for Associate Physicians and Associate Nurses
- Implemented care navigation into 18 practices
- 6 services patients could be referred to without needing to see a GP:

Physiotherapy
Pharmacy
Smoking Cessation
Maternity
IAPT (Improving Access to Psychological Therapies)
Sexual health

- We were working to develop the following services for care navigation:
  Audiology
  Single point of contact – RMBC
  Minor eye conditions

Annual Patient Survey

- Overall experience of GP
  Rotherham CCG score if 86% (good/very good) compared to national average of 85%. This was in line with the past 4 years
- Ease of getting through on the phone
  69% rated this easy or very easy and was in line with national figures and previous years. Across Rotherham there were huge variation – Wickersley (29%) was considerably lower than other practices. Other outliers were Treeton, Blyth Road, High Street, Dinnington, Brinsworth, who had all taken steps to improve their telephony. Magna achieved 96% with Broom Valley, Village and Brookfield as close comparators
- Helpful receptionists
  RCCG score was 86%. This was in line with the national average and previous years
- Getting an appointment
  RCCG score was 86% the same as previous years and the national average. At 97% Mage Group was a high outlier. The lowest rate was 69% (Wickersley) with Greasbrough another low outlier
- Appointment convenience
  RCCG score was 92% the same as the previous year and national average. Variation in Rotherham was low; there were 3 low outliers at around 83% (Parkgate, Wickersley, Broom Lane). Magna achieved 100%
- What patients did when unable to get an appointment/offered an inconvenient appointment
  All local paths were very similar to national data. Over 1/3 of people went to the appointment offered, 4% weren't to A&E, 2% saw a pharmacist, however, almost 1/3 (27%) did not see or speak to anyone or thought they might contact the surgery later
- Overall experience of making an appointment
  RCCG score was 71% the same as the previous 2 years and just under the national average of 73%
- Waiting times in surgery
  RCCG score was 61% similar to previous years and slightly higher than the national average of 58%
- Satisfaction with opening hours

RCCG score was 76% the same as previous year and national average

The following issues were highlighted during discussion:-

: 1.5 million appointments per year in GP practices in the Rotherham Borough area;

: quality standards, eg: same-day appointments for medical emergencies and routine appointments with a GP within five days of the patient making the request;

: the availability of GP surgeries at weekends, for all patients (the locations of these surgeries are Broom Lane, Dinnington and Kimberworth);

: the planned extension of the availability of GP surgeries in the evenings (Monday to Friday);

: the 'intelligent appointment' system being piloted in Birmingham;

: the possible use of other modern systems (eg: Facetime) for patients' medical appointments;

: the skills mix changes in general practice and the focus on care closer to home;

: the success of care navigators in freeing-up GP time – 39 hours per week;

: the recruitment of apprentices and associate nurses into Health care roles and the possible use of associate physicians, a system which has operated for many years in the USA;

: pressure on specific GP practices (eg: Clifton; Wickersley);

: the reliability of surveys of patients because of the apparent reluctance of some patients to be critical of GP surgeries and services;

: the re-modelling of the Integrated Wellness Service (including the 'quit smoking' initiative) with effect from April 2018 and ensuring that there are no gaps in service provision;

: through MJOG, 100,000 messages had been sent, although letters were still used as there was patient choice for preferred means of communication

: 78% of Rotherham people had the use of smartphones and apps;

: it was hoped to see the impact of the continuing improvements reflected

in future annual patients' survey results.

Recommended:- (1) That the report and presentation be received and their contents noted.

(2) That every endeavour should be made to increase the amount of information and publicity made available to the general public about the opening of certain GP surgeries in the Rotherham Borough area on Saturdays and Sundays.

(3) That, in order to make best use of modern technology and means of communication, the GP practices be encouraged to have discussions with RMBC Library and Information Services about the possible benefits of the technology being used by the Council for customer services also being available for patients of GP surgeries.

(Councillor Ellis declared a personal interest in the above as a registered patient at one of the GP surgeries listed within the submitted report. Having declared that interest, Councillor Ellis remained in the meeting and participated in the discussion on this item)

76. URGENT AND EMERGENCY CARE CENTRE UPDATE

Consideration of this item was deferred until the next meeting.

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

The Health Select Commission received an update report from the Scrutiny Officer concerning the Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme. The issues highlighted from the recent meeting held on 29th January, 2018 were:-

(a) the Terms of Reference had been refreshed and the name of the committee amended to be the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee; questions from the public would also now be a standard agenda item at each meeting.

(b) as new NHS work streams and potential service reconfigurations emerged, the JHOSC would determine whether it was appropriate for the committee jointly to scrutinise the proposals under development; this would be based on the scope, time-frames and geographical footprint that could be affected by potential changes; each local authority reserved the right to consider issues at a local level.

(c) Implementation plans were progressing on the changes to children's surgery and anaesthesia - detailed work to agree the clinical pathways through the Managed Clinical Network and a series of designation visits to

the hospitals; the expected implementation was in quarter one of 2018-19.

(d) The JHOSC also received a re-cap of the information that had informed the decision on Hyper Acute Stroke Units; an update on the Hospital Services Review; and a request from NHS partners that the JHOSC would convene to scrutinise the Hospital Services Review.

Recommended:- That the information be noted.

78. HEALTHWATCH ROTHERHAM - ISSUES

The Healthwatch Rotherham representative had been unable to attend this meeting and had contacted the Chair to say that there were no issues to raise.

79. DATE OF NEXT MEETING

It was noted that the next meeting of the Health Select Commission is scheduled to be held on Thursday, 12th April, 2018, commencing at 10.00 a.m.

Urgent & Emergency Care Centre (UECC)

The Roth
NHS Found

her we can

Background

- The new Rotherham UECC opened in July 2017 on the Rotherham Hospital NHS Foundation Trust site
- The new UECC provides an integrated response to urgent care for the Rotherham population – integrating the urgent and emergency care component of what was the Rotherham Walk-in Centre, the GP Out of Hours Service, and the hospital Emergency Department
- The UECC provides one front door for all urgent and emergency care in Rotherham – it opens 24 hours a day, 7 days a week, 365 days a year
- The aim of the UECC is that the local Rotherham population can access the right care, first time
- It is staffed by a mixture of General Practitioners (GP), Emergency Department medical and nursing staff, Advanced Nurse Practitioners, Advanced Care Practitioners and other essential non-clinical staff
- It also co-locates the Care Co-ordination Centre (CCC) and has work space to facilitate multi-disciplinary working with mental health workers, social care workers and ambulance staff

Initial Challenges

- The original model was based on The Rotherham NHS Foundation Trust as prime provider, but working in partnership with a third party provider – Care UK. This changed when Care UK withdrew from these working arrangements
- Despite doing some organisational development work, merging different cultures into a single integrated service provided some initial challenge
- Clinical staffing challenges across both the primary care element of the service and the Emergency Department Service
- Transferring the GP Out of Hours Service
- New ways of working for all teams – embedding change
- Increase in wait times to be seen for patients
- Communication – managing patient and public expectation

Where are we now?

- The original model has been modified as the teams have developed their ways of working
- Teams are starting to work well together – in the intended integrated way
- Recruitment is improving – two new Emergency Care consultants commenced in post in November 2017 and more GPs are joining the team
- In addition, more Advanced Nurse Practitioners/Advanced Care Practitioners have been appointed
- The Trust has started a development programme to train senior Emergency Department doctors, which will support recruitment
- Rapid Assessment and Triage and See and Treat ways of working are starting to really become embedded
- Quality reviews have been implemented – reviews of the patient experience and outcomes

How are we doing?- Performance

- The national 4-Hour Access target is that 95% of patients are seen, treated and admitted or discharged within 4 hours
- This is not being achieved locally or nationally – the national recovery trajectory is to achieve 90% by September 2018 and return to achieving the 95% target in 2018/19. The Trust is aiming to achieve 90% by 31 March 2018
- Rotherham is now starting to see a month on month improvement in performance:
  - **November 2017: 81.36%** **December 2017: 85.64%**
  - **January 2018: 87.1%** **February 2017: 87.25% (at 25 February 2018)**
- This compares to England performance in January 2018 for all attendances: 85.3%
- The Rotherham NHS Foundation Trust currently ranks in the top 40 out of 133 Trusts

Patient Feedback

- Friends & Family response rate required is 15% of attendees – currently average is 5% per month
- Positive score target is 85% - UECC average is 92%-99%
- January 2018 there were 320 responses. Of these 267 were extremely likely to recommend the service; 50 were likely to recommend the service; 3 were extremely unlikely to recommend the service
- Positive feedback comments include: “great staff attitude” “staff very professional” “staff friendly” “team were very caring” “excellent facilities” “reception staff were polite and caring” “they reassured me when I was ill”
- Negative feedback comments: “wait times – I waited over 5 hours to be seen” “poor staff attitude” “the waiting room was cold”

Current Challenges

- The development and opening of the new UECC was (and still is) a significant change management initiative
- Working together across the Primary Care, Emergency Department and GP Out of Hours Services needs to continue to develop
- Recruitment is improving, but Rotherham will have to continue to be innovative to recruit and retain staff
- Work with patients and the public to manage demand and direct people to the right service, first time – the UECC is for urgent and emergency care
- Continuing to improve and maintain performance against the 4-hour access target is not solely attributable to the UECC

Future Plans

- Continue to develop a truly integrated urgent and emergency care service where teams work effectively across all the urgent and emergency care pathways
- Further develop partnerships with Social Care, Mental Health Services, Primary Care, Voluntary Sector – project this winter working with Age UK Rotherham
- More joint working between the Care Co-ordination Centre and the GP Out of Hours Service
- Improve the engagement with the public and patients
- Provide a first class service for urgent and emergency care for the population of Rotherham

Get it right, first time!

Any questions or feedback?

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Summary Sheet

Council Report
Health Select Commission – 12 April 2018

Title
Scrutiny Review – Drug and Alcohol Treatment and Recovery Services

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
01709 254421 or janet.spurling@rotherham.gov.uk

Ward(s) Affected
All

Executive Summary

This report sets out the main findings and recommendations from the cross-party spotlight scrutiny review of Drug and Alcohol Treatment and Recovery Services for adults. The draft review report is attached as Appendix 1 for consideration by Members.

Recommendations

That the Health Select Commission:

1 Endorse the findings of the review and agree the recommendations in Section 6 of the review report at Appendix 1.

2 Agree for the report to be forwarded to the Overview and Scrutiny Management Board for their consideration prior to Cabinet and Commissioners.

3 Agree that the response from Cabinet and Commissioners be reported back to this Commission.

List of Appendices Included
Appendix 1 – Scrutiny review report

Background Papers
As listed in section 8 of the review report.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Overview and Scrutiny Management Board - 16 May 2018
Council - 23 May 2018
Cabinet and Commissioners Decision Making Meeting - 11 June 2018

Council Approval Required
No

Exempt from the Press and Public
No

Scrutiny Review – Drug and Alcohol Treatment and Recovery Services

1. Recommendations

That the Health Select Commission:

1.1 Endorse the findings of the review and agree the recommendations in section 6 of the review report at Appendix 1.

1.2 Agree for the report to be forwarded to the Overview and Scrutiny Management Board for their consideration prior to Cabinet and Commissioners.

1.3 Agree that the response from Cabinet and Commissioners be reported back to this Commission.

2. Background

2.1 Under austerity the need to make budget savings has meant that when services are recommissioned this has often been with a smaller budget. Given the damaging impact that drug and alcohol misuse has, a cross-party sub-group of members of the Health Select Commission undertook a short spotlight review of the Drug and Alcohol Treatment and Recovery Service. The purpose was to ensure that the service, which would be operating within a reduced budget, would provide a quality, safe service under the new contract from April 2018.

3. Key Issues

3.1 The report in Appendix 1 presents the findings and recommendations from the cross-party spotlight review of Drug and Alcohol Treatment and Recovery Services for adults. This section summarises the main points that emerged from the review, which was structured around a number of core objectives. These were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved
- consider the findings from an in-depth analysis of deaths by suicide in relation to service users in the Rotherham Care Group (mental health trust).

3.2 The review group received a detailed overview of substance misuse in Rotherham noting that the majority of service users are male and White British. Although numbers in service are declining over time there are a number of older long term drug users, many of whom now have associated physical health issues. A significant number of service users have used methadone for several years, which is one area where Public Health want to make significant progress under the new contract.

3.3 Performance on many of the measures/targets was good at the time of the review, mainly based on quarter one data for 2017-18 or rolling 12 month data. However successful exits from services after treatment have been challenging for some time and Rotherham has had a high percentage of people who re-present to services, particularly opiate users.

3.4 Bringing various aspects of the service together under a single contract, including having treatment and recovery services available in one location, may facilitate a more personalised and holistic approach to treatment and recovery. In-depth initial assessments are essential and re-assessments/reviews with service users important in identifying any changes in circumstances as well as enabling people to see their progress towards recovery.

3.5 The service specification sets out very clear aims and objectives for both treatment and recovery services, including a clear focus on safety. Naloxone use training (rapid antidote to heroin overdose) and proactive measures to raise awareness of safety concerns with service users and families were supported.

3.6 Outcomes of the detailed analysis of deaths by suicide will inform the work of the multi-agency Suicide Prevention and Self-Harm Group and Members highlighted the importance of continuing with suicide prevention awareness raising.

4. Options considered and recommended proposal

4.1 The review group formulated a number of recommendations, as set out on page 9 of Appendix 1, to be endorsed by the Health Select Commission.

4.2 Recommendation 1 is for a full progress report to come to the Commission in the autumn and if agreed this will be included in the draft work programme for 2018-19.

5. Consultation

5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

6.1 The response from Cabinet and Commissioners to the review recommendations will be reported back to the Health Select Commission in September 2018.

7. Financial and Procurement Implications

7.1 Any financial and procurement implications will be considered by Cabinet in their response to the recommendations.

7.2 Recommendation 5 is specifically in relation to the procurement process.

8. Legal Implications

8.1 There are no direct legal implications arising from this report.

9. Human Resources Implications

9.1 None arising directly from this report, although the review identified the importance of

a successful transfer of staff into change, grow, live (CGL) from previous service providers.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The review focused on treatment and recovery services for adults, many of whom are vulnerable due to the nature of their substance misuse and the impact it has on their lives, especially during the early stages of their recovery journey.

10.2 Service providers provided assurance regarding parental capacity/safety, especially for service users with young children, and safeguarding training for staff, volunteers and peer mentors.

11. Equalities and Human Rights Implications

11.1 Scrutiny focuses on promoting equality through improving access to service and support, ensuring the needs of groups sharing an equality protected characteristic are taken into account.

12. Implications for Partners and Other Directorates

12.1 Public Health commission the Drug and Alcohol Treatment and Recovery service and oversee the performance management and delivery of the contract with CGL.

12.2 Various agencies and partners are involved in delivering a personalised holistic service, including housing support and GPs, plus CGL links with other organisations such as the Jobcentre and Shiloh.

13. Risks and Mitigation

13.1 As set out in section 3 of the review report, drug and alcohol misuse has a significant cost in both human and financial terms. Having a safe, accessible and effective treatment and recovery service helps to prevent some of the negative consequences.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

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

Appendix 1

Rotherham Metropolitan Borough Council

Scrutiny review:
Drug and Alcohol Treatment and Recovery Services

Health Select Commission

November 2017 and February 2018

Review Group:

Cllr Simon Evans (Chair)
Cllr Jenny Andrews
Cllr Pat Jarvis
Cllr Amy Rushforth
Cllr Peter Short

V2 *12.04.18*

Contents

1. Why Members wanted to undertake this review

Following discussions between Members, officers and health partners about current service provision, and with a new contract commencing in April 2018, the Health Select Commission (HSC) decided to undertake a short review. The purpose was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract.

The six main objectives of the review were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved

Aware of an increase reported nationally in drug-related deaths, there was concern regarding a recent spike in deaths by suicide or suspected suicide of people known to the Rotherham Drug and Alcohol Service. This spike had already occasioned Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH) to undertake an in-depth analysis to identify any themes or trends, to inform future work on suicide prevention through the multi-agency group. Members also decided to consider these findings as part of their review.

2. Method

A spotlight scrutiny review was carried out by a cross-party sub-group of the Health Select Commission, comprising Councillors Simon Evans (Chair), Jenny Andrews, Pat Jarvis, Amy Rushforth and Peter Short.

An initial paper outlined the aims and objectives for the Drug and Alcohol Service, together with an overview of the interventions with service users. Evidence for the review was then gathered through the following means:

- Presentations and discussion with the portfolio holder, Council officers and partners from Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH)
- Supplementary documentation with performance and benchmarking data
- Visit to the recovery service at Carnson House to meet staff from change, grow, live (CGL)

Members would like to thank everyone who provided evidence for the review and in particular Anne Charlesworth, who collated the majority of the evidence and liaised with partners.

3. Background

Drug and alcohol misuse has a significant cost; in human terms with the impact on the individual, their family and friends and the wider community, and also in financial terms for service providers such as the police and health. Ensuring an effective treatment and recovery service is in place helps to prevent a wide range of issues that result from misuse of drugs and alcohol, such as:

- harm to self and potentially to others, for example during pregnancy
- drug and alcohol misuse may impact on other family members including children, through financial problems or domestic abuse as well as safeguarding concerns

- impact on the person's employment opportunities and economic activity
- impact on individual life expectancy and healthy life expectancy
- mental ill health impacts on physical health and vice versa
- risks to maintaining accommodation and potential homelessness
- risk of engaging in criminal activity
- drug related death

4. Findings

4.1 Prevalence of people with substance misuse issues in Rotherham

From figures produced by the National Drug Treatment Monitoring Service (NDTMS) nearly 1,700 people were in treatment for drug and/or alcohol misuse in Rotherham as at June 2017. Of these 1,018 people were having treatment for opiate use, 72 for non-opiate use, 82 for non-opiate and alcohol use, and 412 for alcohol-only use. The NDTMS system also provides partial postcodes, helping services to identify hotspots.

Members considered the demographic profile of service users in treatment for opiate use (mainly heroin), non-opiate use (includes amphetamines and legal highs) and alcohol-only use for quarter one in 2017-18, plus data for the previous three years. Information about each cohort was disaggregated by age, gender and ethnicity. Points to note were:-

- numbers in service were declining
- service users were mainly white British and the majority male
- opiate users were more from the older age groups including some aged 65-74
- just over 50% of opiate users were aged 40+ with small numbers under 30, declining year on year
- older long term drug users have more complex physical health issues such as respiratory problems or Chronic Pulmonary Obstructive Disease
- non-opiate users were more from younger age groups, with over 50% aged 20-29
- alcohol-only service users were concentrated in the 40-54 age groups, with the number of young people aged under 24 reducing year on year
- the number of new service users who were pregnant at the time of presenting was small
- alcohol is a challenge as fewer people are coming for treatment and people are facing a lot of pressures

Safe alcohol consumption is one of the messages in the Making Every Contact Count initiative but in light of reducing numbers accessing services and people facing pressures this is an area to continue to focus on.

Recommendation - That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.

4.2 Service specification and budget

a) Service specification

The specification for the service from April 2018 has very similar aims and objectives to those of the previous service. Appendix 1 summarises these, together with an overview of the range of interventions with service users. Overarching aims for the service are to reduce illicit and other harmful substance misuse and to increase the numbers recovering from dependence.

Significant points are:

- sustainable recovery, recognising that this is a journey for people with several stages
- interventions provided in hospital or community settings
- holistic approach – wider health and wellbeing
- evidence-based psychosocial interventions (including cognitive therapies)
- meaningful activities and learning new skills

There will also be a strong focus on tackling long term methadone use as the majority of those in treatment have been using it for six years or more and the chances of recovery are higher if used for less than two years. Some people are using methadone plus alcohol and/or other drugs to "top up", which is difficult for clinicians to deal with and means greater risk of an overdose.

Members supported the emphasis on addressing long term methadone use and acknowledged that it will be a challenge. They also recognised that this represents a change in strategy from how services had operated in the past when people were more likely to be kept on methadone for longer periods, to try and prevent crime.

b) Budget

The Public Health team in Rotherham MBC (RMBC) commission treatment and recovery services for drug and alcohol users and their families in Rotherham. As with all Council services, those commissioned by the Public Health Team have been subject to the All Service Review process to identify savings to meet budget pressures. The overall budget for all aspects of drug and alcohol services (young people as well as adults) includes primary drug care by GPs, specialist midwifery and social workers, and has reduced in each of the last three years from just over £4.2m in 2015-16, to £3.39m in 2017-18. For the next two years it will be £3.338m each year, with a number of the services brought together under a single new contract valued at just under £3m per annum.

4.3 Procurement of the new contract

Previously the treatment services and recovery services for adult drug and alcohol users have been delivered by different providers, treatment services by RDaSH and recovery services by CGL (since June 2017 when they replaced Lifeline). CGL is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales, including substantial contracts with HM Prison Services, and also provides the drug and alcohol services in Bradford. From April 2018, CGL will provide recovery and treatment services in Rotherham after being successful in the tender process for both services. The contract was awarded on a three plus two year basis, so if performance is good it can be renewed.

The contract value exceeded the Official Journal of the European Union threshold and a stringent procurement process undertaken that was explained in detail to Members by the commissioning and procurement lead officers. Treatment services were tendered first but no bids were made in response to the tender. Dialogue with organisations who had viewed the tender identified the following issues – funding too low, complex documents and the importance of GP involvement/Shared Care[1], including governance arrangements. This feedback resulted in some simplification of the paperwork and £150,000 increase in funding before going back out to tender, for both treatment and recovery services. Additional obligations regarding Naloxone were included following a number of drugs overdoses in Barnsley. Naloxone is an antidote that quickly reverses the effects of an overdose of opiates or opioids. The tender was open 45 days (minimum is 30) with six bids for one lot and five for the other.

Mobilisation plans were put in place to prepare for the changes from April 2018 with regular meetings between CGL and Public Health. CGL will subcontract with GPs and pharmacies and Shared Care remains central to the new model/pathway with a target of 50% seen by their own GP. Patient records will be transferred, subject to patient permission, on an opt-out basis and arrangements made for prescriptions to continue over the changeover period.

Staff from RDaSH and Action Housing will transfer to CGL under TUPE Regulations and both CGL and RDaSH have met with the staff concerned. This will be a critical factor as people are likely to have to adapt to new ways of working and a different organisational culture.

Members were reassured that a robust procurement process had been undertaken for the contract for both services, informed by feedback from potential providers after unsuccessfully going out to tender for treatment services initially. As a general principle for future service commissioning they would like to ensure dialogue takes place with providers/potential providers in advance of going out to tender.

Recommendation - That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.

4.4 Key factors in a safe drug and alcohol service

The themes explored in these next three sections regarding safety; ensuring effective support; and measuring performance/achieving good outcomes are interlinked within the overall strategic approach to treatment and recovery services. Ease of access to care and support and keeping people engaged in services during their recovery journey are fundamental. People are able to self-refer to services in Rotherham and may also be referred by their GP or social worker. Local waiting times are short - 96.4% of service users overall had their first treatment intervention in three weeks or under (quarter 1 of 2017-18), rising to 98.1% for alcohol treatment.

Several objectives for the service explicitly prioritise safety and harm minimisation, in particular:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- Reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- Intensive working with pregnant drug and alcohol users

During the review Members' attention was drawn to examples of how partners take account of safety issues, including practical initiatives with service users, families and staff:

- supervised methadone prescribing
- medically supervised detoxification if required
- needle exchanges in 16 pharmacies across the borough so there is good coverage, although some people prefer to travel rather than go to a local one for greater anonymity
- offering blood borne virus vaccination and screening, although take up of the offer needs to increase to be in line with national averages
- Naloxone use training – for service users, families and staff members
- emergency first aid training for families/carers
- keeping up to date with new trends in substance misuse and new drugs/legal highs
- learning from Serious Case Reviews – information provided for service users on the dangers of co-sleeping and the need to store medication safely at home in a locked box

- home visits offered based around parental capacity/safety and for all service users with children under 5, plus links with health visitors
- knowledge and use of safeguarding procedures, including safeguarding training for peer mentors and volunteers as well as staff

Wider multi-agency suicide prevention work (see 5.1) also contributes to keeping people safe by raising awareness about factors that may lead to higher risk, especially among more vulnerable groups of people, and equipping people to respond if they have concerns about an individual.

Members welcomed the focus on safety, both in terms of addressing direct issues resulting from substance misuse and through preventative actions, and expect this to continue in the future.

Recommendation - That Public Health and CGL continue to take a proactive approach to safety concerns in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

4.5 Providing effective support for people misusing drugs and alcohol

Effectiveness means successfully producing a desired or intended result, in this case reducing substance misuse and increasing the number of people who progress on their recovery from dependency. It also entails recognising and being responsive to the needs of particular groups of service users, for example the intensive work with drug and alcohol users who are pregnant. Service users will be integral to service planning and involved in part of the delivery in the recovery services, notably through peer mentors.

Providing effective support stems from taking a personalised service-user focused approach based on the outcomes the person wants to achieve on their recovery journey. Effective support is also holistic, considering the person's wider physical and mental health, their social environment, housing support needs and training or skills development as part of the recovery journey. For example, people may go for inpatient detoxification "Detox 5" but this is often ineffective as well as costly as it does not include other work such as cognitive therapies. Keeping people occupied in a busy activity programme (see Appendix 2) also forms part of the holistic approach.

Members emphasised the importance of reassessments or regular reviews so that service providers are aware of any changes in a person's circumstances or environment and thus to changing levels of need or risk, linking back to safety issues. They are also integral to measuring a person's recovery progress. CGL informed Members that they would be carrying out a reassessment with all service users to determine their goals and aspirations and how the service can help them to get there.

Ensuring that interventions put in place to support people are making a difference is captured through qualitative feedback from service users and their families. A range of quantitative measures and tools for measuring progress on individual outcomes are used and monitored.

4.6 Measuring performance and achieving good outcomes

Public Health are responsible for contract and performance management and hold regular meetings with providers to monitor performance on quality indicators and measures. Meetings also cover any serious incidents, deaths or safeguarding incidents that have occurred. The review group received a copy of the RDaSH Performance Report produced in September 2017 showing the key measures and targets and in year performance against these (mainly for quarter 1 data) with an accompanying narrative. They also scrutinised longitudinal data and benchmarking data against Rotherham's 32 Local Outcome Comparators[2].

a) Good performance

As mentioned above this was seen on short waiting times and on offering blood borne virus vaccination and screening. There had been no re-presentations to services after successfully completing treatment for non-opiate users and non-opiate and alcohol users during a three month period in rolling data from May 2016-June 2017. Expected targets had been achieved for Treatment Outcomes Profile[3] (TOP) starts and exits - a picture of the treatment and progress made at key stages against a number of criteria. Similarly improvements on the elements of the Outcome Star[4] in both Alcohol Primary Care and Alcohol Secondary Care had exceeded their target.

b) Challenged areas of performance

TOP reviews
Given the importance of regular service user reviews one area of concern was the percentage of TOP reviews completed on time - 61.5% in June 2017 against a target of 80%, although actions had been put in place by RDaSH to ensure this was addressed.

Council Plan priorities
Two national Public Health Outcome Framework indicators that enable benchmarking are included in the plan - successful completion of treatment[5] for opiate users (18-75) and non-opiate users (18-75). Opiate exits have been a challenge over the last couple of years with a downward trajectory on successful exits. Rotherham's quarter 1 figure for 2017-18 of 3.9% was outside our Local Authority Comparators top quartile range of 7.65-11.8% and below the England average. Re-presentations to services for opiate users were 26.1% in rolling data from July 2016-June 2017 compared with top quartile performance of 13.56%. Performance on non-opiate exits also declined from 48.3% in quarter 2 of 2016-17 to 36.9% in Quarter 1 of 2017-18, just outside the top quartile range of 37.3% - 54.8% but similar to the England average.

Public Health had increased performance management on these measures, including through trying to provide support in areas such as transfers to GP shared care, and facilitating joint work with the recovery service. There are issues for people in leaving a service they are comfortable in, not only in Rotherham. It will be a challenge to reduce the numbers of very long term users and will take time as coming off methadone is not possible quickly, for example reducing by 5mls at a time from a level of 120mls can take two years.

Overall the review group saw a mixed picture on the performance indicators and one of their expectations of the new contract is to see improvements in the key measures that have proved challenging over the last 18 months. At the time of the review a new performance report was being developed for CGL to cover both the treatment and the recovery sides, which may include some different measures. Part of CGL's approach will be to start planning for service exit from the beginning and they have been set a target of achieving an annual 1.5% increase in exits.

Rather than probing further into the reasons for the recent decline on some of the performance measures, Members sought assurance that robust performance management and exception reporting would be in place for the new contract, with clear targets and expectations from CGL as they introduce their new service model. The Health Select Commission will be asking Public Health and CGL to report back on how the new service is performing against its key indicators.

Recommendations – That Public Health and CGL present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.

That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).

5. Suicide prevention

5.1 Suicide Prevention and Self-Harm Group (SP&SHG)

Rotherham has an effective multi-agency SP&SHG working in partnership to implement a detailed action plan in line with national strategy. Training and awareness raising is an important element of the plan with RDaSH and Public Health delivering many sessions, including to voluntary and community sector organisations such as Crossroads Care and Rotherham Alzheimer's Society; to partners on risk factors and to GPs on suicide prevention.

A significant piece of work was undertaken within the Wentworth Valley locality where the former Area Assembly funded suicide prevention work in Maltby, Hellaby and Wickersley wards, including suicide prevention training in communities. Beer mats and posters promoting suicide prevention were also distributed to every pub in the locality area. Two HSC sub-group members had been directly involved in this initiative and acknowledged its success in raising awareness.

Rotherham has an early suicide alert system so all partners are informed when there is a suspected suicide. Families are visited within 48-72 hours of the suspected suicide by officers from the Vulnerable Persons Unit in South Yorkshire Police. Each family is offered the *Help is at Hand*[7] resource and asked if they would like to be referred to the bereavement support service provided by Rotherham Samaritans that commenced in January 2017.

Suspected suicides are reviewed by the Suicide Audit Group which includes representatives from Public Health, Rotherham Clinical Commissioning Group (RCCG), RDaSH and South Yorkshire Police, plus RMBC's Domestic Abuse Coordinator.

Recommendation - That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.

5. 2 Themes and trends analysis of suspected suicides

As referred to above, RDaSH carried out a detailed examination of the 43 suicides known to services in Rotherham between 1 April 2016 and 31 July 3017, of which five people had had sporadic engagement with drug and alcohol services. The analysis considered multiple factors including, but not limited to, demographic information, employment status, patient history of substance misuse, and if there had been a family bereavement or any history of abuse. A number of common themes emerged with regard to the five deaths but will not be covered in detail in this report for reasons of maintaining confidentiality and being sensitive to the bereaved families and friends.

RDaSH also mapped how Rotherham compared with the national picture in the results from a related national confidential inquiry. They presented their overall findings from the two pieces of analysis to the SP&SHG as areas for development in the refresh of the multi-agency action plan. Key issues indicating potential elevated risk were: loss of a family member to death or suicide; relationship breakups/issues; a history of domestic or sexual abuse; or being a carer.

The local analysis also identified good practice, much of which focused on good communication, clinical information sharing and joint working between partner agencies

including primary care, probation, drug and alcohol services and mental health services. Support with housing and/or adult social care was also offered and accessed by service users.

RDaSH highlighted how services continued to offer and arrange appointments to support and maintain engagement with service users, including promptly rearranging when people failed to attend. Phone calls, letters and texts were all used to try and maintain contact.

The sub-group probed deeper into how maintaining contact with people who were not engaging with services was balanced against managing the existing caseload, to avoid people potentially falling through the gaps. Some people did not meet service thresholds so there was still risk regarding non-engagement but RDaSH dealt with the most complex and most at risk. Clear formalities were in place for Safeguarding Children and then below that for Children in Need, but it was less clear cut regarding adults. However adult safeguarding procedures were in place, together with the complex care pathway and the multi-agency Vulnerable Adults Risk Management[6] (VARM) process.

Recommendation – That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.

Linked to the point on reassessments and reviews in 4.5 and the themes identified in the analysis by RDaSH, Members recognised the importance of thorough service user initial assessments. These need to capture historical and social environment information about the individual and their family circumstances, in order to ascertain individual needs and level of risk and should be a key part of the service from April 2018.

Recommendation – That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides from April 2018.

6. Conclusions and recommendations

The review group felt they had a good understanding of the local picture regarding substance misuse after the review. Although numbers in service are declining over time there are a number of older long term drug users, many of whom now have associated physical health issues.

A significant number of service users have used methadone for several years, which is one area where Public Health want to make significant progress under the new contract. Members supported the ambition to address long term methadone use and to increase the number of successful exits from services but acknowledged the challenges of people being comfortable in services and the time needed to come off methadone successfully.

Bringing various aspects of the service together under the one contract, including having treatment and recovery services available in one location, may facilitate a personalised and holistic approach to treatment and recovery. Linked to this is the importance of a successful transfer of staff from RDaSH and Action Housing to CGL and adapting to potential new approaches or new ways of working with service users.

Performance management needs to be robust around the performance measures and indicators for the new service. Members recognised the value of re-assessments and reviews with service users and emphasised that these were an essential part of the service to help

measure progress against people's desired outcomes for recovery and also to be aware of changes in circumstances or potential risk.

The focus on safety in the service specification, including Naloxone use training and the proactive measures taken to raise awareness of safety concerns with service users and families was welcomed. Members appreciated the detailed analysis undertaken by RDaSH into suspected suicides that would inform the work of the multi-agency Suicide Prevention and Self-Harm Group and highlighted the importance of continuing with suicide prevention awareness raising.

Recommendations

1. That Public Health and change, grow, live (CGL) present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.

2. That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).

3. That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.

4. That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.

5. That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.

6. That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.

7. That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides from April 2018.

8. That Public Health and CGL continue to take a proactive approach to safety concerns in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

7. Thanks

Our thanks go to the following people for their contributions to our review:

Councillor David Roche
RMBC – Anne Charlesworth, Ruth Fletcher-Brown, Louise Hayter and Teresa Roche
Rotherham Doncaster and South Humber NHS Foundation Trust – Dianne Graham and Matt Pollard
Change, Grow, Live (CGL) – Stephen Graham and Gemma Hewitt

8. Background papers

Notes and presentations from HSC spotlight session held on November 2017

Notes from visit to Carnson House February 2018

Non-fatal overdose among people who inject drugs in England: 2017 report, Public Health England, November 2017

Public Health England Key Indicators for drug and alcohol treatment services

Rotherham Care Group – Drug and Alcohol Services Performance Report September 2017

RMBC Council Plan Performance Report quarter 3 2017-18.

Appendix 1 **Drug and Alcohol Service - overview of the aims, objectives and interventions**

Treatment Services

Aims:

- To reduce illicit and other harmful substance misuse.
- To increase the numbers recovering from dependence.

Objectives:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- To provide a coherent service model that incorporates several previously separate services, including housing support, and intensive working with pregnant drugs and alcohol users.
- Improve and increase access and engagement into the system for those needing support for their substance misuse.
- To reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in treatment.
- Develop a service that is responsive to emerging trends in drug and alcohol misuse.
- To maintain the positive developments service users make in their recovery journey**.**

Interventions

The Service will provide a full range of brief and structured interventions for drug and/or alcohol users, which includes:-

- full range of pharmacological interventions in line with recognised national guidance
- access to detoxification from drugs and alcohol in the community, and if required to arrange medically supervised detoxification
- expert advice and guidance for other professionals on the management of complex and vulnerable individuals with substance misuse problems whom are difficult to manage; including support for Rotherham GPs who provide shared care services
- assessments for drug use, care/recovery planning and reviews
- assessments to determine the level of need/complexity
- the delivery of evidence based psycho-social interventions (individual and group work)
- blood borne virus vaccination and screening
- general health, smoking cessation and sexual heath monitoring, advice and referrals
- personalised, service user focused and asset based interventions and support

Recovery services:

Aims

More people recover from drugs and alcohol by:-

- Raising the aspirations of service users and increase their recovery capital in order to build their self-esteem and re-engage with the local community.
- Promoting self-development and provide a safe environment in which service users can challenge themselves, enabling them to develop the skills they will need to maintain their recovery in the community.
- Maintaining the positive developments service users make in their recovery journey.

Objectives

- To provide a structured day programme to recognise and adapt to different cohorts i.e. those who are in active recovery and those striving towards recovery.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in recovery.
- To manage the various aspects of recovery including working towards abstinence, improving physical and psychological health and wellbeing, life skills and maintaining positive family and social networks.
- To enable service users to use their time constructively, engaging in meaningful activities and working towards volunteering, education, training or paid work.
- To offer service users the opportunity to develop new skills and individual strategies to build sustainable recovery capital.
- To provide opportunities for service users to engage with agencies which will promote health, economic, social wellbeing and community reintegration.
- To stimulate and sustain local partnerships with a range of local statutory and third sector agencies that can support and broaden the provision of wraparound support to service users, therefore, allowing them to develop and strengthen their social capital.
- To enable more service users to complete treatment in a planned way which will encourage the development of on-going networks of support.
- To ensure recovery is visible in Rotherham by promoting, celebrating and publicising recovery and ‘good news’ stories across the drug and alcohol treatment system and wider, including the use of innovative approaches via social media and events etc.
- To provide periodic contact post planned discharge (keep on at tier 2) to ensure recovery is being maintained (3 - 6 months) or to determine if further support is required.

Appendix 2 **Drug and Alcohol Service – facilities and activities at Carnson House**

Facilities at Carnson House

- Informal reception area
- Basement being transformed into treatment area
- Level access to basement and dropped step facilitate access
- ICT room
- Laundry
- Kitchen with a hot meal provided daily for £1 and free hot drinks
- Large meeting room available for partners to use
- Couple of rooms for 1:1 work
- Flexible use of space possible
- Open two evenings and on Saturdays

Support and activities provided

- Group work and 1:1s - graphs on wall to show progress
- Peer mentors (also have own room)
- Positive activities including barbeques, camping trips, cycling
- Creative writing group
- Annual art competition in Leeds “Art of Recovery” (examples on display)
- Annual “Recovery Games”
- AA hold meetings there
- Help with CVs, training and gaining qualifications
- Links with a range of other local organisations including Target Housing, Jobcentre, Shiloh
- Appointing an asset based community development worker
- Auricular acupuncture – helps people relax and is also a pain management tool
- Access to on-line recovery tool
- Training on Naloxone use for service users and families as well as staff

Glossary

CGL	change, grow, live
HSC	Health Select Commission
NDTMS	National Drug Treatment Monitoring Service
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber Mental Health NHS Trust
RMBC	Rotherham Metropolitan Borough Council
SP&SHG	Suicide Prevention and Self-Harm Group
SYP	South Yorkshire Police
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Endnotes

1 Shared Care – joint working between the specialist drug and alcohol services and GPs to provide personalised and holistic care to a patient through their own GP.

2 Rotherham's Local Outcome Comparators:
Since 2014-15 Rotherham has been compared to the following 32 areas:
Somerset, North Somerset, Warwickshire, Cornwall & Isles of Scilly, Newham, Kingston upon Thames, Bexley, Westminster, Torbay, Lambeth, Havering, Camden, Norfolk, Gateshead, Staffordshire, Durham, Medway, Haringey, North Yorkshire, Nottingham, Sandwell, Stockport, Bath and North East Somerset, Suffolk, Gloucestershire, Barnsley, Northumberland, Telford and Wrekin, Enfield, Stockton, Newcastle upon Tyne and Middlesbrough.

3 Treatment Outcomes Profile (Drugs) – shows the effectiveness of treatment and progress made at key stages: Start/Review/Exit and can also include Post Treatment Exit capturing longer term impact of treatment. Completed by the practitioner with the service user and has four sections – substance use/injecting risk behaviour/crime/health and social functioning. The latter includes overall ratings by service user of their quality of life, psychological health and physical health; plus participation in work, volunteering and/or education; and housing – suitability and security.

4 Outcome Star (Alcohol) – covers drug use, alcohol use, physical health, meaningful use of time, community, emotional health, accommodation, money, offending, family and friendships.

5 Successful completion of drug treatment – success is measured as being in the quarter six months after the end of treatment where a person did not re-present to services so there is a time lag on this target.

6 Vulnerable Adults Risk Management (VARM) process - a means of facilitating effective working when a vulnerable adult with mental capacity, at risk through issues such as self-neglect or refusal of services, makes choices that could result in serious harm, injury or death.

7 *Help is at Hand* – Support guide for people after someone may have died by suicide.
https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf

Contact
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Rotherham Health and Well-Being Board

Wednesday 14th March 2018

Aim 2 Update - Child and Adolescent Mental Health Services in Rotherham.

Board Sponsor:	Kathryn Singh – Chief Executive RDASH
Lead Officer:	Ian Atkinson – Deputy Chief Officer NHS Rotherham CCG

Purpose:

This paper provides Health and Well Being Board with an update relating to Rotherham Child and Adolescent Mental Health Service (CAMHS) and specifically:

- The reconfiguration undertaken by RDaSH CAMHS,
- The current performance of the service,
- Key points from the 2017/18 Rotherham CAMHS Local Transformation Plan (LTP) refresh,
- Two recent papers; An NSPCC paper – 'Transforming the mental health service for children who have been abused' and a CQC paper – 'Review of children and young people's mental health services'.

Background:

1. CAMHS reconfiguration

RDaSH CAMHS has successfully completed the reconfiguration that it started in November 2015. The service has transformed from one which was heavily dependent on agency staff, with poor staff morale and retention and high staff sickness rates to one in which staff are much more engaged and there is a real feeling of team working. In total some 15wte posts have been successfully recruited to.

The service has now been reconfigured into a number of distinct pathways with designated pathway leads to provide much improved team working:-

- A Single Point of Access (SPA) - which is linked with the Local Authority Early Help team,
- A Locality Team – with Locality workers who interface with GP practices, schools, Early Help and Social Care teams and provide local appointments for patients, away from Kimberworth Place as required.
- An Intensive Community Support service – which includes a liaison function and works to avoid patients accessing Inpatient services or stepping down sooner to community services.
- A Learning Disability Pathway.
- A Child Sexual Exploitation (CSE) Pathway – which provides direct support to Children & Young People affected by CSE and also support to staff, both within CAMHS and outside.
- A Developmental Disorder pathway – specifically undertaking Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses.
- A Psychological Therapies pathway – providing Cognitive Behavioural Therapy (CBT) and other therapies.

Discussions are ongoing between RDaSH and RMBC in respect of the Single Point of Access (SPA) for the service with a view to integration with the Early Help teams. The two organisations work closely together and meet twice a week to discuss referrals, and co-location is a potential, but not definite, possibility.

A pilot was also undertaken, starting in November of 2016 which prioritised the referrals of Looked After Children (LAC) into the CAMHS service. Whilst the pilot concluded that numbers were very low, it has been decided to continue with this prioritisation, bearing in mind that LAC are an 'at risk' group.

The Rotherham CAMHS service has also recently (from June 2017) introduced a new 'Advice & Consultation' service. The 'Advice and Consultation' model aims to ensure that those supporting children and young people, including parents/ carers and the professional network around the child, have quick and easy access to specialist support, where there are concerns regarding the child's mental and emotional health. Prior to a child being referred directly by CAMHS, professionals are encouraged to discuss the young person with a Locality Practitioner in the first instance, with the overriding aim of ensuring that the young person receives appropriate and individual support in a timely manner.

2. CAMHS Performance

Performance has improved significantly over the last year.

As at September 2016, 182 patients were waiting for an assessment and only 30% were seen within 6 weeks. This is compared to only 14 waiting at November 2017 and 100% waiting less than 6 weeks (and 93% waiting less than 3 weeks).

In terms of treatment waits, as at the end of September 2016, 42% of patients had waited less than 8 weeks and 73% had waited less than 18 weeks. This compares to 84% waiting less than 8 weeks and 97% waiting less than 18 weeks as at November, 2017. Perhaps most significantly, the numbers waiting for treatment have reduced from a total of 376 in September 2016 to only 38 in November 2017, through a concerted and sustained initiative to complete treatment pathways and discharge appropriately. RDaSH are consistently exceeding the 95% target of patients being discharged in a care planned way.

Following the 2016/17 CQUIN relating to Outcome measures a high proportion of children and young people continue to have goals set and for the year to date, preliminary figures show that 94% of those children & young people discharged from CAMHS with the same goal scored more than once are showing a positive improvement in their outcomes.

3. Rotherham CAMHS Local Transformation Plan (LTP) Refresh

In October of 2015, the CCG was required to produce a CAMHS LTP, in conjunction key partners, which would outline how the ambitions of the 'Future in Mind' document would be taken forward in Rotherham. This was produced and submitted in October of 2015 and signed off by NHS England.

A CAMHS LTP Action Plan was also produced, reflecting the 'Local Priority Schemes' outlined in the LTP, and detailing how these schemes would be implemented.

The CCG produced a refresh of the original LTP in October 2016 and has just produced a further refresh as at the end of October 2017.

4. NSPCC paper – 'Transforming the mental health service for children who have been abused' and CQC Paper – 'Review of children and young people's mental health services'.

These are both recently published papers, the former outlined the results of a review of CAMHS Local Transformation Plans in respect of their focus on children who have been abused and the latter summarised the current situation regarding the quality and accessibility of mental health services for children and young people.

Analysis of key issues and of risks

1. CAMHS reconfiguration

Key Issues:-

- 7 distinct pathways created with pathway lead recruited to.
- New 'Advice & Consultation' model introduced to focus on initial support for new referrals and reduce inappropriate signposting of referrals.
- Much improved staff morale with good retention and low levels of absence/vacancies.

Measures to Mitigate the risk

- The CCG continues to have regular monthly meetings to discuss the service reconfiguration and development.
- Progress against various areas of the CAMHS LTP relating to RDaSH CAMHS being picked up through the LTP Action Plan.

2. CAMHS Performance

Key Issues:-

- Performance has much improved over the last year, with the most significant improvement being in the numbers of patients waiting for assessment and treatment. There is also very positive feedback from key stakeholders including GP's, Healthwatch and other service providers.
- The introduction of 'Advice and Consultation' has been well received but needs further time to embed and for the impact to be well understood.

Measures to Mitigate the risk

- A GP survey relating to RDaSH CAMHS is being planned along the lines of the 'survey monkeys' done previously.
- Progress continues to be monitored through monthly CAMHS Service Development and Improvement Meetings' (SDIP).

3. Rotherham CAMHS Local Transformation Plan (LTP) Refresh

Key Issues:-

- The original and October 2016 refreshed LTP included information relating to activity, finance and workforce for CAMHS services provided in Rotherham. This was updated for 2017/18,
- The LTP refresh clarifies the 'Local Priority Schemes' which are ongoing from the original LTP and any new schemes which have been identified.
- The refresh outlines that there is a national expectation that the CCG will increase funding of CAMHS in 2018/19 by approximately 21% or £135,000. This has been discussed at the CAMHS Strategy & Partnership Group and it has been made clear that this will be subject to the CCG's financial allocation.
- The document also identifies where it is proposed that extra CAMHS funding for 2018/19 will be targeted. This will specifically be:-
    - £64,000 to RDaSH CAMHS to support the two new Children's Wellbeing Practitioners (CWPs) which are currently in training this year through the CYPIAPT initiative and funded by Health education England.
    - £45,000 which has yet to be allocated, but may be targeted at back-fill for CAMHS Locality Workers on CYPIAPT training and funding for sensory assessments.
    - £7,000 for administrative support for Care Education and Treatment Reviews

(CETRs).

- The LTP Action Plan has been updated to reflect any new development areas and also transferred to an Excel format, which is more user friendly. It will continue to be the main vehicle for taking forward the objectives of the LTP.
- The CCG was also successful in bidding for £50,000 of funding from NHS England relating to 'Mental Health Crisis and Intensive Community Support for Children and Young People'. This is to be shared equally with Doncaster CCG and must be spent in 2017/18. It will be used across the two areas to support the move to an 'all-age' 8pm to 8am Crisis Service.
- Details of the 'Family Support Service', provided by the Rotherham Parent Carer Forum (RPCF) and the 'Autism Family Support Team' provided by RMBC, have been provided to NHS England as children & young people's mental health case studies. NHSE communications have contacted RPCF directly for permission to use anonymised feedback comments from parents on social media.

Key Risks:-

- That the CAMHS LTP actions are not implemented.
- That the CCG is not able to provide the additional CAMHS funding, in line with NHSE expectations, for 2017/18, 2018/19 and future years up to 2021, in line with the aspirations of 'Future in Mind'.

Measures to Mitigate the risk:

- The CAMHS LTP Action Plan is regularly updated (bi-monthly) and all stakeholders are engaged in its delivery.
- The LTP refresh was signed off by David Roche and Richard Cullen in their respective capacities as the Chair and Vice Chair of the Rotherham Health & Wellbeing Board.
- The CCG will work closely with RDaSH to ensure that the extra £50,000 of 'Crisis' funding is spent effectively and before April 2018.

4. NSPCC paper – 'Transforming the mental health service for children who have been abused' and CQC Paper – 'Review of children and young people's mental health services'.

NSPCC Paper:-

Key Issues:-

- The NSPCC wrote to the CCG outlining that in their review of LTPs Rotherham CCG had only been RAG rated as Amber.

Key Risks:-

- That the CCG is not seen as investing sufficiently in the area of children who have been abused.

Measures to Mitigate the risk:

- The CCG has responded to the NSPCC outlining the significant investments made in this area. This is reflected in the LTP refresh.

CQC Paper:-

Key Issues:-

- Through analysis of a sample of 101 CQC inspection reports of CAMHS services, the report looked at the quality and accessibility of mental health services for children and young people and commented on the variability both of the delivery and commissioning of

services.

- The report concluded that the system as a whole is complex and fragmented.
- The report also stated that 'too many children have a poor experience of care and some are simply unable to access timely and appropriate support'.

Key Risks:-

- That local Rotherham CAMHS services are seen to be poor.

Measures to Mitigate the risk:

- Continue to work with CAMHS services to ensure that they are 'fit for purpose'.

Patient, Public and Stakeholder Involvement:

Development and implementation of the CAMHS Transformation Plan

All stakeholders were involved in the development of the Local Transformation Plan (LTP) including; RDaSH, RMBC, TRFT, Schools, Colleges, voluntary sector, patients, parents/carers etc.

Key stakeholders continue to be involved in the implementation of the LTP and its progress is monitored through the quarterly CAMHS Strategy & Partnership Group.

Financial Implications:

In 2017-18 the CCG has continued to prioritise local investment in CAMHS provision and is investing further additional funding in line with NHS England expectations outlined when 'Future In Mind' was published in 2015.

Recommendations:

1) The Health and Well Being Board are asked to note the position with regard to Rotherham CAMHS

HEALTH AND WELLBEING BOARD
10th January, 2018

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Nathan Atkinson	Assistant Director Strategic Commissioning, RMBC (representing Anne Marie Lubanski)
Dominic Blaydon	Associate Director of Transformation, TRFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Carole Lavelle	NHS England
Rob Odell	District Commander, South Yorkshire Police
Terri Roche	Director of Public Health
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Report Presenters:-

Sandi Keene	Independent Chair, Rotherham Safeguarding Adults Board

Also Present:-

Sam Barstow	Head of Service, Community Safety, Resilience and Emergency Planning, RMBC
Ruth Fletcher-Brown	Public Health, RMBC
Lydia George	Rotherham RCCG
Kate Green	Policy and Partnership Officer, RMBC
Bronwen Knight	Planning, Regeneration and Transport, RMBC
Gordon Laidlaw	Communications Lead, RCCG
Councillor P. Short	Vice-Chairman, Health Select Commission
Chris Siddall	Culture, Sport and Tourism, RMBC
Janet Spurling	Scrutiny Officer, RMBC
Sarah Watts	Strategic Housing, RMBC

Apologies for absence were received from Councillors Evans, Mallinder and Watson, Anne Marie Lubanski and Dr. Jason Page (RCCG).

52. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

53. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

54. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 15th November, 2017, were considered.

Resolved:- That the minutes of the previous meeting held on 15th November, 2017, be approved as a correct record.

Further to Minute No. 41(1) the visit of the Shadow Secretary of State for Health, Jon Ashworth, had taken place on 1st December, 2017 and had shown a genuine interest in the Social Prescribing taking place in Rotherham.

Further to Minute No. 43(3) (Local Safeguarding Children Board Annual Report), it was reported that a response had been submitted on behalf of the Health and Wellbeing Board with regard to the proposed abolition of LSCBs.

It had also been clarified that the comments made at the last meeting with regard to a joint Partnership response had been included in the LSCB consultation response (Minute No. 43(5) refers).

Further to Minute No. 45 (Delayed Transfer of Care), it was noted that Rotherham's recent performance on Delayed Transfers of Care had been 1.5% - good practice was 3%. It was also noted that Winter Pressures was not having an effect at the present time.

55. COMMUNICATIONS

The Chairman reported receipt of an email from the Local Government Association stating that Rotherham's Health and Wellbeing Board was regarded as a leader nationally.

They had asked the Chair to give a presentation at a meeting in York about the journey, where the Board had come from, the barriers it had faced and how it was moving forward.

56. HEALTH AND WELLBEING STRATEGY REFRESH

Further to Minute No. 42 of the previous meeting, Terri Roche, Director of Public Health, presented an update on the progress being made in relation to the refresh of the Health and Wellbeing Strategy together with the full draft of the new 2018-2025 Strategy.

The 4 aims had been agreed at the November Board meeting with a number of minor suggestions made in terms of language and focus. It had also been agreed that the new Strategy became a longer term document, in line with the Rotherham Together Partnership Plan, and set the strategic vision and direction for the Board over the next 7 years. The Strategy's main purpose was to strengthen the Board's role in relation to

high level assurance and holding partners to account as well as influencing commissioning across the health and social care system and wider determinants of health.

The aims contained within the Strategy were ambitious and would require a continued and dedicated focus on improving health and wellbeing outcomes across the Partnership. Results would not be seen overnight but would ensure work at Board level could be focussed on the activity required to deliver the aims in an appropriate timescale.

It was the intention to develop an annual plan demonstrating what activity would be undertaken during that year, what success would look like and, following the first year, also include a progress report in relation to the activity undertaken in the previous year.

It was noted that the Strategy had been discussed at VCS 'An Audience With' session the previous day, copies of the questions/points raised were circulated for consideration.

To ensure proper alignment with the Strategy, it was noted that the refreshed Integrated Health and Social Care Place Plan would now be submitted to the Place Plan Board in April and the Health and Wellbeing Board in May.

Discussion ensued with the following issues raised/clarified:-

Aim 1

- Raised at the Health Select Commission and VCS that loneliness could affect all age groups and not just the elderly - should loneliness be in Aim 3 with a reference in Aim 1?
- Focus on transition – make sure that transition from childhood to adulthood was referenced
- Consideration to be given to loneliness and isolation with regard to children and internet/cyber bullying
- Development work taking place on a Journey to Excellence Strategy for SEND children in Rotherham. Clarity was still required as to what would sit within the HWB Strategy and the discreet Strategy for SEND children
- Did the Aim focus too much on the child and not enough on the family?
- What actions would be available to strengthen perinatal health and supporting young people into work?
  - Perinatal – multi-agency response required with effective anti-natal pathways, peer buddying. Discuss at 0-19 Healthy Children Commissioning
  - Supporting young people into work – Bids within the Troubled Families Programme, NEETS in line with national average but need to increase the number of apprenticeships. The Skills and Employment Sub-Group was working with the University looking at skills and employment strategies

- The Strategy had been updated to emphasis the Voice of the Child as expressed by the Health Select Commission
- Not enough work done to prepare those who were reaching the age of retirement for their journey out of work

Aim 2

- Need to be more explicit with regard to suicide prevention?
- Recognising the numbers of new mothers potentially at risk of perinatal mental health issues?
- The number of young men who committed suicide who had not had any contact with any health services/GP
- Change of language particularly with regard to Learning Disabled
- Need for an explicit link with Primary Care with regard to physical care needs of people with several and enduring mental illness
- Recently issued Prevention Concordat for Mental Health. It was thought that there would be a direction from Public Health England that would look to Health and Wellbeing Boards to state how it was delivering on the Concordat
- Inclusion of alcohol intake during pregnancy and links to Foetal Alcohol Spectrum Disorders

Aim 3

- Need to include Safeguarding
- Promote independence
- Very medically focussed
- People needed to live in high quality housing accommodation (Aim 4)
- Relating to both Aims 3 and 4, frontline staff needed to know what they could do to influence people's housing – holistic assessments with housing considered as part of them and the housing duty captured within
- Preparation for giving up work and living as well as you can
- How to manage life transition points
- End of life care – how to manage death in the most holistic way
- Ageing well and what could be done to improve and influence the services available that could be accessed both short and long term
- Ageing Well should be a separate Priority within the Aim

Aim 4

- That Loneliness be included in Aim 4
- No Theme leader as yet nor as detailed as the others due to the focus of the Aim having changed
- This Aim cut across a number of strategies including the soon to be refreshed Housing Strategy and links to the Local Plan
- Was this Aim just assurance that the strategies were maximising the work of the Health and Wellbeing Board?
- Risk of duplication
- Neighbourhood and building stronger communities was missing
- Loneliness and isolation should be kept separate

- Importance of physical activity
- Inclusion of discrimination in the introduction?
- Resilience should be addressed within the Priorities

Resolved:- (1) That the consultation responses and revised document be noted.

(2) That with regard to Aim 2, the language in relation to "Learning Disabled" be updated to "people with learning disabilities".

(3) That with regard to Aim 3, Ageing Well become a focus across the Priority.

(4) That with regard to Aim 4, Loneliness be included as a Priority within the Aim.

(5) That Board Members receive a copy of the final report as soon as possible for consideration and endorsement by their respective organisations.

(6) That Sara Watts, Bronwen Knight, Chris Siddall and Sam Barstow ensure that the priorities in Aim 4 were correct and the activity required picked up by the relevant strategies and plans identified.

57. ROTHERHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Sandi Keene, Independent Chair of Rotherham Safeguard Adults Board, presented the Rotherham Safeguarding Adults Board 2016/17 Annual Report.

During 2016/17 all the agencies in Rotherham had continued their commitment to improve Adult Safeguarding in the Borough and to build on previous progress. It was still the Board's aim to engage better with the public and make it easy to report concerns about safeguarding and ensure that where there where safeguarding concerns were identified, that a personal response was provided.

Sandie highlighted:-

Achievements

- The Board had developed its Constitution with all partner agreement
- More public awareness, a website, leaflets and posters
- Partner self-assessment and challenge with key partner buy-in
- Performance framework with partner contribution
- Revise and refresh RSAB training plan and strategy
- Increased Board membership

Common Themes

- Mental Health – RDaSH Board and Sub-Group members
- Self-Neglect – regional and local work planned
- Domestic Abuse
- CSE – close partnership working and monitoring
- Users and carers – Board priority to increase customer involvement
- Learning Disability – working to embed the Making Safeguarding Principle in all Learning Disability Service

Future

- Case file audits/quality assurance
- Multi-agency training approaches
- Practice issues (self-neglect, trafficking/modern day slavery, Deprivation of Liberty Safeguards (DoLs – all ages, MCA consistency)
- Assurance (Safeguarding and Learning Disability, Safeguarding Adult Reviews action plans and dissemination, advocacy take-up)
- Campaigns (Safeguarding is everyone's business, Legal Power of Attorney)
- Development (joint work with Community Safety and Children's Boards)

Sandi also drew attention to the following:-

- Due to the profile and complexity of cases it was important that a refresh of the Health and Wellbeing Strategy included a focus on Safeguarding for Adults as well as Children

- An independent person was undertaking the first independent case file audit

- There was to be a Safeguarding Week in Rotherham 9-13th July in collaboration with Children's Services and other South Yorkshire authorities

- Work was taking place with the RSAB's Legal Team updating the literature regarding Lasting Power of Attorney. It was the aim to have a publicity campaign around the issue which would hopefully have a positive impact on the number of DoLS

- Trafficking and modern slavery was seen as a potential growing need and the Board's expertise needed to be built on the issue

- There was a gap in written policy, practice and procedures between all agencies ensuring there was a "golden thread" from a referral to an outcome, the ability to identify the appropriate practice/procedure that delivered the outcome. Sandie suggested the Safeguarding Adults board did not have the capacity to do it

With regard to the last bullet point, Kathryn Singh reported that it had been a common theme for all the Chairs at the Safeguarding Partnership Protocol Joint Chairs meeting that the capacity to ensure an effective safeguarding board was really important. However, it applied to all the organisations as well as the Adults and Children's Boards. If workforces were expected to be consistent with policy and procedures but were not clear of the strategic level there was a disconnection. It was important for Chief Officers to ensure they were supportive of the approach.

It was proposed that practitioners across all agencies be brought together to look at Safeguarding and discuss the same family approach to safeguarding the most vulnerable people. The involvement of Elected Members would also be useful for identifying of those at risk in their Wards. Such an event could be held during the July Safeguarding Week.

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

(2) That consideration be given to an event being held during Safeguarding Week of all practitioners across the agencies, Elected Members and the voluntary sector, to discuss policy, practice and procedures with regard to Safeguarding.

(3) That an agenda item be included at the next meeting of the Chief Executives Group of the Rotherham Together Partnership with regard to policy and procedures for Safeguarding.

58. ENGAGING THE PUBLIC IN THE WORK OF THE HEALTH AND WELLBEING BOARD

The Chairman presented a report on how Durham had successfully engaged with the public through a range of events and public attendance at their Health and Wellbeing Board meetings. Durham annually had over 200 members of the public asking questions at their Board events.

Discussion ensued on the issue of public engagement. It was felt that there were other ways that the Board could engage with the public including the use of social media. However, the Board was more than likely engaging with the public in a number of areas that was not currently being captured.

It was felt that the refreshed Health and Wellbeing Strategy would be engaging communities in developing the various actions. However, there was a need to capture the work that was taking place.

Resolved:- That the report be noted.

59. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Board be held on Wednesday, 14th March, 2018, commencing at 9.00 a.m. to be held at Oak House, Bramley.