HEALTH SELECT COMMISSION
18th October, 2018

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

Councillor Cusworth, Chair of Improving Lives Select Commission, was in attendance at the invitation of the Chair.

Councillor Watson, Deputy Leader, was in attendance at the invitation of the Chair.

An apology for absence was received from Councillor John Turner.

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

38. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

40. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 6th September, 2018.

Resolved:- That the minutes of the previous meeting held on 6th September, 2018, be approved as a correct record.

Arising from Minute No. 30 (Update on Health Village and Implementation of Integrated Locality Working), information had been received with regard to the number of readmissions to hospital. The pilot had achieved a number of its objectives including identifying patients at high risk of hospital admissions and using targeted interventions to reduce admissions, similarly, targeting patients on discharge to identify those at risk of readmission and offering support and interventions to reduce readmission. The GPs Long Term Conditions meeting membership had been expanded to give a more holistic approach to patient care. There had been no marked increase in readmissions seen and Rotherham continued to have a very strong performance on the readmission rate nationally.

Arising from Minute No. 30 (Locality Working):-

(a) information had been received with regard to the timescales for the implementation of locality working. The TRFT were working on refreshing the programme/project plan and had brought additional resources to do so. Although the entire plan could not be shared at the present time as it was still a work in progress and had not been agreed by all partners, the following gave an indication of timescales:-

Programme Element	**Programme Delivery**	**Approvals**	**Implementation**
Introduce Trusted Assessor Role	October-December 2018	January 2019	February-March 2019
Review MDT and Case Management Framework	October-December 2018	January 2019	February-March 2019
High Intensity Users	October-December 2018	January 2019	February-March 2019
Integration Plan (including co-location)	October-December 2018	January-February 2019	April-September 2019

(b) with regard to the capturing of more qualitative data, a Friends and Family test was used for the Health Village. A staff workshop had been held on 19th September in relation to integrated localities and had included representatives of TRFT, RMBC, VAR, GPs, Mental Health and the CCG.

(c) with regard to the speed of blood tests and staffing levels in laboratories, this was not something considered within the pilot and there was no specific activity to prioritise diagnostics for those patients. Some diagnostics such as ECG, Spirometry etc. could be processed quicker as a result of integrated working moving forward if role developments were explored but this was not a feature at the present time.

If delivered from GPs, the tests would be sent to Barnsley where the centralised testing facility was based from the partner laboratory. The number of staff working in Blood Sciences just employed by Rotherham was 76.

Arising from Minute No. 32 (Drug and Alcohol Treatment and Recovery Services), the SY&B ICS funding could not be used to fund local plans in their entirety. However, a share of the funding could be used to fund the following topic areas which should be present in local plans:-

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

Each area had been asked to draw up a driver diagram and accompanying briefing notes to outline their local plans to spend the funding. A small working group of partners from the Rotherham Suicide Prevention and Self-Harm Group was carrying this out.

The likelihood was that the funding would be split 80/20% (locality/ICS) with the 80% of locality funding further split based on the rate of suicide across the 5 areas. Rotherham and Bassetlaw had the highest rates in the ICS area so would receive more funding. A decision would be made by the South Yorkshire and Bassetlaw Mental Health and Learning Disability Steering Board.

Arising from Minute No. 33 (The Rotherham Foundation Trust Quality Priorities 2019-20) it was noted that due to the TRFT having had a CQC inspection recently, the background information/rationale requested for choices on the longlist had not been received as yet. This would be followed up.

41. COMMUNICATIONS

Improving Lives Select Commission

Councillor Jarvis gave a verbal report from the last meeting of the Improving Lives Select Commission on the Early Needs update. The main issues had been the reduced a number of buildings without actually affecting the amount of services, reconfiguration of locality teams, development of locality based family hubs, introduction of Borough-wide evidence based intervention, further investment in Family Group Conferencing, proposed reduction in the Heads of Service posts, increased integration of the Youth Offending Team and a proposed reduction in the number of Youth Centres and Early Help Team bases from 11 – 6 whilst maintaining effective delivery of youth work.

Visits

Janet Spurling, Scrutiny Officer, gave an update on the following proposed visits:-

Adult Care Single Point of Access, Health Village and Care Co-ordination Centre – 13th November 12.50-16.30 p.m. to speak with staff about the impact of closer working and expansion of the MDT approach

Carnson House – follow up visit to be confirmed but probably the week commencing 19th November

RDaSH Quality Sub-Group – 3rd December

42. SOCIAL EMOTIONAL AND MENTAL HEALTH STRATEGY PROGRESS REPORT/CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Councillor Watson, Deputy Leader, introduced both the Social Emotional and Mental Health Strategy Progress Report and the Child and Adolescent Mental Health Services Update which would be considered together.

Social Emotional and Mental Health (SEMH) Strategy Progress Report

Jenny Lingrell, Joint Assistant Director of Commissioning, Performance and Inclusion and Pepe Di'lasio, Assistant Director of Education, gave the following powerpoint presentation:-

What is working well?

- Pupil Referral Unit provision re-configured
- Quality of teaching and learning improved
- SEMH Partnerships were well established
- SEMH Graduated Response document was used consistently
- Shared commitment to working together
- Joint work on Trailblazer bid
- Good practice modelled in some areas

What are we worried about?

- Slight increase in permanent exclusions last year
- SEMH Partnerships less well established at primary
- Challenge of matching increasing demand with available resources (within the Borough)
- The multi-agency landscape of provision was not well enough understood

What needs to happen

- Co-production of a Strategy taking into account progress on CAMHS Local Transformation Plan and Five Steps to Collective Responsibility.
- Areas of focus:
    - SEMH Sufficiency: developing a better understanding of need
    - SEMH Partnerships: ensuring arrangements were consistent and transparent
    - Developing alternative and flexible provision to meet need
    - Developing and communicating a multi-agency graduated response to match need and avoid duplication or confusion
    - Supporting the workforce
    - Delivering value for money
    - Learn from Young Inspectors inspection of the exclusion experience
    - Re-imagine the graduated response to ensure that it was holistic and multi-agency

- Ensure that Services were aligned to meet the needs of children, young people and families
  Co-location, flexible provision, integrated points of access etc.
- Review the local authority traded offer
- Ensure that there was a shared understanding of need and an appropriate provision landscape
- Ensure that SEMH Partnerships have a consistent ethos and operating model
- Test new and innovative approaches

Discussion ensued with the following issues raised/clarified:-

- Aspire had new leadership management/governance and were working with a whole range of stakeholders

- Rowan had been Ofsted inspected March 2018 and found to be "Good"

- SEMH was high on the national agenda. As a result a review of exclusions and SEMH support had been commissioned across the country. Rotherham had been selected as area for the pilot

- Although not embedded across the Authority, there were some very good examples of supporting children with SEMH issues, getting them into education and providing them with therapeutic care

- A common issue for parents when their child was excluded from school was that they did not know who to talk to

- Although there was the desire, the SEMH approach was less established in primary schools partly due to the struggle to get that many Head Teachers together and formation of a strategy. All agreed that early intervention and support at primary level was better than being reactive at the secondary stage

- A close eye was needed on the capacity in the PRUs. The reintegration pathway needed to be considered with some flexibility as to how the PRU delivered their provision e.g. 2 days a week within a PRU and 3 days in a mainstream setting. The needs of the children needed to be fully understood; if they could be maintained in school by providing them with the right support but with some flexibility and services wrapped around the children

- The Rainbow Project currently worked with a number lesbian, gay, bisexual and transgender (LGB&T) young people, aged 11-18 years old, some of whom had been excluded from school. The young people stated that it was impossible to access services. Currently there was only the Tavistock Centre in London that offered any kind of support but there was a 18-24 month waiting list

- It was acknowledged that there was a growing concern in the mainstream schools' offer to LGB&T young people. That was the real importance of working across all the different parts of provision within Early Help Services. There was some really effective work taking place with the groups and individual support for children delivered through the Early Help offer. The Inclusion offer needed to take account of the work in Early Help, rather than separate pieces of provision, and ensure that the right support was in place and everyone knew what the pathways were including the young people, parents and workforce

- There was a strong LGB&T young people's group that had really good attendance and commitment from the young people. It met on a weekly basis as well as providing individual support. Some of the older young people who had been part of group were now peer mentors. The group had very close links with the Rainbow Project and there were leaflets and information for other young people

- Sometimes victims of bullying were the ones that were excluded from school

- Exclusions should be a last resort but were a failure as the school had not been able to put in the place the level of support the young person required. They should never be seen as something labelled against the child

- Home schooling was a national issue at the moment and was one of the key issues that been taken up by the Timpson Review. It was also a key issue identified by Ofsted and would be a theme in their inspections. RMBC undertook quality assurance

- Last year the demographic breakdown for exclusions with regards to ethnicity had reflected the ethnicity of the Borough. However, with regard to the reasons for exclusion, officers needed to get underneath the exclusion and ask the question why

- The Green Paper was awaited together with the promised extra Mental Health support in schools. It was a growing issue in schools in terms of Mental Health presenting itself much more than previously and not having the resources/specialist resources they would want. Head Teachers were having to make cuts in terms of pastoral support so the support was no longer available

- Environmental factors and childhood trauma may have an impact and needs a therapeutic response even if a diagnosable mental health issue was not present. Schools were receiving improved support from Child and Adolescent Mental Health Services (CAMHS.)

Child and Adolescent Mental Health Services Update

Becky McAllister, Commissioning Manager, CYPS, Nigel Parkes, Rotherham CCG and Barbara Murray, RDaSH, gave the following powerpoint presentation:-

What's working well

- CAMHS Needs Analysis completed in April 2018
  - Data on levels of service to schools from Rotherham Barnsley Mind and Maltby MAST
  - Impact of CAMHS locality advice and consultation
  - School survey of Mental Health support completed in January 2017

- CAMHS Green Paper Partnership Group April 2018
  - Partnership response to Green Paper consultation
  - Focussed on non-clinical school-based Mental Health support
  - Good representation from schools
  - Incorporated whole school approach
  - Trailblazer bid with Doncaster CCG

- Specialist CAMHS
  - Participation Voice and Influence programme
  - Care Co-ordinator to smooth transitions with Adult Services
  - Locality Advice and Consultation model now embedded
  - Waiting times from initial contact to assessment had reduced to below 6 weeks on a more consistent basis

What are we worried about

- Physical integration of Early Help and CAMHS single point of access
- Slow progress on wider workforce development
- Increased demand for ASD assessments
- Support for families who did not get an ASD diagnosis after waiting for assessment

What needs to happen next

- Lead to be identified for non-clinical CAMHS workforce
- Review of ASH/ADHD Pathway due to conclude March 2019
- Implementation of Trailblazer if successful – if not bid again in January 2019
- Development of a Trauma Pathway
- Mapping of sensory support and gaps in service
- Work together to identify opportunities for integrated points of access

Jayne Fitzgerald and Sarah Alexander from the Rotherham Parent Carers Forum were also in attendance.

Discussion ensued with the following issues raised/clarified:-

- The Rotherham Parent Carers Forum worked very closely with Council and CCG colleagues and represented over 1200 families and saw over 100 of those face to face. RPCF had live experience to help shape provision.

- Autism/ADHD/neuro developmental issues were classed as mental health but were very much separate to the work CAMHS did around young people experiencing mental health difficulties. Training staff to develop therapies to adapt to people with Autism was raised. Another key issue was how to support families where there had not been a diagnosis and RDaSH were reviewing the pathway

- The Green Paper on the Trailblazer site was quite prescriptive. The aim of the Mental Health Support Teams was to develop a role for Education Mental Health Practitioners, part of whose role would be to support families and children around their emotional regulation etc. which would fit within Autism work. The bid included work, particularly within primary schools, to be more aware of issues, picking things up and understanding the wider issues for those young people It may reduce the numbers that came through for a full neuro development assessment through better understanding of needs that were not necessarily Autism. Although the neuro development assessment process was not part of the bid but an offshoot it may result in a more informed workforce regarding presentations of young people and what there might be in addition to autism

- The Early Intervention in Psychosis Team worked with people from the age of 14 years. For those who had a psychosis or early psychosis presentation, CAMHS would work very closely with Early Intervention on that provision. Alongside that there was a new and developing At Risk Mental Health State Service which was an additional resource within the Pathway to identify very early on, and crossed over with, those that had clear psychosis and emerging personality disorder presentations. There were additional specialist therapeutic interventions within that Pathway.

- The CAMHS services had been involved in the Children and Young People Improving Access to Psychological Therapies (IAPT) programme which allowed them to have staff additionally trained in specialist interventions for children around Cognitive Behavioural Treatment (CBT), Systemic Family Practice (increased number of practitioners) and Integrated Psychotherapy Therapy treatment for adolescents particularly for those with depression. There were also new roles of Psychological Wellbeing Practitioners who had been trained in a very formal and focused way around CBT-based intervention for those with mild to moderate anxiety and depression

- The retention of CAMHS staff had significantly improved and were all permanent staff

- Approximately 97.4% of CAMHS referrals were seen for assessment within a 6 week period. The majority of clients would commence an element of their treatment at the first appointment; it would be very difficult for someone to carry out an assessment and understand their needs without giving them some advice, support and ideas of what to do. RDaSH'S internal referrals for specialist therapies e.g. CBT therapies involved a 6 week wait. Sometimes someone may have an advice and consultation approach which would be stepped up to a more individual approach if that was not felt to be working

- The concerns with regard to ASD assessment and intervention were shared in that services were not managing to meet those needs in a timely way. It was not just a case of increasing financial resources as there were not the wider resources outside RDaSH available for the service to utilise and it was very reliant on clinical psychologists and there were none who were agency staff. There was no quick answer to this issue hence the review of the pathway. RDaSH had been part of a national research project looking at the cost of Autism and Autism assessments.

- Sometimes there were challenges to people not having a diagnosis of Autism and being able to get help they required but it should not make any difference. The SEMH Strategy should not be about diagnosis but about what their needs were

- The Parents Forum was working closely and had worked with the Local Authority for the last 10 years on genuine partnerships, was nationally recognised and had worked with Ofsted and CQC around the Framework; it was about giving the practitioners the capacity and the resources to deliver when they had other targets. Ministers at the DfE had acknowledged the lack of a measure in the inspection framework around partnership working and capacity as a priority rather than an educational attainment target. What was happening in Rotherham was quite innovative

- Autism diagnosis was very important. For the mental health of that individual it was vitally important that they understood they were Autistic especially for people not diagnosed until adulthood and that and there were a number of people they could meet up with and be no different and they saw it as a positive impact on their mental health and wellbeing. Even if their needs were met along the way the diagnosis was still an important part but one would like to see needs met whilst awaiting diagnosis

- The response to the School survey had been 23%. Surveys were perhaps not the best way to find out the information but were quick and easy to respond to. Consideration would be given as to alternative methods of collecting information within the context of the SEMH Strategy particularly if the Trailblazer bid was successful; there needed to be a more detailed understanding of the current picture

within the schools as to how they could use the Trailblazer resources as an additional service

- Tavistock Centre was the only agency for LGB&T young people under the age of 19 years and they had a 2 year waiting list. In this month alone over 100 people in the Rotherham area had tried to access their services. Porterbrook in Sheffield had a 61 weeks waiting list and again only took young people from the age of 17 years. There was clearly a gap in services

- The Tavistock provision was a gender identity service and, therefore, had a specific remit and was a nationally commissioned service. Although not excluded from the Service, CAMHS probably did not do enough with regard to support for LGB&T young people but the young people were linked into other local services and signposted to that support

- The Parents Forum, working with Early Help colleagues, families and volunteers, had identified that there was no service for young people aged under 13 years except Tavistock. One of the Forum's peer support workers, working alongside her Early Help Worker for her own child, had set up a befriending service

- There was optimism that the Trailblazer bid would be successful due to a request being received for revised figures. If not successful, wave 2 of the funding regime could be bid for in the New Year

- There was an Early Help Review currently taking place and also significant work to do looking at the Early Help and Social Care Pathway and the CAMHS Service. Account needed to be taken of all the factors and ensure that they all matched up. Work was required to look across the whole of the provision and considered from the point of view of children and young people and their parents and having a single point of contact

Resolved:- (1) That the progress made to address the need for children with social, emotional and mental health needs be noted.

(2) That the development of a multi-agency SEMH Strategy be supported with a final draft in place by January 2019.

(3) That consideration be given to having a lead case worker for families as their dedicated single point of contact.

(4) That consideration be given to provision and support for young lesbian, gay, bisexual and transgender (LGB&T) people.

(5) That consideration be given a particular focus provision for those young people from LGBT backgrounds.

(6) That the monitoring of progress against the key themes outlined in Appendix 1 of the Child and Adolescent Mental Health Services be noted.

(7) That the report being prepared by RDaSH regarding the ASD pathway come back to the Commission for discussion once finalised.

43. SOCIAL EMOTIONAL AND MENTAL HEALTH STRATEGY - PROGRESS REPORT

Please see Minute No. 42.

44. HEALTH SELECT COMMISSION PERFORMANCE SUB-GROUP FEEDBACK

The Commission received the notes from the Health Select Commission Performance Sub-Group held on 26th September, 2018, which had focussed on the provisional year end performance of the Adult Social Care Outcomes Framework.

The key area that had emerged for the Select Commission to consider was a more in-depth piece of work on reablement/enablement. The Sub-Group had made some recommendations regarding future performance reports to which a positive response had been received.

A further meeting was to be held in January 2019 to scrutinise the final year end report with Yorkshire and Humber and national benchmarking data.

Resolved:- (1) That the information provided from the Sub-Group session and the way forward for future reports be noted.

(2) That further scrutiny of reablement/enablement services later in the year be approved.

45. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

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

Attached to the agenda pack was the presentation and Strategic Outline Case presented to the CCGs and hospitals recently which had been developed following stakeholder feedback to the Hospital Services Review report.

Members had also been provided with a copy of the agenda papers for the meeting of the JHOSC to be held on 22nd October regarding the South Yorkshire and Bassetlaw Integrated Care System and the Hospital Services Programme.

Any issues Select Commission Members would like raising at the meeting should be forwarded to the Chair or Scrutiny Officer by 9.00 a.m. on the day of the meeting.

47. HEALTH AND WELLBEING BOARD

No issues had been raised by the Cabinet Member for Social Care and Health

48. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 29th November, 2018, commencing at 10.00 a.m.