

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

**Date:- Thursday, 29th
November, 2018**

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

Time:- 10.00 a.m.

HEALTH SELECT COMMISSION AGENDA

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) of the Local Government Act 1972
2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Minutes of the last meeting (Pages 1 - 12)
7. Communications

For Discussion

8. Update on Rotherham Integrated Care Partnership and Implementation of the Rotherham Integrated Health and Social Care Place Plan (Pages 13 - 37)
 - Sharon Kemp, Chief Executive and partners to present
9. Rotherham CGL Drug and Alcohol Treatment and Recovery Service (Pages 38 - 72)
 - Lucy Harrison, CGL, Anne Charlesworth, RMBC and partners to present
10. Update on Health Select Commission Work Programme 2018-19 (Pages 73 - 82)

For Information

11. Healthwatch Rotherham - Issues
12. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update
13. Health and Wellbeing Board (Pages 83 - 95)
14. Date and time of next meeting
Thursday, 17th January, 2019, commencing at 10.00 a.m.

Membership 2018/19

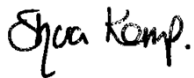
Chairman:- Councillor Evans

Vice-Chairman:- Councillor Short

Councillors Albiston, Andrews, Bird, Cooksey, R. W. Elliott, Ellis, Jarvis, Keenan, Marriott, Rushforth, Taylor, Williams and Wilson.

Co-opted Member:

Robert Parkin (Rotherham Speak Up)



Chief Executive.

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.

HEALTH SELECT COMMISSION - 18/10/18

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 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 was 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 excluded from school
- A Head Teacher would consider any exclusion as a failure in the system and what they had tried to do. 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 very large 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 is 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:-

HEALTH SELECT COMMISSION - 18/10/18

- 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 weeks 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 weeks 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 our 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.

HEALTH SELECT COMMISSION - 18/10/18

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.

BRIEFING PAPER FOR HEALTH SELECT COMMISSION
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1.	Date of meeting:	29 November 2018
2.	Title:	Update on Rotherham Integrated Care Partnership and implementation of the Rotherham Integrated Health and Social Care Place Plan
3.	Directorate/Agency:	Rotherham Metropolitan Borough Council Rotherham Clinical Commissioning Group The Rotherham NHS Foundation Trust Rotherham Doncaster and South Humber NHS Trust Voluntary Action Rotherham Connect Healthcare Rotherham

4. Introduction

- 4.1 Integrating health and social care in Rotherham is being led by the Rotherham Integrated Care Partnership (ICP), which is overseen by the Rotherham Health and Wellbeing Board.
- 4.2 The Rotherham ICP is made up of the local health and social care community who are working together to transform the way it cares for the population of Rotherham.
- 4.3 Members of the ICP are; Rotherham Metropolitan Borough Council, NHS Rotherham Clinical Commissioning Group, The Rotherham NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Trust, Voluntary Action Rotherham and Connect Healthcare Rotherham (see diagram 1 for ICP governance structure).
- 4.4 The 2018-20 Integrated Health and Social Care (IH&SC) Place Plan was finalised in October 2018 and replaced the first IH&SC Place Plan developed in November 2016.
- 4.5 The 2018-20 IH&SC Place Plan sets out five transformational workstreams delivering activity closely aligned to the aims and priorities set out in the Health and Wellbeing Strategy 2018-2025 (see diagram 2 for transformational workstreams and priorities).

5. Background and context

- 5.1 The governance structure of the ICP was developed through several workshops attended by representatives from all ICP partner organisations including CEOs, lay members and chairs.

- 5.2 The ICP Place Board reports into the Health and Wellbeing Board and ensures delivery of the strategic vision and priorities. The ICP Delivery Team is responsible for ensuring the operational delivery of the IH&SC Place Plan, it reports up to the ICP Place Board and oversees the work of the three Transformation Groups; Children and Young People, Urgent and Community; and Mental Health and Learning Disabilities and the enabling workstreams.
- 5.3 The ICP Place Board has been meeting since June 2017 and in public since April 2018.

6. Key issues

- 6.1 **Governance:** key Achievements over the last 18 months include:
- Robust governance arrangements established (see diagram 1).
 - Weekly meetings of the ICP Executive team attended by all partners.
 - 2018-20 Rotherham IH&SC Place Plan produced and agreed by all partners.
 - The Rotherham Agreement was produced and agreed by all partners. This is a Memorandum of Understanding style document that captures how Place Partners work together.
 - A Performance Report for the IH&SC Place Plan was produced and reports to the ICP Place Board on a quarterly basis. The performance report uses milestones and key performance indicators to measure progress against the priorities within the IH&SC Place Plan.
 - An ICP Communication and Engagement Strategy and Action Plan has been produced and agreed by all partners.
- 6.2 **Service Improvement:** key achievements over the last 18 months include:
- The new state of the art, £15m, **Urgent and Emergency Care Centre** was successfully opened, delivering an innovative integrated model to improve co-ordination and delivery of urgent care provision.
 - The new dementia friendly **Ferns Ward** was piloted, providing integrated specialist mental and physical health care expertise for TRFT patients who are physically well enough to be discharged from the acute setting, but are not yet well enough to be discharged home or to residential care due to a cognitive impairment.
 - Implementation of the **Rotherham Health Record**, enabling health and care workers to access patient information to make clinical decisions. Already used by TRFT (acute and community), it was rolled out to the Rotherham Hospice and some GP practices. An information sharing agreement has been agreed which will enable RDaSH and RMBC social care to come on board in 2018/19.
 - Continued success of the award winning **Social Prescribing Service** which helps adults over the age of 18 with long term health conditions to improve their health and wellbeing by helping them to access community activities and services, during 2017 it was extended to **mental health patients** and is now used for autism and social isolation.

- Significant progress with **Child and Adolescent Mental Health Service**, extensive service change leading to substantial improvement in both assessment and treatment
- The **Integrated Locality Pilot** has been evaluated to inform the next stage of implementation, it will deliver an integrated commissioning and operating model for community services, with joint leadership and accountability.
- A key enabler for the improvements seen in **Delayed Transfers of Care**, was the integration and co-location of TRFT Transfer of Care Team and RMBC Hospital Social Work team to form the **Integrated Discharge Team**.
- Successfully embedding an **occupational therapy** offer within the Local Authority **Single Point of Access Team**, this has complemented piloting a member of staff from the mental health trust, voluntary sector and also input from physical health.

7. Next steps

7.1 Key next steps include to:

- Develop a Provider Alliance for Rotherham, this will be a joint working agreement between the Providers to work towards the establishment of more collaborative delivery of services for the population of Rotherham in line with the IH&SC Place Plan
- Explore and scope opportunities for joint workforce plans across Rotherham ICP partners.
- Continue to monitor implementation of the IH&SC Place Plan through the Performance Report on a quarterly basis.
- Roll-out Rotherham Health record across all GP practices, RMBC and RDaSH.
- Deliver the Core 24 mental health service model to provide 24 hours, 7 days a week across urgent and emergency care pathways.
- Implement the next stage of the Integrated Localities across Rotherham.
- Establish a fully integrated team of health and social care professionals providing a mix of community rehabilitation services, residential intermediate care and discharge to assess beds.
- Deliver key improvements on the Special Educational Needs and Disabilities reform.
- Continue implementation of the Rotherham Learning Disability Strategy and Rotherham Autism Strategy.

8. Conclusions

- 8.1 That through the joint work undertaken by Rotherham ICP partners marked progress has been made towards the delivery of the priorities within the IH&SC Place Plan.

9. Actions arising

- 9.1 That the monitoring of progress against the IH&SC Place Plan continues.
- 9.2 That the general update regarding the Rotherham ICP and the IH&SC Place Plan is noted and discussed.

10. Name and contact details

Report Author(s)

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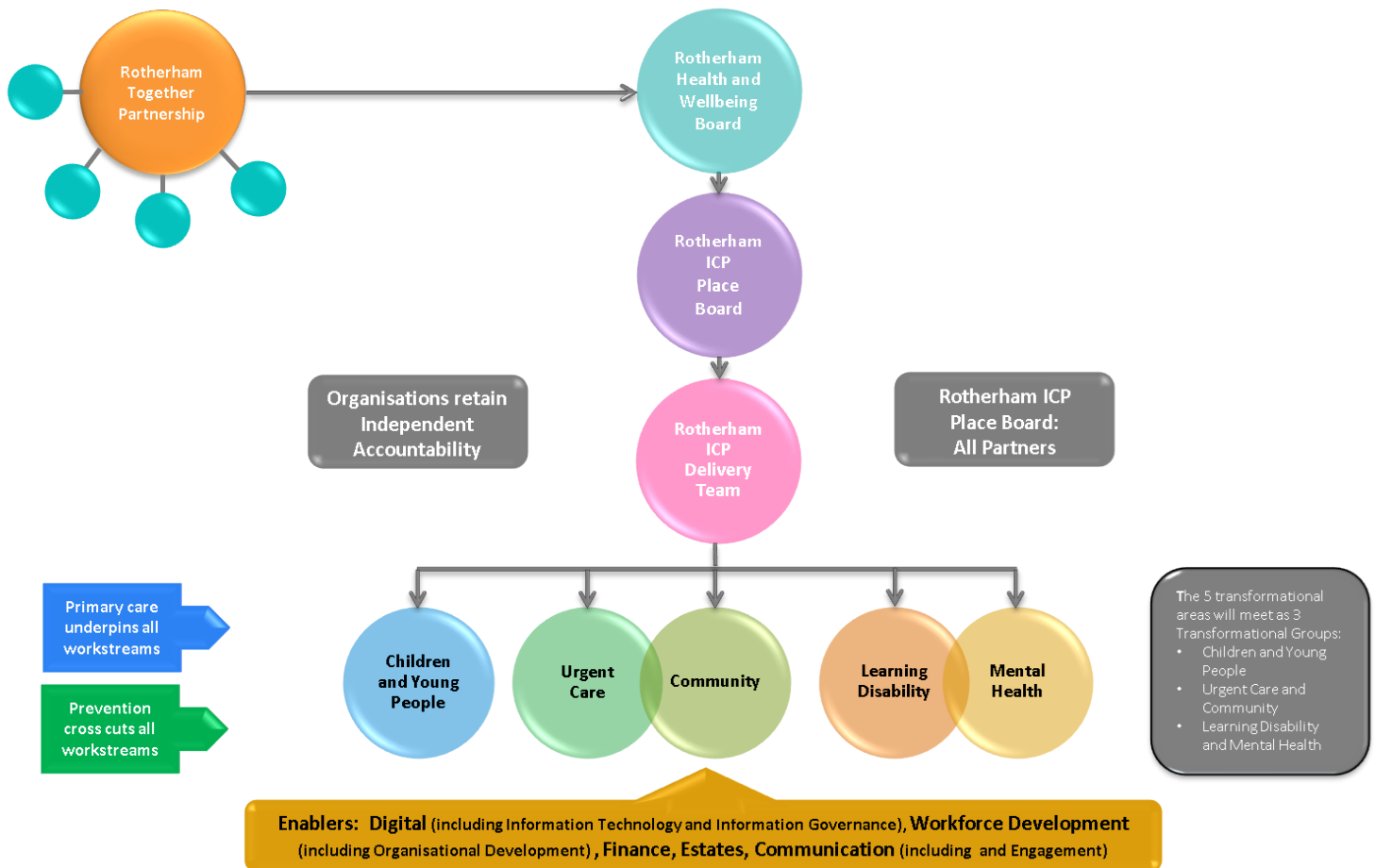
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This report is published on the Council's website or can be found at:-

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

Diagram 1: ICP Governance



Children and Young People

1. Implementation of Children and Young Peoples Mental Health Services Transformation Plan
2. Maternity and Better Birth
3. Oversee delivery of the 0-19 healthy child pathway services
4. Children's Acute and Community Integration
5. Special Educational Needs and Disability (SEND) – Journey to Excellence
6. Implement 'Signs of Safety' for Children and Young People across partner organisations
7. Preparing for Adulthood (Transitions)

Mental Health and Learning Disability

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service
2. Improve dementia diagnosis and support
3. Deliver CORE 24 standards for mental health liaison services
4. Transform the service at Woodlands 'Ferns' Ward
5. Improve Community Crisis Response and intervention for mental health
6. Better Mental Health for All Strategy
7. Oversee Delivery of Learning Disability Transforming Care
8. Support the implementation of the 'My Front Door' Learning Disability Strategy
9. Support the Development and Delivery of Autism Strategy

Urgent and Community

1. Creation of an Integrated Point of Contact for Rotherham
2. Expansion of the Integrated Rapid Response service
3. Development of an integrated health and social care team to support the discharge of people out of hospital.
4. Implementation of integrated locality model across Rotherham.
5. Develop a reablement and Intermediate Care offer
6. Develop a coordinated approach to care home support.

Rotherham Integrated Care Partnership

Performance Report: Quarter 1

The **performance framework** will report against the agreed Milestones and Key Performance Indicators on a quarterly basis as follows:

	Delivery Team	Place Board
Q1	22 August 2018	5 September 2018
Q2	28 November 2018	12 December 2018
Q3	20 February 2019	6 March 2019
Q4	15 May 2019	5 June 2019

Key to ratings:

Brown	Milestone	Not due to start
Red	KPI Milestones	Not achieving target (<i>Tolerance = more than 2%</i>) Significant issues
Amber	KPI Milestones	Almost achieving target (<i>Tolerance = within 2%</i>) Started but not on track
Green	KPI Milestones	Achieving Target On track
Blue	Milestones	Complete

There are five transformational workstreams, led by three Transformational Groups. All workstreams have key priorities as shown below:

Children and Young People		Mental Health and Learning Disability		Acute and Community	
C&YP 1	Implementation of Children and Young People Mental Health Services (CAMHS) Transformation Plan	LD&MH 1	Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service	UC&C 1	Creation of an integrated point of contact for care needs in Rotherham
C&YP 2	Maternity and Better Births	LD&MH 2	Improve dementia diagnosis and support	UC&C 2	Expansion of the Integrated Rapid Response Service
C&YP 3	Oversee delivery of the 0-19 healthy child pathway services	LD&MH 3	Deliver CORE 24 mental health liaison services	UC&C 3	Development of an integrated health and social care team to support the discharge of people out of hospital
C&YP 4	Children's Acute and Community Integration	LD&MH 4	Transform the Woodlands 'Fern' ward	UC&C 4	Implementation of integrated locality model across Rotherham
C&YP 5	Special Educational Needs and Disability (SEND) – Journey to Excellence	LD&MH 5	Improve community crisis response and intervention for mental health.	UC&C 5	Development of the re-ablement and intermediate care offer
C&YP 6	Implement 'Signs of Safety' for Children and Young People across partner organisations.	LD&MH 6	Implement Public Health 'Better Mental Health for All' Strategy	UC&C 6	Development of a coordinated approach to care home support.
C&YP 7	Transitions	LD&MH 7	Oversee delivery of Learning Disability Transforming Care		
		LD&MH 8	Support the implementation of the 'my front door' Learning Disability Strategy		
		LD&MH 9	Support the development of the Autism Strategy		

Summary of Performance against Milestones and KPIs

Children and Young People <i>56% of milestones are on track or complete and 53% of KPIs are on track</i> <i>4% of milestones are red</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	5	0	0	3	2	0	0
	2	<i>Still to be agreed</i>	N/A	N/A	N/A	N/A	N/A	N/A
	3	4	0	0	3	1	0	0
	4	3	0	0	3	0	0	0
	5	5	0	0	4	0	1	0
	6	4	1	0	1	2	0	0
	7	4	0	0	0	0	0	4
	No. of milestones	25	1	0	14	5	1	4
		% against total	4%	0%	56%	20%	4%	16%
	No. of KPIs	17	0	0	9	3	0	5
		% against total	0%	0%	53%	18%	0%	29%

Mental Health and Learning Disability <i>52% of milestones are on track or complete and 38% of KPIs are on track</i> <i>19% of KPIs are red</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	4	0	1	1	1	0	1
	2	2	0	0	2	0	0	0
	3	3	0	0	3	0	0	0
	4	2	0	0	2	0	0	0
	5	3	0	0	2	1	0	0
	6	3	0	1	2	0	0	0
	7	3	0	0	0	3	0	0
	8	1	0	0	0	1	0	0
	9	2	0	0	0	2	0	0
	No. of milestones	23	0	2	12	8	0	1
		% against total	0%	9%	52%	35%	0%	4%
	No. of KPIs	16	0	0	6	3	3	4
		% against total	0%	0%	38%	19%	19%	24%

Urgent and Community <i>54% of milestones are on track or complete and 41% of KPIs are on track</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	6	3	0	2	1	0	0
	2	3	1	0	2	0	0	0
	3	4	1	2	1	0	0	0
	4	7	4	0	3	0	0	0
	5	4	2	0	1	1	0	0
	6	4	0	1	3	0	0	0
	No. of milestones	28	11	3	12	2	0	0
		% against total	39%	11%	43%	7%	0%	0%
	No. of KPIs	17	0	0	7	1	0	9
		% against total	0%	0%	41%	6%	0%	53%

MILESTONES

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

Chairs: Councillor Gordon Watson, RMBC/ Vice Chair, Dr Jason Page, CCG

Priority 1 C&YP – CAMHS Transformation Plan								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH1.1	Work with all stakeholders to review the RDaSH CAMHS ASD/ADHD diagnosis pathway.	Q4 18/19	G	G				Commenced in April 2018. Work is ongoing but taking longer than expected - still anticipating a Q4 completion.
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 18/19	G	A				Both services have evolved over the recent period and a high level meeting is required to understand if integration is still required/ necessary.
CH1.3	Improved CAMHS Crisis service out of hours.	Q4 18/19	G	A				Staff are being consulted on the proposal, but the project may be delayed due to wider South Yorkshire work underway.
CH1.4	Clarification of the pathways between the CAMHS service and Youth Offending Team (YOT) and 'Liaison & Diversion' service.	Q3 18/19	G	G				CAMHS are leading on an initiative to clarify pathways between the services. An initial meeting took place and a further meeting is planned to develop closer links.
CH1.5	Scoping out of a Schools 'CAMHS' service in line with the government 'Green Paper' recommendations	Q4 18/19	G	G				Ongoing. Post being jointly funded by Schools, RCCG and RDaSH. Service due to start in September, 2018.

Priority 2 C&YP – Maternity and Better births								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
TBC	TBC	TBC	TBC	TBC				TBC
TBC	TBC	TBC	TBC	TBC				TBC
TBC	TBC	TBC	TBC	TBC				TBC

Priority 3 C&YP – 0-19 Healthy Child Pathway								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH2.1	To map the 0-19 / RMBC pathways to identify opportunities for efficiencies and highlight any gaps.	Q4 18/19	BR	G				This is a two year project which aims to have an AS IS position by Q4 2018/19. Pathways mapping has begun and on track.
CH2.2	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 18/19	G	A				Plan for Locality EHA managers to attend area team meeting for 0 -19 teams to discuss EHA and process. Date to be confirmed. During Q1 3 EHA's were completed by the 0-19 service
CH2.3	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 18/19	G	G				During Q1 67 health practitioners accessed the ½ day SoS training.
CH2.4	We will work with partners to develop a tool and resources in order to capture the voice of the child Q4 18/19	Q4 18/19	G	G				Discussions have taken place between TRFT and the Head of Inclusion in CYPS to start planning.

Priority 4 C&YP – Acute and Community Integration								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH3.1	Embed the work of the rapid response team with referral routes established across the system Work with GPs and test direct referrals from General Practice to the Rapid Response Team	Q4 18/19	G	G				Work has commenced with Urgent and Emergency Care Centre (UECC) in April 2018 with the aim to reduce hospital admissions through the use of the Children's Rapid Response team. UECC can refer to the Rapid Response team directly and the Rapid Response team will provide on-going care in the community thereby avoiding hospital admissions. Update for Q1 - Childrens transformation group now established which will drive the improvements forward.
CH3.2	Establish links between Rapid Response Team and Early Help	Q3 18/19	G	G				Update for Q1 - An initial scoping meeting has taken place. Childrens transformation group now established which will drive the improvements forward.
CH3.3	Pilot a direct link between Children's Ward and Children's Service to support timely discharge plans	Q3 18/19	G	G				Update for Q1 - An initial scoping meeting has taken place. Childrens transformation group now established which will drive the improvements forward

Priority 5 C&YP – SEND								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH4.1	Develop Voices Action Plan	Q2 18/19	G	G				Meetings have taken place with young people to help in the development of the plan with further meetings scheduled during August.
CH4.2	Undertake the following in respect of Joint Commissioning : <ul style="list-style-type: none"> Implement the joint financial protocol and service specifications Implement the Special School Funding Model Review of SEMH Support Centres (PRUs) Review of Traded Models Review of service provision within the High Needs Budget 	Q4 18/19	G	G				In progress and on track
CH4.3	Create a plan to reduce placements outside Rotherham (including residential provision offer, Reduce OOA provision arrangements	Q2 18/19	G	G				In progress and on track
CH4.4	Implement Phase 1 of the SEND Sufficiency Plan Complete building work resulting in additional provision at the following locations: <ul style="list-style-type: none"> SEND Hub (co-location of services) - Complete Cherry Tree / Kelford Schools (Open as SLD provision) Abbey School (20 additional places) 19-25 Provision (15 new college places) Rowan Centre (15 additional places) 	Q3 18/19	G	G				The SEND Hub is open with services in place and co-located. All building work is due to be completed on time enabling additional places to be available to the project timescales set.
CH4.5	Appoint a lead officer and implement the Joint Preparation for Adulthood Action Plan	Q1 18/19	G	R				Draft Joint Preparation for Adulthood Action Plan developed. There has been no progress made in respect of appointing a lead officer. This has been escalated to senior management.

Priority 6 C&YP – Implementation of ‘Signs of Safety’								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH5.1	The RLSCB will be sighted on the roll out to partners and this will include training to all levels of practitioner	Q2 18/19	A	A				The planned session with partners took place on 11/7/2018, and looked at the wider and different implementation options for agencies. Children’s Services have agreed on a whole system approach, which wouldn’t necessarily be the necessary option for other organisations. Some organisations could adopt the methodology and ethos in certain areas. Partners have been attending SoS half day partner briefings. The May and June 2018 sessions were well attended with nearly 200 on 4 dates. Feedback so far from partners about the sessions has been positive.
CH5.2	Phase 1 of roll out of training	Q3 18/19	G	G				Vast majority of SC and EH practitioners have attended 2 day training. Over 90 Practice leads within CYPS. 2 trainers are now accredited by signs of safety to deliver 2 day training, a further 4 will have completed this by Nov 18, this will assist with an offer to train partner agencies requiring 2 day training.
CH5.3	Phase 2 of roll out of training	Q4 18/19	BR	A				SM for QLD has met with VCS Rotherham following a leadership session held with SoS consultant on 11.7.18. VCS will facilitate scoping the training requirement for voluntary agencies. All training for 2018-19 for multi-agency partners is booked, 345 staff have attended so far with further sessions booked until March 2019. Partner staff are starting to access 2 day training.
CH5.4	Evaluation and next steps	Q4 18/19	BR	BR				Task and finish to be agreed from L and Improvement Subgroup to support oversight and development of wider training programme and package. Multi-agency partners to identify key staff to undertake 2 day training. VCS partners to identify key staff to undertake ½ day briefing and potentially progress to 2 day training. Alignment of inter-agency forms and documentation.

Priority 7 C&YP – Transitions								
No.	Description	Target	Progress					Comments
			Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
CH6.1	The Transitions team to work jointly with Children Young People Services (CYPS), health and education for all new referrals for young people aged 14 to 18 with an Education, Health and Care Plan (EHCP) / Care Needs Assessment (CAN) who may be in need of a social care assessment using the Preparing for Adulthood model.	Q3 18/19	BR	TBC				New Governance structure is in place Rotherham is adopting Preparing for Adulthood (PfA) model to ensure smooth transition to adulthood
CH6.2	Develop a transition pathway based on Preparing for Adulthood model	Q3 18/19	G	TBC				TBC
CH6.3	Create a data matrix of the full cohort and risk register	Q2 18/19	TBC	TBC				TBC
CH6.4	Publish transition pathway on the Council website	Q3 18/19	TBC	TBC				TBC

* Priority 2 is new and milestones will be included in Q2 Milestones for Priority

* Milestones CG6.1 – 6.4 to be confirmed in Q2

KEY PERFORMANCE INDICATORS

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

Chairs: Councillor Gordon Watson, RMBC/ Vice Chair, Dr Jason Page, CCG

No.	Description	Trajectory	Target	Priority	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH/ KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	G 99%				Target met in all 3 months. 99% average for the quarter.
CH/ KPI2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	G 98%				98% average for the quarter. Slight dip in May, but performance recovered to 100% in June
CH/ KPI3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%				Target met
CH/ KPI4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%				Target met
CH/ KPI 5	Increased Early Help Assessments completed by 0-19 practitioners to a minimum of 10 per month	Increase	10 per month	CH 2 - 0-19	A 3				Target agreed at 10 per month by Q4. Plan for Locality EHA managers to attend area team meeting for 0 -19 teams to discuss EHA and process During Q1, there were 3 EHA's completed by 0-19 practitioners. Only 14 were completed during all of 17/18 - it is anticipated that numbers will increase.
CH/ KPI 6	Evidence of voice of the child being considered in care planning through audit of individual records	Increase	25% sample	CH 2 - 0-19	To be reported in Q2				Discussions have taken place between TRFT and the Head of Inclusion in CYPS to start planning. Once the tool is developed this will be part of the documentation audits that occur in TRFT
CH/ KPI 7	Increase the number of referrals to Early Help from Acute Clinical Services* <i>*Hospital A&E, hospital Children's Ward, maternity ward and other department / ward</i>	Increase	TBA – Need baseline data before we can set a realistic target	CH 3 - C&A	To be reported in Q2				CYPS will report the numbers of referrals from the Acute services. A validation process will need to be agreed. 29 referrals in Q1
CH/ KPI 8.1 to 8.3	8.1 Reduction in the number of young people 16/17 year old who have SEND who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 3.9% NK 0.4% (combined 4.3%)	CH 4 - SEND	G 8.5% Combined				End June 2018: NEET 6.5% NK 2% (8.5%). Latest National (June): NEET 7% - NK 2.8% (9.8%). Indicator based on SEND Resident in Rotherham. Performance success is measured by NCCIS national comparison data. Performance is strong when compared with national comparators for the same period.

	8.2 Reduction in the number of young people 18/19 year old who have SEND who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 2.9% NK 4.1% (7%)	CH 4 - SEND	G 13.7% Combined				End June 2018: NEET 3.0% - NK10.7% (13.7%). Indictor based on SEND Resident in Rotherham. Local measure and therefore doesn't have any comparison data available.																
	8.3 Reduction in the number of young people 20-24 year old who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 0.8% NK 11.2% (combined 12%)	CH 4 - SEND	G 13.6% Combined				End June 2018: NEET 1.6% - NK 12% (13.6). Latest National (June 18): NEET 14% - NK 66.3% (80.3%). Indictors based on SEND Resident in Rotherham. Performance success is measured by NCCIS national comparison data. Performance is strong when compared with national comparators for the same period.																
CH/ KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 4 - SEND	G 1				40 SEND Permanent exclusions between April 17-Mar 18. Currently 1 as at Q1																
CH/ KPI 10	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 4 - SEND	A 90.2%				As at the end of Quarter 1 (June 18) there were 190 CYP in an OOA provision out of 1939 CYP who have a EHCP in place (This is 57 Post -16 CYP and 133 other). 1749 CYP (from 1939) in a Local provision. A Sufficiency Plan has been developed and is currently being implemented which will increase the local authority special placements available, allowing those children currently placed OOA to be placed within authority provision where appropriate. The first of these placements will be available in September 2018 with the remaining placements on track to be available during 2018/19.																
CH/ KPI 11	Number of practitioners from across the Multi-agency partnership who have accessed the Rotherham Family Approach and Signs of safety Training (½ days and extended 2 day for safeguarding leads).	Increase	TBA 17/18 baseline = 0	CH 5 - 'Signs of Safety'	G 345				<table><tr><td colspan="4">To date 345 attended - breakdown:</td></tr><tr><td>Children Centres</td><td>19</td><td>Schools</td><td>82</td></tr><tr><td>NHS/Health</td><td>67</td><td>Business Support</td><td>21</td></tr><tr><td>Adult services</td><td>71</td><td>YWCA</td><td>15</td></tr></table> Difficult to put a target on this as we would need to know all workforce numbers involved.	To date 345 attended - breakdown:				Children Centres	19	Schools	82	NHS/Health	67	Business Support	21	Adult services	71	YWCA	15
To date 345 attended - breakdown:																									
Children Centres	19	Schools	82																						
NHS/Health	67	Business Support	21																						
Adult services	71	YWCA	15																						
CH/ KPI 12	An increase in the conversion rate from contacts to referrals from Partnership agencies highlighting a better shared understanding & assessment of risk and threshold - Evidence of embedding the change & maximising impact.	Increase	50% by Q4	CH 5 - 'Signs of Safety'	A 28.9%				28.9% of contacts from partner agencies in Q1 went on to a referral i.e. police, schools and health. This is currently amber – because we have commenced multiagency training re signs of safety and we are offering coaching discussion at the front door when we receive contacts that do not convert. Next steps are to broaden the signs of safety offer and work towards a more unified Early Help and CYPS front door. We also need to do some work across the partnership around exploring the role of CYPS in the continuum of need.																

CH/ KPI 13	Number of out of Borough residential placements	Reduce	<i>TBA</i>	CH 6 - Transitions	<i>TBC</i>				<i>TBC</i>
CH/ KPI 14	Ofsted CQC ratings for services used for transitions	Increase	<i>TBA</i>	CH 6 - Transitions	<i>TBC</i>				<i>TBC</i>
CH/ KPI 15	Numbers of SEND Tier 1 tribunal applications	Reduce	<i>TBA</i>	CH 6 - Transitions	<i>TBC</i>				<i>TBC</i>

** KPIs 13 – 15 to be updated for Q2*

** KPIs for Maternity and Better Births to be included in Q2*

MILESTONES

MENTAL HEALTH AND LEARNING DISABILITY TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

Priority 1 MH - IAPT

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH1.1	Identify and agree workforce development and training requirements (LTC & Core) - IAPT	Q1 18/19	G	G				On track – trainers graduated in June, 2 additional in August. Clinically operational in September.
MH1.2	Apply for NHS England LTC training (training commences October-18 & March-19) – IAPT	Q1 18/19	G	B				NHS E funding received, staff scheduled for training as planned
MH1.3	All GP practice review support visits completed - IAPT	Q4 18/19	G	TBC				TBC
MH1.4	Delivery of 5 year forward IAPT 18/19 plan - IAPT	Q4 18/19	A	A				Links to M1.1 - not currently on track to deliver Q1 target, however, additional trainers will be operational in September.

Priority 2 MH - Dementia Diagnosis and Support

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH2.1	Review dementia diagnosis pathway	Q4 17/18	G	G				On track – performance above national target, increasing numbers of dementia diagnosis in primary care.
MH2.2	Develop new dementia pathway for post diagnostic care	Q4 18/19	BR	G				Clinically led review of Rotherham dementia care pathway commenced in Q1, with consideration of new NICE guidelines

Priority 3 MH - Delivery CORE 24 MH Liaison Services

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH3.1	Funding received to support expansion of service to CORE 24 compliance	Q2 18/19	G	G				Successful NHS E funding bid, to be received in Q2.
MH3.2	CORE 24 standards delivered in Rotherham.	Q2 18/19	G	G				On track – a full implementation plan developed and agreed between CCG and RDASH on track for delivery in Q2
MH3.3	Core 24 Service self-sustaining. – 19/20 onwards	Q1 19/20	G	G				On track – initial dialogue undertaken between partners to identify opportunity for sustainability in 19/20

Priority 4 MH - Transform Ferns Ward								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH4.1	Implementation of agreed model of provision at Ferns and continuous evaluation	Q3 18/19	G	G				On track – clinically developed model in place, continuous review and refinement of model
MH4.2	Agree long-term model and funding source for Ferns.	Q3 18/19	G	G				Funding for 18/19 agreed. Full evaluation being developed by system partners to determine long-term sustainability

Priority 5 MH - Improve Community Crisis Response (including Core Fidelity, suicide-prevention)								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH5.1	Complete CORE Fidelity review, recommendations and action plan for improvement (including investment requirements)	Q4 18/19	G	G				Core Fidelity Review completed, Action Plan in development.
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan	Q4 18/19	BR	G				System wide discussion with the National Team to identify opportunities for SYB system wide suicide prevention schemes
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 18/19	A	A				Milestone revised to deliver in Q3 in light of Suicide prevention ICS work and peer review in September

Priority 6 MH – Public Health: Better Mental Health for All Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH6.1	Launch of Five Ways to Wellbeing campaign	Q1 18/19	G	B				Launch complete
MH6.2	Five Ways communication and marketing plan for 2018/19 - agreed and delivered by partners	Q1 18/19	G	G				On track. VAR and RMBC covered Give and Active respectively. In September the colleges are leading on Learning and the CCG is leading on Connect in October
MH6.3	Evidence of integration of Five Ways messages within provider and commissioned services	Q4 18/19	A	G				Good progress being made. Discussions are taking place with adults services, children's services to take place

Priority 7 LD – Oversee Delivery of Transforming Care								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD7.1	RMBC and CCG to agree process for funding learning disability joint placements	Q2 18/19	NEW	A				Drafted decision making framework shared across all partners for consideration
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 18/19	NEW	A				Implementation of joint review of Transforming Care caseload commenced
LD7.3	Commissioning solutions to be in place to meet national deadline	Q4 18/19	NEW	A				Close partnership working across the system has taken place to identify possible placement opportunities for identified transforming care caseload

Priority 8 LD – Support the Implementation of the My Front Door – Learning Disability Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD8.1	Delivery of joint Learning Disability transformation strategy	Q4 19/20	NEW	A				Action Plan in response to strategy in development, system partners considering adoption of LD strategy

Priority 9 LD – Support the development of an Autism Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD9.1	Complete the development of the Autism Strategy (including Action Plan)	Q3 18/19	NEW	A				Draft Autism strategy in development through Autism Strategy Group
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	NEW	A				Initial clinically led dialogue undertaken to scope opportunities for development of pathway

KEY PERFORMANCE INDICATORS

LEARNING DISABILITY AND MENTAL HEALTH TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

No.	Description	Trajectory	Target	Priority	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH/KPI 1	Percentage of people referred to IAPT commencing treatment within 6 weeks of referral.	Maintain	75%	MH 1 - IAPT	G 78.3%				Q4 was 94.4%, performance has dipped in June, although still achieving above target. Additional trainers graduated – should see impact on performance
MH/KPI 2	% Compliance of those who have entered (i.e. received) treatment as a proportion of people entering treatment with anxiety or depression Qtrly target % Qtr1 = 4.34%; Qtr 2 = 4.48%; Qtr 3 = 4.61%; Qtr 4 = 4.75%	Increase	19% Accumulative total of population with depression - reported to NHSE	MH 1 - IAPT	R 3.84%				Trainers recruited in Q1 (as per MH1.1 milestone), agency staff had been used in 2017/18. Performance dipped due to reduced caseload while in training. Expectation that performance will improve by Q2
MH/KPI 3	% of people who have completed treatment having attended at least 2 treatment contacts and are moving to recovery	Increase	≥ 50%	MH 1 - IAPT	G 59.1%				May compliance is 59.1% against the 50% target. The service continues to achieve against the KPI
MH/KPI 4	Dementia diagnosis rates (%)	Maintain	National = 67% Local = ≥80%	MH 2 - Dementia	G 83.5%				National target is 67%. Local target set to maintain or improve on 80%. June performance was 83.5%
MH/KPI 5	% of GP practices achieving 62% of Post diagnostic support plan recorded in last 12 months	Increase	TBC	MH 2 - Dementia	TBC in Q2				Baseline is 62% based on Rotherham GP practices current average / 39% currently equal to or above 62%. Performance to be reported on a 6 monthly basis
MH/KPI 6	Urgent and emergency MH response within 1 hour of receiving an urgent referral (Core 24 liaison)	Increase	95%	MH 3 – Core 24	R 58%				Referrals Adults Q1 = 150 / OP = 13. Combined 163. Within 1 hour Adults Q1 87 / OP = 8. Combined 95. Q1 = 58%. Service not currently provided 24/7. 24/7 service is expected to commence end of Sept/beg of Oct. Performance is then expected to increase to 95%
MH/KPI 7	Average length of stay (Ferns)	Decrease	28 days	MH 4 - Ferns	R 47				Q1 average LOS = 47 days. April 43, May 48.8, June 49.8. Issues allocating a Social Worker and gaining input causing delays. Ward procedures being amended so discharge planning begins earlier. Can be issues with expectations around discharge destinations changing

MH/KPI 8	To reduce the suicide rate by 10% from the 2013-15 baseline (14.2 per 100,000)	Decrease	10% reduction against the 2013-2015 baseline by 2019-2021	MH 5 - Crisis	TBC in Q3				We will report on this metric once per year. The metric is reported over a rolling 3 year period due to the small numbers involved. The next three year data (2015-2017) will be available in November 2018.
MH/KPI 9	Referrals who require a Face to Face assessment who were seen within 4 Hours % Compliance (crisis)	Increase	≥95%	MH 5 - Crisis	G 100%				May compliance is 100% against the 95% target.
LD/KPI 10	Ensure that patients receive a CETR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: adults.	Increase	95%	LD 7 - Transforming Care	G				On track
LD/KPI 11	Ensure that patients receive a CETR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: children.	Increase	95%	LD 7 - Transforming Care	G				On track
LD/KPI 12	Ensure that patients in an Assessment and Treatment Unit receive a Care and Treatment Review (CTR) every 6 months.	Increase	100%	LD 7 - Transforming Care	A				One individual CTR delayed by 1 month – this will be resolved in the next 6 weeks.
LD/KPI 13	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – <i>Local Reporting</i>	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds	LD 7 - Transforming Care	A				Local and TCP trajectories are off track with 4 patients in hospital beds.
LD/KPI 14	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A 124				CCG I&AF, requirement to agree a trajectory as part of 1819 planning –reported quarterly. Trajectory is: Q1 159, Q2 159, Q3 318, Q4 423 Achieved 124 against target of 159 in Q1, however only 19 practices submitted their figures so we may have achieved the target.
LD/KPI 15	Proportion of adults with a learning disability in paid employment	Increase	TBC	LD 8 - LD Strategy	TBC				ASCOF 1E
LD/KPI 16	Proportion of adults with a learning disability who live in their own home or with their family	Increase	TBC	LD 8 - LD Strategy	TBC				ASCOF 1G

* KPIs for Mental Health for All and Autism are being considered, this will be updated for Q2

* KPI 6 and 7 to be updated for Q2

MILESTONES

URGENT CARE AND COMMUNITY TRANSFORMATION GROUP

Chairs: Chris Holt, TRFT and Anne Marie Lubanski RMBC

Priority 1 UC&C - Integrated Point of Contract

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 1.1	Transfer mental health referrals to the Care Co-ordination Centre	Q2 18/19	A	A				TRFT/RDaSH. LD referrals transferred. It was agreed to place the transfer of mental health referrals on hold whilst RDaSH implanted a new patient record system. Out of hours (OOH) provision has been prioritised at RDaSH' request due to business need. This is the most complex area. Crisis workers will co-locate with the CCC OOH to support staff. More transition time will be required before older peoples referrals transfer.
UC 1.2	Agree joint working arrangements between Integrated Rapid Response/Care Co-ordination Centre /Single Point of Access to test the models.	Q2 18/19	G	G				Time limited pilot conducted between community nursing and SPA. A mental health pilot is underway
UC 1.3	Co-locate Care Co-ordination Centre with Integrated Rapid Response	Q3 18/19	G	G				On track
UC 1.4	Evaluate joint working arrangements between health and RMBC Single Point of Access	Q3 18/19	BR	BR				Not due to start
UC 1.5	Partners agree integrated service model for Single Point of Access and Care Co-ordination Centre	Q4 18/19	BR	BR				To be informed by above milestones
UC 1.6	New service model in place	Q2 19/20	BR	BR				To be informed by above milestones

Priority 2 UC&C - Integrated Rapid Response (Phase 1)

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 2.1	Complete separation of planned/unplanned activity within District Nursing	Q2 18/19	G	G				On track
UC 2.2	Co-locate the unplanned and Integrated Rapid Response teams	Q3 18/19	G	G				On track - links with 1.3
UC 2.3	Incorporate unplanned specialist community nursing work into the Integrated Rapid Response team	Q1 19/20	G	BR				Milestone has been reviewed and moved to Q1 19/ 20 (from Q2 18/ 19) to reflect the volume/complexity of change impacting on Integrated Rapid Response

Priority 3 UC&C - Integrated Discharge (Phase 2)								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 3.1	Appointment of Integrated Service Manager	Q2 18/19	G	B				Complete
UC 3.2	Appointment of Ward Co-ordinator Roles	Q2 18/19	G	B				Complete
UC 3.3	Partners approve Service Model (incl. team structure and 7/7 working and front door interface)	Q4 18/19	G	G				On track
UC 3.4	Implement new model	Q2 19/20	BR	BR				Development activity will inform model. Drafting of model will be taken forward by service lead

Priority 4 UC&C - Integrated Locality Pilot (Phase 2)								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 4.1	Map of current resources in each Partnership area for all organisations complete	Q3 18/19	G	G				On track. Dependent on partners providing information
UC 4.2	Agree outcome framework with partners - identify joint outcomes, agree governance and identify accountable officers for delivery within provider organisations	Q3 18/19	G	G				On track
UC 4.3	Hold launch workshops (to agree work plans and targets and working principles)	Q3 18/19	G	G				On track - engagement event scheduled for September
UC 4.4	Partnership leadership teams agreed by partners	Q3 18/19	BR	BR				Team leader and senior team to be informed by above milestones
UC 4.5	Team configuration agreed by partners	Q4 18/19	BR	BR				To be informed by above milestones
UC 4.6	Implementation plan for full roll out agreed by partners	Q4 18/19	BR	BR				To be informed by above milestones
UC 4.7	Agree Long Term Conditions LES to ensure that it links with the localities	Q1 19/20	BR	BR				Not due

Priority 5 UC&C – Home First Model: Reablement and Intermediate Care								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 5.1	Carry out financial modelling of current pathways	Q2 18/19	G	G				On track
UC 5.2	Programme lead to develop a comprehensive milestone and action plan for delivery of this priority	Q2 18/19	New	A				There are a complex range of projects within this priority that require an overarching approach
UC 5.3	Develop draft service model and service specifications for reablement, intermediate Care and Home First	Q4 18/19	New	BR				To be informed by above milestones
UC 5.4	Phase 1 of new service model implemented	Q4 18/19	BR	BR				To be informed by above milestones

Priority 6 UC&C - Care Home Support

No.	Description	Target	Progress					Comments
			Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
UC 6.1	Local implementation of Red Bag Scheme	Q1 18/19	G	B				Complete
UC 6.2	Implement and evaluate care home pilots: Trusted Assessor, Telehealth and End of Life	Q1-Q3 18/19	G	G				On track
UC 6.3	Review training requirements for Care Home staff to enable effective delivery of service	Q4 18/19	G	G				This will be ongoing as new ways of working are developed and implemented.
UC 6.4	Continue to ensure the Care Home LES is fit for purpose	Q4 18/19	G	G				The Care Home LES continues to be reviewed to ensure it is fit for purpose

KEY PERFORMANCE INDICATORS

No.	Description	Trajectory	1819 Target	Priority(ies)	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC/ KPI 1	SPA - Percentage of people provided with information and advice at first point of contact (to prevent service need) - <i>ASCOF</i>	Increase	2750	UC 1 - IPC	G 884				In council plan On track
UC / KPI 2	CCC – Number of GP urgent admissions to AMU (including those referred through CCC) (TRFT KPI suite)	Increase	3150 threshold	UC 1 – IPC UC 5 – IC /Reab	G 432				On track
UC/ KPI 3	Percentage of new clients who have had a formal social care assessment completed this year, that went on to receive long term social care support - <i>ASCOF</i>	Reduction	TBC	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	TBC				To be confirmed in Q2
UC / KPI 4	Proportion of new clients who receive short term (enablement) service in year with an outcome of no further requests made for support - <i>ASCOF 2d</i>	Increase	83%	UC 1 – IPC UC 2 – IRR UC4 – Int Loc UC 5 – IC /Reab	G 89%				In council plan On track
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ <i>BCF/ASCOF 2a (2)</i>	Decrease	140.69	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	G 124.83				Target being met
UC/ KPI 6	Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services – <i>BCF/ ASCOF 2B (1)</i>	Increase	89%	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	N/K until Q3/4				In council plan. No. of discharges between Oct – Dec counted each year. Exercise from 1 Jan to contact all patients to confirm how many still at home 91 days later. 2017/18 target was 88%, actual 82.75%.
UC/ KPI 7	Reduce non elective admissions (BCF)	Reduction	2359	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	G 2298				As at April 2298 Further work to take place to establish a metric for over 65's.
UC/ KPI 8	Number of emergency re-admissions within 30 days of hospital discharge (all age) - <i>BCF</i>	Reduction	TBC	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	TBC				This data used to be available nationally. CCG working on a local solution which will be available in a few months. Check if this can be for over 64's. To be confirmed in Q2
UC/ KPI 9	Length of stay in hospital (over 64's)	Reduction	TBC	UC 2 - IRR UC 4 – Int Locality	TBC				No LOS target, TRFT have a local target. Check if this can be for the over 64's. To be confirmed in Q2
UC/KPI 10	Reducing long lengths of stay (super stranded patients)	Reduction	39 = 10% reduction on 17/18	UC 2 - IRR UC 4 – Int Locality	TBC				As per national guidance and as in the Winter Plan. Baseline = Beds occupied with long stay patients 2017/18. To be confirmed in Q2

UC/KPI 11	Number of patients discharged to their usual place of residence (over 64's)	Increase	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				Current data shows 90+% of people are coded as going back to usual place of residence – further work to take place to analyse and establish a more appropriate data collection. To be confirmed in Q2
UC/KPI 12	Intermediate Care - Average length of stay (general rehabilitation) (beds only)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/KPI 13	Intermediate Care - Average length of stay (specialist rehabilitation) (beds only)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/KPI 14	Intermediate Care - Late discharge - LOS > 6 weeks (general rehabilitation)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/ KPI 15	Delayed transfer of care from hospital (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 2.1%				Following the on-going implementation of an action plan across partners, performance has significantly improved. May 18 provisional performance is 2.1%.
UC/ KPI 16	Number of A&E attendances from care home residents (local)	Reduction	1500	UC 6 – Care Homes	A 400				RAG rate based on April 145, May 133, June 122 = 400. Qtr average = 375 – so slightly above expected
UC/ KPI 17	Percentage of attendances that resulted in hospital admission	Reduction	72%	UC 6 – Care Homes	G 72.3%				On track

*KPI's 3, 8, 9, 10 and 11 to be updated for Q2 – some further analysis required

*KPI 6 is collected annually and will be available Q3/4

*KPI's 12, 13 and 14 further work is to take place to establish an appropriate set of metrics for LOS (general and complex) that will promote independence

Briefing paper for Health Select Commission**29 November 2018****Drug and Alcohol Treatment and Recovery Services****Introduction**

Health Select Commission undertook a short spotlight review of the Drug and Alcohol Treatment and Recovery Service to ensure that the service, which would be operating within a reduced budget, would provide a quality, safe service under the new contract with CGL from April 2018.

Recommendations from the review

The review made eight recommendations, which were all accepted by Cabinet as seen in the formal response to the Commission in September. One of the recommendations was for Public Health and CGL (change, grow, live) to 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. Linked to this, another recommendation emphasised the need for robust performance management of the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select).

Recommendation 6 also recommended that drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management Process should be reviewed to minimise any risk of people not being able to access support.

Update on the service

Attached are a number of documents as supporting information that provide an update on the service and on performance on the key measures for quarter 1 in 2018-19.

Appendix A – Powerpoint presentation outlining CGL's approach to increase opiate use service exits.

Appendix B – Comprehensive performance scorecard for treatment and recovery services, including exception reports and trends/patterns.

Appendix C – Draft pathway for RDaSH and CGL regarding mental health needs and drug or alcohol use related needs/issues.

Appendix D – Draft guidance for staff on the RDaSH and CGL joint working pathway including screening tests.

Recommendations for Health Select Commission

Members are asked to:

- Consider and discuss the presentation and supporting information.
- Determine the date for the next progress monitoring report on implementation of the review recommendations.

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



Rotherham CGL Drug & Alcohol Treatment and Recovery Service

Presented by
Lucy Harrison CGL Director
Anne Charlesworth Head of Public Health Commissioning
Date: 29/11/2018



Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.

Successful Opiate completions



Defined by Public Health England as:-

- drug free, alcohol free or occasional user (not opiate/crack) discharges in the previous 12 months as a proportion of all clients in treatment in that period (latest treatment journey used)

Representations defined by Public England as:-

- all drug free, alcohol free and occasional user (not opiate/crack) discharges 6-12 months ago who have re-presented within 6 months as a proportion of all drug free, alcohol free and occasional user (not) discharges 6-12 months ago (latest treatment journey used)

Rotherham's performance



Since April 2018 – Contract commencement

Month	Opiate successful exits	Representations
April	5	2 (June & Sept)
May	7	0
June	1	0
July	4	0
August	1	0
September	2	0
October	9	0

Our Approach : Evidence based optimised prescribing



- Staff training and education events – Using data and service information
- Medication dose review for all service users – Highlighting those on 30ml Methadone or less daily or 6mg Buprenorphine or less daily and not using illicitly on top
- Reduction and detox options discussed with service users
- A number of models of detox and reduction- Service user lead and clinically safe – Our primary detox offer is a 2 week front loaded buprenorphine detox with intensive wraparound PSI and clinical support – Detox takes 12 weeks from commencement to completion
- Engagement with Shared Care Practices – Same offer with GP's offering the detox or a reduction (less than 12 weeks) – this is supported by the Shared Care worker in the practice
- A clear offer for sustained recovery through Foundations of Recovery and support from peer mentors, Mutual Aid and the recovery service

Our Target



To continue to support service users through a range of clinical and Psycho-social interventions aimed at supporting individuals to successfully exit patterns of addiction and ongoing prescribing into sustained and positive recovery and abstinence from opiates and medication.

To deliver on Rotherham's ambition to pull the rate of recovery from opiate dependance up to that in comparable areas of England—1.5% year on year is the improvement needed to do this — but starting from a challenging position.



Any Questions?



Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.

Rotherham
Quarterly Performance Monitoring Review
Key Performance Indicators and Service Quality Performance Report

Service Provider: CGL Services Ltd
Rotherham Drug and Alcohol Treatment & Recovery
Service Specification: Service
Public Health Lead: Anne Charlesworth

Please complete all relevant fields ensuring that all previous reporting quarters are included, **do not leave any fields blank or record as "not known"**. If you have any issues completing this information please contact either your Public Health lead or a member of the Public Health Contract and Performance Management function. **Any incomplete or unsatisfactory reports will be returned.**

Upon completion, please ensure that any performance improvement plan(s) are included and submit the monitoring information report and supporting documents to **(Enter Recipient's details)** by the date recorded in the reporting timetable section below

Reporting Timetable:	Contract Year 1			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
To be returned by	15/07/18	15/10/18	15/01/19	15/04/19
Completed by (to completed by Service Provider)	Keera Silverwood	Keera Silverwood/Joseph Martinicca		

Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	Current active caseload	1000	1001	1024	1025	1020	1010	1061
Quarterly	Current Any Opiate active caseload	821	822	835	826	817	800	843
Quarterly	Current Alcohol only active caseload	123	122	127	132	134	144	155
Quarterly	Current Non-opiate only active caseload	40	40	42	43	44	40	41
Quarterly	Current Non-opiate & Alcohol active caseload	16	17	20	24	25	26	22
Quarterly	Number of those new to treatment	1010	7	27	23	41	37	44
Quarterly	Any Opiate	831	7	14	10	11	11	25
Quarterly	Alcohol only	123	0	10	10	17	21	12
Quarterly	Non-opiate only	40	0	0	1	8	2	5
Quarterly	Non-opiate & alcohol	16	0	3	2	5	3	2
Quarterly	Percentage of those waiting 3 weeks or less for first treatment interventions - Opiate only			0.2%			0.0%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Opiate and non-opiate			0.0%			0.0%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Opiate and alcohol			0.0%			0.0%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Opiate alcohol and non-opiate			0.0%			0.0%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Non-opiate only			0.0%			20%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Alcohol only			0.0%			8.9%	
	Percentage of those waiting 3 weeks or less for first treatment interventions - Alcohol and non-opiate only			0.0%			20%	
Quarterly	The PHOF indicator for the reporting quarter for Opiate clients	4.05%	4.23%	4.19%	Not available from NDTMS	4.20%		
	Top Quartile Range							
Quarterly	The PHOF indicator for the reporting quarter for Non-Opiate clients	30.26%	30.20%	31.51%	Not available from NDTMS	28.31%		
	Top Quartile Range							
Quarterly	The PHOF indicator for the reporting quarter for Alcohol clients	44.70%	43.30%	42.96%	Not available from NDTMS	41.82%		
	National average							
Quarterly	Discharge reason: Incomplete - client died	3	0	2	2	0	1	0
Quarterly	The number of prison releases successfully engaged in structured treatment	4	1	3	2	0	0	7
Quarterly								

Frequency	Method of Measurement	Apr-18	May-18	Jun-18		Aug-18	Sep-18	Oct-18
Quarterly	1.5% increase annually from provider starting point	5	6	1	2	1	2	19.40%
	Top Quartile Range							
Quarterly	No of successful completions e.g Non-Opiate Clients	18	17	0	0	5	0	10
	No. e.g Non-Opiates in treatment % successful completion as a proportion of all in treatment	17%	17%	0	0			41.60%
	Comparator LAs	35.48% - 42.86%	32.65% - 44.07%					
Quarterly	No of successful completions e.g Non-Opiate Clients & Alcohol	29	25	0	0	1	0	2
	No. e.g Non-Opiates & Alcohol in treatment % successful completion as a proportion of all in treatment	47%	44%	0	0			13.30%
	Comparator LAs	31.33% - 46.77%	32.50% - 43.86%					
Quarterly	No of successful completions e.g Alcohol Clients	143	119	3	1	7	6	31
	No. e.g Alcohol clients in treatment % successful completion as a proportion of all in treatment	40%	37%					32.60%
	National average	47.76% - 57.49%	47.35% - 54.09%					
Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	Any Opiate							5
	Alcohol only							1
	Non-opiate only							0
	Non-opiate and alcohol							0
Quarterly	Any Opiate							2
	Alcohol only							0
	Non-opiate only							0
	Non-opiate and alcohol							0
Quarterly	Any Opiate							15
	Alcohol only							13
	Non-opiate only							4
	Non-opiate and alcohol							4
Quarterly	Any Opiate							1
	Alcohol only							0
	Non-opiate only							0
	Non-opiate and alcohol							0
Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	The average positive movement across at least 6 of the 8 distance travelled domains for those successfully discharged							
Quarterly	Percentage of those reporting an improvement in drinking days at review			29%			26%	
Quarterly	Percent of those who show deterioration in line with the National Average at exit			10%			14%	

Quarterly	The mean improvement in Psychological Health at exit	#DIV/0!		15.2			15.3	
Quarterly	Percentage of those reporting abstinence from Opiates at review			38%			37%	
Quarterly	Percentage of those reporting abstinence from Opiates at exit			100%			100%	
Quarterly	Percentage of those reporting abstinence from Crack at review	#DIV/0!		50%			40%	
Quarterly	Percentage of those reporting abstinence from Crack at exit			100%			100%	
Quarterly	Percentage of those reporting abstinence from Cocaine at review			25%			10%	
Quarterly	Percentage of those reporting abstinence from Cocaine at exit	#DIV/0!		0%			100%	
Quarterly	No of those reporting abstinence from Amphetamines at review			50%			33%	
Quarterly	No of those reporting abstinence from Amphetamines at exit			0%			100%	
Quarterly	No of those reporting abstinence from Cannabis at review			53%			21%	
Quarterly	No of those reporting abstinence from Cannabis at exit			0%			100%	
Quarterly	No of those reporting abstinence from Other drugs at review			100%			86%	
Quarterly	No of those reporting abstinence from Other drugs at exit			100%			100%	
Quarterly	No of those reporting abstinence from Injecting at review			62%			68%	
Quarterly	No of those reporting abstinence from Injecting at exit			100%			100%	
Quarterly	No of those reporting abstinence in drinking days at review			36%			23%	
Quarterly	No of those reporting abstinence in drinking days at exit			40%			57%	
Quarterly	No of those reporting abstinence ffrom Alcohol units at review			36%			23%	
Quarterly	No of those reporting abstinence ffrom Alcohol units at exit			40%			57%	
Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	No year to date of those new to treatment in the quarter who were offered Hep B Vaccinations	97%	97%	97%	100%	100%	100%	98%
Quarterly	Percentage year to date of those new to treatmnet in the quarter who were offered Hep B vaccinations and accepted	20%	29%	15%	33%	35%	21%	30%
Quarterly	Percentage year to date of those new to treatment in the quarter who were offered Hep B interventions/vaccinations and refused	60%	14%	21%	11%	46%	71%	43%
Quarterly	Percentage of those in treatment who currently/perviously inject have received a Hep C test	0%	35%	55%	55%	65%	52%	54%

Quarterly	Percentage of those new presentations year to date who currently/perviously inject have a Hep C intervention status	100%	100%	100%	100%	100%	100%	100%
Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	No of those identified as NFA urgent housing problem	4%	4%	4%	4%	4%	4%	3%
Quarterly	No of those identified as having a Housing problem	3%	3%	3%	3%	3%	4%	4%
Quarterly	No of those with No housing problem	93%	93%	93%	93%	92%	92%	92%
Quarterly	No of those with housing status identified as Other/not answered	0%	1%	1%	0%	0%	1%	1%
Quarterly	No of Alcohol only cinets identified as NFA urgent housing problem	0%	0%	0%	0%	0%	1%	2%
Quarterly	No of Alcohol only with a housing problem	2%	2%	2%	1%	1%	1%	4%
Quarterly	No of Alcohol only cinets with housing status identified as Other/not answered	0%	0%	0%	0%	0%	0	2%
Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Quarterly	No of those treated in Shared care	386	380	377	377	376	375	375
	No of those treated outside of Shared care	490	421	430	457	480	507	530
	%	44%	48%	47%	45%	44%	43%	41%
Quarterly	No of patients being supported to undergo community detox	61	55	71	63	60	58	82
Quarterly	No of GP practices involved in Shared care	26	25	25	25	25	25	25
Quarterly	Number of patients transferred to shared care	11	12	15	5	1	5	10
Quarterly	Number of patients receiving shared care treatment at the end of the quarter	376	357	354	360	373	373	362
	No of those treated outside of Shared care at the end of the quarter							
	%							
Quarterly	No of shared care patients receiving prescribing maintenance						314	319
Quarterly	No of shared care patients involved in reduction programmes							
Quarterly	No of shared care patients discharged as Dropped out	4	0	1	1	1	0	5

Quarterly	No of shared care patients discharged as Client died	0	0	0	0	0	0	0
Quarterly	No of shared care patients discharged as Transferred	1	1	1	1	0	0	0
Quarterly	No of shared care patients discharged as Treatment declined	0	0	0	0	0	0	0
Quarterly	No of shared care patients discharged as Drug free (Successful NDTMS definition)	5	4	0	2	0	1	7
Quarterly	Number of service users receiving supervised consumption on last day of the quarter for shared care only clients	29	33	25	21	14	54	27
Quarterly	Number of service users receiving supervised consumption on last day of the quarter	n/a	531	491	490	472	460	427

Technical Guidance Reference	Target	Frequency	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NDTMS	80% or Exception Reporting	Monthly	Percentage of Start TOPs completed in the month	89%	80%	86%		88%	89%	
NDTMS	80% or Exception Reporting	Monthly	Percentage of Review TOPs completed in the month	54%	58%	47%		22%	31%	
NDTMS	80% or Exception Reporting	Monthly	Percentage of Exit TOPs completed in the month	100%	100%	100%		96%	93%	

Ref	Service Performance Indicator	Data Source	Target/Performance Measure	Method of Measurement (2016/17)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
1	Current Caseload	Service Level	Live cases on the last working day of the month	-	95	95	94	98	94	91	80
2	No. exiting treatment successfully (treatment completed – drug free OR treatment completed – occasional user (not heroin or crack))	Service Level	Any Opiate Successful Completions	Numerator: No of successful completions e.g Opiates							0
				Denominator: No. e.g Opiates in treatment % successful completion as a proportion of all in treatment							1
				%	#VALUE!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0%
			Non-Opiates/Non Opiates & Alcohol Successful Completions	Numerator: No of successful completions e.g Non-Opiate Clients & Alcohol							1
				Denominator: No. e.g Non-Opiates & Alcohol in treatment % successful completion as a proportion of all in treatment							5
				%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	20.0%
			Alcohol only Successful Completions	Numerator: No of successful completions e.g alcohol only							2
				Denominator: No e.g Alcohol-only in treatment % successful completion as a proportion of all in treatment							6
				%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	33.3%
Ref	Other Discharge Reasons	Technical Guidance Reference	Target/Performance Measure	Method of Measurement	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
9	Transferred to other treatment	Service Level	Transferred to other treatment closure reason	Any Opiate							0
				Alcohol only							0
				Non-opiate only							0
				Non-opiate and alcohol							0
10	Transferred into custody	Service Level	Transferred into custody closure reason	Any Opiate							0
				Alcohol only							0
				Non-opiate only							0
				Non-opiate and alcohol							0
11	Dropped out	Service Level	Dropped out closure reason	Any Opiate							1
				Alcohol only							4
				Non-opiate only							4
				Non-opiate and alcohol							0
	Incomplete client died	Service Level	Incomplete client died closure reason	Any Opiate							0
				Alcohol only							0
				Non-opiate only							0
				Non-opiate and alcohol							0
12	Treatment declined, withdrawn or client retained in custody	Service Level	Treatment declined, withdrawn or client retained in custody closure reason	Any Opiate							0
				Alcohol only							0
				Non-opiate only							0
				Non-opiate and alcohol							0
3	Average positive movement for all clients in 'recovery' in at least 6	Service Level	All clients who have had a positive movement in 6 of the 8 domains	Numerator: All clients who have had a positive movement in 6 of the 8 domains							
				Denominator: All clients who have a distance travelled tool							

	of the 8 distance travelled domains			%			#DIV/0!			#DIV/0!	
4	TOPs Outcomes	NDTMS	80% of treatment start TOPs completed within (+/-) 2 weeks either side of modality start date	Numerator: 80% of treatment start TOPs that were completed within 2 weeks							
				Denominator: The number of treatment start TOPs completed for the month							
				%							
			80% of review TOPs completed in no more than 26 week cycles	Numerator: 80% of treatment review TOPs that were completed in no more than 26 weeks (6months)							
				Denominator: The number of treatment review TOPs completed for the month							
				%							
			80% of exit TOPs completed within 2 weeks (+/-) of the client exiting treatment	Numerator: 80% of treatment exit TOPs that were completed within 2 weeks of closure							
				Denominator: The number of closure TOPs completed for the month							
				%							
5	Improvement of TOP outcomes in targeted areas (quarterly)	NDTMS	Reduce the average days drinking of service users at review	Numerator: Number of those who show a reduction in drinking days at review							
				Denominator: Number of those who report alcohol use at review							
				%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			Reduce the proportion of service users deteriorating in Quality of Life at exit	Numerator: Number of those who show an improvement in Quality of Life at exit			16.1			16.2	
			Reduce the proportion of service users deteriorating in Physical health at exit	Numerator: Number of those who show an improvement in Physical Health on exit TOPs			15.3			15.3	
			A mean improvement of 4.5 for psychological score at exit	Numerator: Number of those who show an improvement of 4.5 for Psychological Health on exit TOPs							
				Denominator: The number of those who have completed an exit TOPs							
				%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6	Efficient Response Times to Service	Service Level	Referral acknowledgement within 2 working days	Numerator: The number of referrals acknoweldged within 2 working days	1	0	0	3	7	2	1
				Denominator: Number of new referrals received	1	0	0	3	7	2	1
				%	100.0%	#DIV/0!	#DIV/0!	100.0%	100.0%	100.0%	100.0%
			Assessment within 5 days of referral being received	Numerator: The number of assessments completed within 5 days of referral	1	0	0	2	3	1	0
				Denominator: The number of assessments completed	1	0	0	3	7	2	1
				%	100.0%	#DIV/0!	#DIV/0!	66.7%	42.9%	50.0%	0.0%
			Care/recovery plan developed within 7 days of assessment	Numerator: The number of recovery plans developed within 7 days of assessment	1	0	0	1	0	1	0
				Denominator: The number recovery plans developed	1	0	0	3	0	2	1
				%	100.0%	#DIV/0!	#DIV/0!	33.3%	#DIV/0!	50.0%	0.0%
7	Evidence of effective delivery of the Structured Day Programme	Service Level	No. individuals involved by drug or alcohol as primary substance of choice (top 3 substances inc alcohol)	Alcohol	9	0	0	2	1	1	9
				Cocaine unspecified				0	3	0	1
				Cocaine Freebase (crack)				0	1	0	1
				Cannabis	1	0	0	0	2	1	1
				Heroin	1	0	0	0	0	0	1
				Amphetamines	1	0	0	0	0	0	1
			Breakdown of referral sources	Self				3	6	1	1

				Psychiatry services				0	1	0	0
				ATR					0	1	0
				Total	12	0	0	3	7	2	1
			No. individuals started / completed programme	Numerator: No. Started	14	18	5	0	0	0	0
				Denominator: No. Completed	0	3	6	0	0	0	0
				%	#DIV/0!	16.6%	83.3%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
8	Group Work Status	Service Level	Number of those accessing groups	Case studies to evidence impact of outcomes and quality aspects							
				Relapse Prevention	79	118	65	21	18	99	12
				Walking Group	10	0	0	0	0	0	0
				Mental Health & Substance Misuse	0	0	0	0	12	5	5
				Meet & Greet	0	0	0	0	9	24	27
				EBI Introduction	0	0	0	0	6	1	0
				Relaxation & Anxiety Group	11	11	12	0	0	5	4
				Routes to Recovery	20	5	0	0	0	9	1
				MoodMaster	3	0	0	0	0	0	0
				Learning Spanish	21	16	0	0	0	5	0
				Meditation	0	0	4	0	0	0	0
				5 Ways to Wellbeing	0	0	4	1	10	13	16
				Crafty Arts	13	6	0	0	0	0	0
				Forgiving & Letting Go	20	17	5	0	6	8	0
				Womens Group	9	0	0	0	8	5	5
				Group Not Specified	0	0	0	0	0	0	6
				Total	186	173	90	22	69	174	76
9	Delivery of an accredited training programme and ongoing support for Peer Mentors and Volunteers	Service Level	Number of peer mentors trained and retained	Numerator: No. of peer mentors retained	9	9	9	7		8	
				Denominator: No. of peer mentors trained	9	9	9	7		8	
				%	100.0%	100.0%	%	100.0%	#DIV/0!	100.0%	#DIV/0!
			Number of volunteers trained and retained	Numerator: No. of volunteers retained	0	0	0	0		0	
				Denominator: No. of volunteers trained	0	0	0	0		0	
				%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
10	To have pathways into Education, Training, Employment and/or volunteering opportunities for Peer Mentors	Service Level	Number of peer mentors entering education, training, employment and volunteer work	Evaluation of feedback	To be created via feedback forms - each question on the form links to a piechart						
				No. entering training	0	0	0	0	0	0	0
				No. entering education	0	0	0	0	0	0	0
				No. entering employment	0	0	0	0	0	0	0
				No. entering volunteering	0	0	1	0	0	0	0
11	Employment Status	Service Level and NDTMS	Breakdown of employment status for live cases	Total	0	0	1	0	0	0	0
				Regular employment	20	20	20	23	30	29	23
				Economically inactive: Long term sick or disabled	42	42	42	37	33	27	26
				Pupil/student	0	0	0	0	0	0	0
				Unemployed and seeking work	26	25	25	25	23	24	16
				Unemployed and not seeking work	0	0	0	4	2	4	7
				Economically inactive: Homemaker	1	1	1	1	1	2	2
				Unpaid voluntary work	0	0	0	0	0	0	0
				Retired from paid work	3	2	2	3	2	1	1

				Unemployed: Not receiving benefits	1	1	1	2	1	1	1
				Not known	0	0	0	0	1	0	1
				Other	2	2	2	2	1	1	0
				Not stated	0	2	1	1	0	2	3
				Total	95	95	94	98	94	91	80
12	Service User Involvement	Service Level	Number of service users currently part of service user involvement	Quarter report on SUI to be collected seperatley via newsletter							
13	Individuals signposted/offered support to access a GP/Dentist	Service Level	Target 100%	Numerator: Number that received support for registration or access	0	0	0	0	0	0	0
				Denominator: Number who identified issues with accessing/registering at assessment	7	7	0	10	14	14	11
				%	0.0%	0.0%	#DIV/0!	0.0%	0.0%	0.0%	0.0%
14	Individuals signposted/offered support to access to quit smoking	Service Level	100%	Numerator: Number of SU's that received support to quit smoking	0	0	0	0	0	0	0
				Denominator: All SU's that currently smoke						59	24
				%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	0.0%	0.0%
15	Idenified concerned others/carers offered support	Service Level	100%	Numerator: The number of concerned others or carers offered support	0	0	0	0	0	0	0
				Denominator: All concerned or carers others							0
				%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
16	Do the clients have Children	Service Level	Number of service users who are parents	-	56	57	54	58	33	29	25
17	Children living with the clients	Service Level	Number of service users who live with children	-	21	22	21	24	26	22	24

Treatment Annual Report Please provide separate report(s) if applicable						
Ref	Primary Care	Technical Guidance Reference	Target	Frequency	Method of Measurement	2018-2019
1	Numbers of those involved in Supervised Consumption	Service Level	-	Annually	Annual report on mapped access	
	Numbers of those involved in Needle Exchange	Service Level				
2	Number of unique service users accessing the Pharmacy Needle Exchange	Service Level	-	Annually		
	Return rates of used equipment as a proportion of the equipment issued	Service Level	Maintain or Improve	Annually		
	Numer of Under 18s accessing the service	Service Level	-	Annually		
	Analysis of the profile of service users accessing NEX services including IPEDs	Service Level	-	Annually		
Ref	Non-Structured	Technical Guidance Reference	Target	Frequency	Method of Measurement	2018-2019
3	Number of presentations receiving brief interventions (of those who are not submitted to NDTMS)	Service Level	-	Annually	CRiIS Project Export (Brief-Ax)	
Ref	Safeguarding	Technical Guidance Reference	Target	Frequency	Method of Measurement	2018-2019
4	Home visits completed within 4 weeks of triage or earlier if there is a suspicion of un-disclosure or as and when circumstances change (out of those where child care responsibility has been identified at triage)	Service Level	-	Annually	Via Audits	
	Number of drug related deaths	Service Level	-	Annually	Datix	
	Number of serious incidents	Service Level	-	Annually	Datix	
Ref	General	Technical Guidance Reference	Target	Frequency	Method of Measurement	2018-2019
5	An annual report to provide commissioners with an overview of the Service including quality, outcomes and achievements in addition to the demographical information of the clients accessing the service. The report will outline any significant trends/patterns identified both in terms of clients accessing and any new trends of drug use or methods of substance use which the service becomes aware of.					

Recovery Annual Report Please provide separate report(s) if applicable	
6	An annual report will be required to provide commissioners with an overview of the Recovery Service including quality, outcomes and achievements in addition to the demographical information of the clients accessing the service. The report will outline any significant trends/patterns identified both in terms of clients accessing and any new trends of drug use or methods of substance use which the service becomes aware of.

Exception Report: Key Points to address under performance

Reporting Quarter	KPI Ref	KPI (state KPI which is under performing)	Provide outline of reason(s) why KPI is not meeting expected target	Key action(s) to be undertaken to address under performance	Timescale for key action to be completed (link to column E)	Performance Improvement plan completed (yes / no) - if yes please submit with performance report if no complete next column	If no provide reason why no performance improvement plan attached
Q1	3	Successful completion of drug treatment - Opiate Clients					
Q1	4	Successful completion of drug treatment - Non Opiate Clients					
Q1		Successful completion of alcohol treatment					
Q1	14	Improvement of average days drinking of service users at review					
Q1	15	Reduce the proportion of service users deteriorating at exit for Alcohol only					
Q1	16	Mean improvement of psychological score at exit Abstinence levels at review & exit - Opiates & Crack, Cocaine Abstinence levels at review & exit - Amphetamines Abstinence levels at review & exit - Cannabis	The NDTMS data for the next quarter is not available until end of November 2018	Action will be remedied once NDTMS data is published	30/11/18	No	Action will be remedied when NDTMS data is published
Q1	17	Abstinence levels at review & exit - Other drugs					
		Abstinence levels at review & exit - Injecting					
		Abstinence levels at review & exit - Alcohol days					
		Abstinence levels at review & exit - Alcohol units					
Q1	30	Greater proportion of opiate users treated within the drugs shared care scheme. *Defined by the proportion of opiate users treated in primary care compared to the total in treatment across specialist and primary.	Number of Shared Care service users sits at 45% this is an improvement from initial data obtained within the first 2 months	A SQIP has now been developed which looks at specific actions to address the performance issue	01/10/18	Yes	
Q1		Number of patients transferred to shared care	Data suggests that the numbers of service users transferring to shared has decreased			Yes	
Q1	33	Number of patients receiving shared care treatment at the end of the quarter	The current caseload is at 45% and as yet does not meet the target of 55%			Yes	
Q1		Number of shared care patients receiving prescribing maintenance	The service is not able to provide this data at this point.	We are looking at a number of improvements to the current case management system to allow us to report on this for the month of	01/11/18	No	Actions to be achieved before next monthly performance report
Q1		Number of shared care patients involved in reduction programmes	The service is not able to provide this data at this			No	

			point.	August 2018		
Q1	3	Average positive movement for all clients in 'recovery' in at least 6 of the 8 distance travelled domain	Data unable to be retrieved	Over the next month we will be reviewing the recovery offer to improve incoming referrals into service	01/11/18	Yes
Q1	6	Referral acknowledgement within 2 working days	Efficient response times to referrals, assessments and care planning has improved. We continue to focus on increasing referrals into the Recovery Service	We have successfully recruited staff into the Recovery Team and are continuing to support the Recovery Team to increase incoming referrals ensuring efficient waiting times are achieved		Yes
Q1		Assessment within 5 days of referral being received				
Q1		Care/recovery plan developed within 7 days of assessment				
Q1	13	Individuals signposted/offered support to access a GP/Dentist	The service has identified those who may need support to access GP or with smoking cessation	We plan to make some changes to the electronic case management system to allow staff to evidence support offered to those identified as needing offer of support	01/11/18	yes
Q1	14	Individuals signposted/offered support to access to quit smoking	wkthough not evidencing support has being offered	We plan to create a more structured carers offer to meet out of hours of service provision.		
Q1	15	Identified concerned others/carers offered support	The service does provides carers support on an adhoc based however is not evidenced			yes

Remedial Action where a KPI is not met

The Council and the Provider will communicate, and this communication may be via a formal meeting to discuss concerns, seek assurances and arrangements to monitor progress will be recorded if any of the KPI's fail to meet their target under the following circumstances

Quarterly KPIs	KPI is not met by	RAG Rating
1		Amber – Underperforming
2		Amber – Underperforming
3		Amber – Underperforming
4		Amber – Underperforming

A meeting between the Council and the Provider will be convened to develop a remedial action plan which will be available to Public Health within 2 weeks of the date of the meeting, if any of the KPI's fail to meet their target under the following circumstances

Quarterly KPIs	KPI is not met by	RAG Rating
1		Red - Target not met
2		Red - Target not met
3		Red - Target not met
4		Red - Target not met

Breach of contract proceedings may start if a KPI fails to reach any part of its target under the following circumstances

Quarterly KPIs	KPI is not met by	RAG Rating
1		Red - Target not met
2		Red - Target not met
3		Red - Target not met
4		Red - Target not met

The Council and the Provider will communicate, and this communication may be via a formal meeting to discuss concerns, seek assurances and arrangements to monitor progress will be recorded if any of the KPI's fail to meet their target under the following circumstances

Monthly KPIs	KPI is not met by	RAG Rating
1		Amber – Underperforming
2		Amber – Underperforming

A meeting between the Council and the Provider will be convened to develop a remedial action plan which will be available to Public Health within 2 weeks of the date of the meeting, if any of the KPI's fail to meet their target under the following circumstances

Monthly KPIs	KPI is not met by	RAG Rating
1		Red - Target not met
2		Red - Target not met

Breach of contract proceedings may start if a KPI fails to reach any part of its target under the following circumstances

Monthly KPIs	KPI is not met by	RAG Rating
1		Red - Target not met
2		Red - Target not met

Trends

Please use the space below to highlight any current trends, patterns and/or observations

Reporting Period :

Q1 18-19

The performance report contains data retrieved at service level; we anticipate NDTMS to publish their data at the end of November 2018 and will update the performance report in line with December's performance report submission.

CGL reports an increase in opiate completions for the month of September 2018. A finalised Service Quality Improvement Plan, outlining remedial action will be shared during October's Commissioning meeting. The plan focuses on an improvement to both the clinical and psychosocial offer for structured opiate detoxes whilst also ensuring staff are trained and supported in delivering and facilitating an opiate detox.

The report suggests Shared Care patients are averaging at the 37% point; the number of service users have increased within the main prescribing service whilst the number of service users has decreased. Similarly to CGL's strategy in improving on successful opiate completions we have developed a Service Quality Improvement plans outlining the strategic plan, focussing on an increase in the number of service users accessing the shared care offer whilst supporting GOP Shared Care Practices in doing so.

We continue to progress CGL's organisational BBV strategy in service; staff have now received BBV training to support service users to access BBV provision including Hepatitis C treatment where appropriate. As a result we now have a nominated staff lead championing the BBV offer and ensuring staff offer BBV testing to all service users assessed as appropriate to offer BBV screening. The number of service users being offered and refusing Hepatitis B vaccinations appear to have increased. CGL plan to investigate this further as preliminary information suggest this to be a misinterpretation of the NDTMS definitions when recording the offer.

The overall recovery offer has improved including efficient response times however CGL acknowledge improvement to this offer remains a priority for the service. There is an ongoing piece of work reviewing the recovery offer which links into the Service Quality Improvement Plan actions to improve successful opiate completions. There will also be a renewed focus to ensuring service users are supported to access GP's where needed and the Recovery offer links in with identifying those who want to pursue smoking cessation.

Reporting Period:

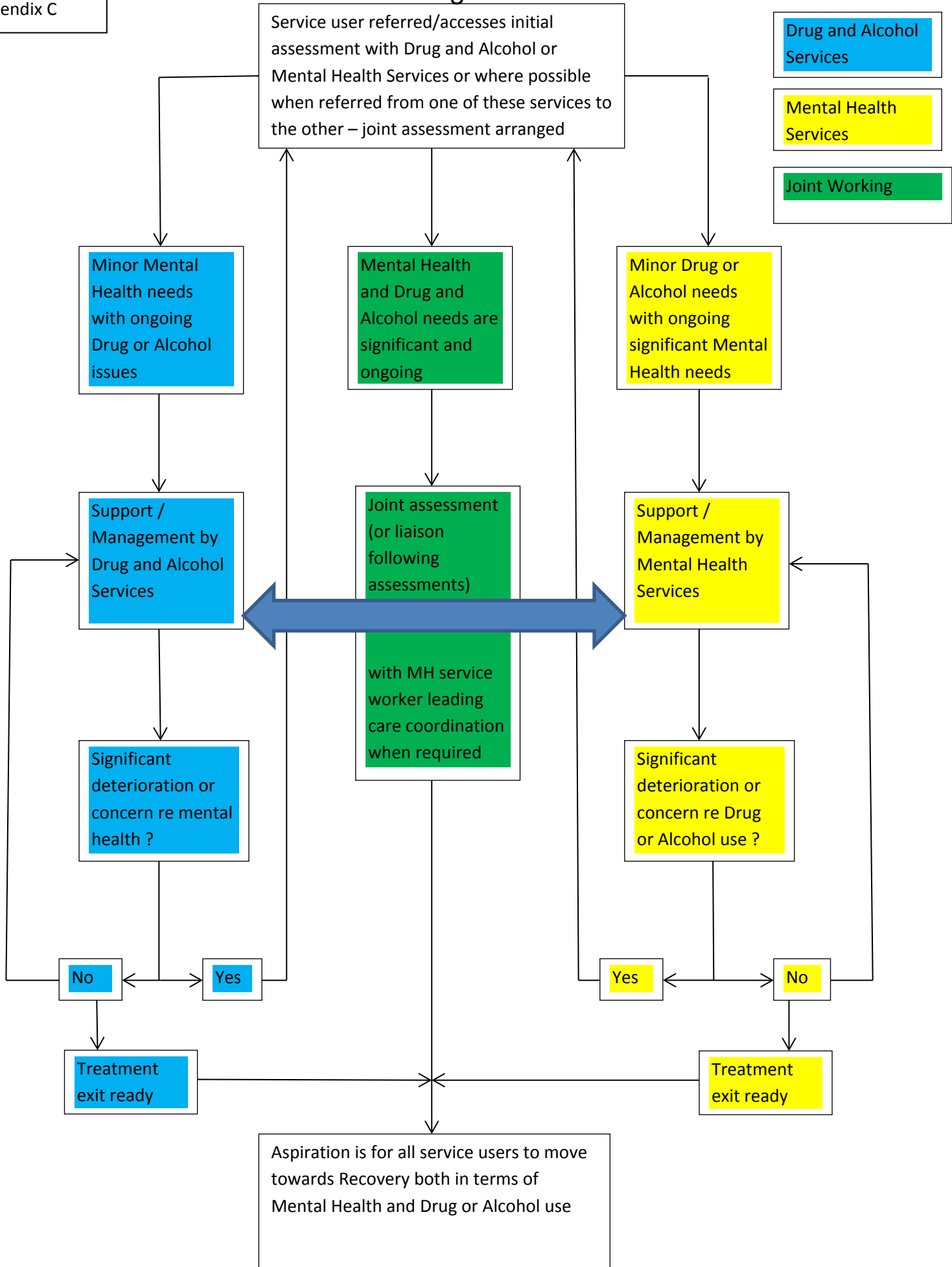
Q2 18-19

Reporting Period:

Q3 18-19

Reporting Period:

Q4 -18-19



Appendix D

RDaSH Mental Health Services and Change, Grow, Live Drug and Alcohol Services Joint Working Pathway – Guidance Notes for Staff

Draft 1 Matt Pollard

Service users presenting to Mental Health Services with Drug/Alcohol needs

When service users present with problematic patterns of Drug or Alcohol Misuse during an initial assessment or during treatment with the Mental Health Services, the practitioner/Care Co-ordinator should assess and identify the pattern of consumption.

The following should be considered:

- What substance(s) is the individual using?
- In what quantities?
- How frequently?
- By what route (smoking, injecting, swallowing)?
- How long has the individual been using for?
- Does the service user recognise this use as problematic?

Feedback should be given to the service user and interventions should be based on the service users 'readiness to change' in order to encourage reduction in risk taking, promote engagement, and increase motivation to change.

Low or Moderate levels of Drug/Alcohol use can be addressed by Mental Health workers as part of their packages delivered to service users but substantial and severe levels should with the service users agreement result in the Mental Health worker supporting self-referral by the service user to the CGL Drug and Alcohol services.

For clarity appendix 1 details the DAST 10 (Drug Abuse Screening Tool) and guidance on levels of drug use interventions and appendix 2 details the AUDIT (Alcohol Use Disorders Identification Test) which can be used by Mental Health workers where clarification is needed about a service users level of use/need for specialist interventions.

Service users who have been identified as requiring a specific intervention such as substitute prescribing, where a timely response would be beneficial, i.e. for opiate or alcohol dependent individuals, the Practitioner/Care Co-ordinator should make attempts to reduce any unnecessary delay by the following:

- Provide the service user with opening times, drop-in sessions, information related to referral pathways, contact details of the relevant services provided by CGL
- Contacting the CGL service on the service users behalf [if consent given] to clarify information, arrange an appointment, and to promote collaborative working.
- Delivering 'opportunistic' brief advice and interventions.

To promote ongoing Recovery, regardless of levels of Drug or Alcohol use, any service user in contact with the Mental Health services and wishing to access specialist Drug or Alcohol advice, treatment or the Drug and Alcohol Recovery groups and activities available should be advised of contact details of the CGL Drug and Alcohol services, including phone number for self-referral, drop-in times, and services provided.

Service users presenting to Drug and Alcohol Services with Mental Health needs

Many individuals will present to Drug and Alcohol services with (in addition to their Drug/Alcohol needs) moderate anxiety, low self-esteem and/or low mood.

These needs can usually be addressed through 1:1 support, CBT based Interventions, Mood Master or similar and peer support/experience or Mutual Aid groups.

IAPT self-referral would also be appropriate for most of these service users

More complex presentations such as significant emotional distress and dysregulation, self-injury, or symptoms of psychosis would meet the criteria for secondary Mental Health care and CGL can refer into secondary and request a standard access assessment or even crisis or home treatment support if appropriate.

Contact Details and Referral Routes

In any case referrals can be made by the service user themselves to both Mental Health and Drug and Alcohol Services.

Referral contact numbers:

Change, Grow, Live Drug and Alcohol Services (Carnson House) –
01709 917649

RDaSH Mental Health Service Access Team – 01709 447070

RDaSH Mental Health Crisis Team – 01709 302670

In all cases consent from a service user is required for a worker from either service to contact/refer to the other and service user willingness to engage is obviously key. However supporting service users to attend (the level of support being dependent on their needs/complexity) and joint working between Drug and Alcohol services with service user consent are likely to improve both engagement and outcome and reduce duplication and risk.

Appendix 1**Drug Abuse Screening Test (DAST)**

The Drug Abuse Screening Test (DAST) was developed as a brief self-reporting screening tool, designed to provide a brief instrument for clinical screening and identification of problematic patterns of substance misuse (Skinner, 1982). Staley & El-Guebaly, (1990) and Maisto et al., (2000) state that the DAST is a valid instrument and reports a high level of validity and consistency.

The DAST-28 (28 items) was initially developed by Skinner (1982), although there have been subsequent versions, such as the DAST-20 (20 item test) and the DAST-10 (10 item test).

Drug Abuse Screening Test (DAST-10)

The DAST-10 screening test involves 10 questions which relate to substance use only, and does **not include alcohol or tobacco**. Each question receives 1 point for each 'yes' answer, except for question 3, which a 'no' response will receive 1 point (see Appendix 1).

Yudko et al., (2007) reports that all version of the DAST produced satisfactory measures of reliability and validity for use as a clinical tool. Yudko , et al., also concluded that the DAST also produced moderate to high levels of 'sensitivity' *[measures the proportion of actual positives which are correctly identified , e.g services users identified with problematic substance misuse]* and 'specificity' *[measures the proportion of negatives which are correctly identified e.g service users correctly identified as not having a substance misuse difficulty]*.

The DAST-10 scores and suggested intervention required

Score	Degree of problem	Suggested intervention required
0	No difficulty identified	No intervention required
1-2	Low level	Provide advice/information, feedback of potential risks, non-confrontational approach. Provide brief interventions.
3-5	Moderate level	Provide brief interventions, identify risks, non-judgemental approach, explore clients ambivalence
6-8	Substantial level	Explore client's readiness for change /motivation, identify risks, identify mutual goals, provide harm reduction advice, referral to specialist services. Refer to the Dual diagnosis Service, if appropriate. Provide a menu of treatment options.
9-10	Severe level	Provide optimistic, flexible and adaptive therapeutic interventions. Harm reduction advice, identify risks, Referral to specialist services [if appropriate]. Joint working with the Dual Diagnosis service. Develop care plan to minimise risk/difficulties.

Rotherham, Doncaster & South Humber NHS Foundation Trust. Appendix 1.
Cont.

Client name:	D.O.B
Date of screening :	Practitioner:

*For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis, solvents (e.g lighter fuels, aerosols), heroin, benzodiazepines, cocaine/crack, stimulants (e.g. amphetamines), hallucinogens (e.g., LSD) .

The DAST-10 questions do not include alcohol or tobacco.

DRUG ABUSE SCREENING TEST (DAST-10)			
	The questions below refer to the past 12 months	YES	NO
1	Have you used drugs other than those required for medical reasons? (consider the misuse of prescribed medication /over the counter medication)		
2	Do you abuse more than one drug at a time?		
3*	Are you always able to stop using drugs when you want to?	0	1
4	Have you had "blackouts" or "flashbacks" as a result of drug use?		
5	Do you ever feel bad or guilty about your drug use?		
6	Does your spouse (or parent) ever complain about your involvement with drugs?		
7	Have you neglected your family because of your use of drugs?		
8	Have you engaged in illegal activities in order to obtain drugs?		
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?		
		Total score	

Scoring:

Degree of problem : 0 =no difficulties identified, 1-2= low level , 3-5= moderate level, 6-8 =substantial level. 9-10=severe level.

Outcome from screening: (please tick appropriate box/es)

No intervention required		Information and brief advice provided	
Harm reduction advice given		Referral to other/specialist service	

Adapted from ,Skinner, H. A .(1982) .The Drug Abuse Screening Test. *Addictive behaviours*. Vol.7 p363-371

Appendix 2**Rotherham, Doncaster and South Humber NHS Foundation Trust**

Alcoholic drink	ABV %	Volume	Estimated No. of units
Cider	5	500mls	2.6
Lager	5	1 pint (568mls)	2.8
Lager	9	500ml	4.5
Alcopops	5.5	275ml	1.5
Wine (bottle)	12	750ml	9
Spirits	40	35ml (large single)	1.4

Alcohol Use Disorders Identification Test (AUDIT)

Questions	Scoring system					Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many units of alcohol do you drink on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7,8 or 9	10 or more	
3. How often do you have six or more units of alcohol on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
4. How often in the last year have you found that you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
6. How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
7. How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
8. How often in the last year have you not been able to remember what happened when	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Questions	Scoring system					Score
	0	1	2	3	4	
drinking the night before?						
9. Have you or someone else been injured as a result of your drinking?	NO		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor or health worker been concerned about your drinking or advised you to cut down?	NO		Yes, but not in the last year		Yes, during the last year	
					TOTAL SCORE	

Scoring:

0-7 = sensible drinking,
8-15 = hazardous drinking,
16-19 = harmful drinking,
20+ = possible dependence.

Adapted from: Babor, T, Higgins-Biddle, J, Saunders, J & Monterio, M. (2001). *AUDIT. The Alcohol Use Disorders Identification Test*. 2nd edition. World Health Organisation .

The AUDIT screening scores

- A score of 0-7 indicates 'sensible' consumption of alcohol.
- A Score of 8-15 indicates hazardous alcohol consumption and the need for brief interventions on alcohol consumption, as provided by tier two services.
- An Audit score of 16-19 indicates harmful patterns of alcohol consumption and the need for extended brief interventions.
- A score of 20 or above indicates possible alcohol dependency and the need for a referral to a specialist tier three alcohol service (Raistrick et al 2006).

Summary Sheet

Council Report

Health Select Commission – 29 November 2018

Title

Update on Health Select Commission Work Programme 2018-19

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 presents an update on the work programme for 2018-19 for Health Select Commission and provides options for potential spotlight reviews and for the work of the performance sub-group.

Recommendations

That the Health Select Commission:

- 1 Note the progress on the work programme for 2018-19.
- 2 Consider and agree the themes for spotlight reviews.
- 3 Consider and suggest any items for scrutiny by the Performance Sub-group.

List of Appendices Included

Appendix 1 – HSC Work Programme 2018-19

Appendix 2 – Quality Account and Performance sub group memberships

Background Papers

Council Constitution

Minutes of HSC meetings in June and July 2018-19.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Update on Health Select Commission Work Programme 2018-19

1. Recommendations

That the Health Select Commission:

- 1.1 Note the progress on the draft work programme for 2018-19.
- 1.2 Consider and agree the themes for spotlight reviews.
- 1.3 Consider and suggest any items for scrutiny by the Performance Sub-group.

2. Background

- 2.1 Health and social care services continue to go through transformation and more integrated working through joint commissioning, locality working, more co-location and multi-disciplinary teams. This work is an important long term programme that the Health Select Commission (HSC) has been scrutinising since 2015-16 and is likely to endure over the next two to three years.
- 2.2 The overall performance of health partners is scrutinised through their quality accounts, with three sub-groups formed for this purpose. Their work will be supplemented by the quarterly meetings of the Chair and Vice Chair with the Rotherham NHS Foundation Trust (TRFT); Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH); and Rotherham Clinical Commissioning Group (RCCG), which have been in place since 2014-2015.
- 2.3 Another significant ongoing piece of work is scrutiny of any major changes to NHS services across South Yorkshire and Bassetlaw, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference in the Council Constitution.

3. Key Issues

- 3.1 This report presents an overview of items scrutinised by the HSC during the year to date and those scheduled for the remainder of 2018-19. It also includes sub-group meetings and visits to service providers.
- 3.2 It was agreed in June that part of the work programme this year would be to continue to monitor work scrutinised at previous meetings. This will ensure members retain a clear overview of progress made through transformation and integration, especially in terms of improvements to services and achieving better outcomes.
- 3.3 A new HSC Performance Sub-group was established and had its initial meeting in September to scrutinise the provisional Adult Social Care Outcomes Framework (ASCOF) measures, with the final year-end report due in January.
- 3.4 Appendix 2 sets out the updated membership for each of the NHS trust quality account sub-groups and the performance sub-group.

4. Options considered and recommended proposal

- 4.1 From the July meeting it was agreed that agenda space would be left in early 2019 to accommodate spotlight reviews/workshop sessions on topics to be determined by HSC. One potential item discussed at that time was the RDaSH estate strategy review, which was subsequently covered as an agenda item, although Members may wish to have a further update when the final decision on the building base is made.
- 4.2 Another potential theme was respiratory services, but following conversation with health partners these services are more likely to be reviewed later in 2019, so would potentially be included in the 2019-20 work programme.
- 4.3 Enablement/Reablement has already been agreed as an issue to look at in greater depth. This was suggested by the Performance Sub-group following their scrutiny of the ASCOF measures and analysis based on the themes of Prevention and Delay; Independence; Personalisation; and Perception and Experience of Care and Support.
- 4.4 Other potential issues that have emerged are:
- Transition from Children's to Adult Social Care Services, which could be a joint piece of work with Improving Lives Select Commission.
 - Home Care – opportunity to input into the design of future services, prior to going out to tender.
 - Local Maternity Plan
- 4.5 Consideration also needs to be given to any issues that the Performance Sub-group may wish to look at in depth besides the final ASCOF measures. Examples could be:
- Joint outcomes framework for locality working
 - Urgent and Emergency Care Centre measures
 - Rotherham Integrated Health and Care Place Plan measures
 - Implementation and impact of service changes

5. Consultation

- 5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

- 6.1 Scheduling of agenda items is detailed in Appendix 1.

7. Financial and Procurement Implications

- 7.1 None arising from this report.

8. Legal Implications

- 8.1 There are no direct legal implications from this report, although the work programme of OSMB and the Select Commissions encompasses statutory duties of the Council.

9. Human Resources Implications

9.1 None arising directly from this report.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The work of the Health Select Commission includes services and support for children, young people and adults, with a specific focus on mental health service transformation and the adult social care development programme.

11. Equalities and Human Rights Implications

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

12. Implications for Partners and Other Directorates

12.1 The work programme primarily focuses on the Adult Social Care, Housing and Public Health directorate and partner agencies across the local health economy, including partnership work through the Rotherham Integrated Care Partnership.

13. Risks and Mitigation

13.1 The development of a clear work programme maximises the potential for the scrutiny function to have an impact and mitigates against the risk of using resources with little impact or outcome.

13.2 The programme does need to maintain flexibility to accommodate additional or urgent items that may emerge during the year, for example resulting from OSMB pre-decision or Council Plan performance scrutiny. If items are added, this may necessitate a review and re-prioritisation of the work programme.

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=>

Main items in the programme:

- Rotherham Integrated Health and Care Place Plan (RIHCPP) – health and social care integrated working
- Adult Social Care - services and development (in conjunction with OSMB)
- Carers' Strategy
- Social, Emotional and Mental Health
- Autism Strategy
- Health and Wellbeing Strategy – implementation
- Director of Public Health Annual Report
- Monitoring past reviews – Drug and Alcohol Treatment and Recovery Services *and Care Homes once had response*
- Primary Care and Implementation of GP Forward View
- Possible spotlight reviews
 - RDaSH estate strategy (*was covered as an agenda item*)
 - Breathing Space – respiratory services (*likely to be 2019-20 now*)
- Standard Agenda item:

South Yorkshire and Bassetlaw Integrated Care System - NHS (Joint Health Overview and Scrutiny Committee)

The current workstreams are implementation of changes agreed last year to hyper acute stroke and unplanned out of hours children's surgery and anaesthesia, and the Hospital Services Review.

Underpinning themes:

- Impact on service user/patient experience
- Reducing health inequalities
- Ensuring services take account of the Director of Public Health Annual Report in service planning and delivery
- Ensuring partners are supporting prevention, self-management, education and early intervention (c/f RIHCPP)

Meeting Date	Agenda items
14 June 2018	Public Health annual report - Key issues, inequalities and challenges regarding the health of working age adults (aged 18-64) in Rotherham. - Overview of progress on last year's actions for older people. - Information on Making Every Contact Count (c/f RIHCPP).
	Health Village integrated locality pilot – evaluation and next steps - Discussion of notes from sub group that considered final evaluation report. - HSC recommendations regarding outcomes and measures for roll out.
	HSC Work Programme discussion - Discussion on potential content and to consider approaches to scrutinising the agenda items.
19 July 2018	Carers Strategy implementation – links to Adult Social Care development programme - Update on delivery, with focus on impact and difference made for carers.
	Sexual Health Service – savings proposal - Referred from OSMB budget scrutiny to seek assurance about the impact of the proposal.
	Care Homes - Following workshop session held in April, discussion of findings and agreement of recommendations.
	Final HSC Work Programme - Final content and possible methods/approaches, space left for spotlight reviews later in year. - Sub-groups for quality accounts and performance to agree.
6 Sept 2018	Autism Strategy (<i>deferred as still under development, date tbc</i>) - Opportunity to consider new strategy and make any additional recommendations to Cabinet.
	Response to Drug and Alcohol Scrutiny Review - Formal response to scrutiny review recommendations reported back.
	RIHCPP Update - Integrated Working (6 workstreams) - Progress including what is working well, areas of concern and next steps.
	Update on Health Village and next phase of locality working (RIHCPP workstream) - Response to recommendations made in June and progress update and next steps.
	RDaSH Estate Strategy (<i>item added to this meeting agenda</i>) - Update on outcomes of consultation and options to rationalise building base and have a Rotherham town centre base

Meeting Date	Agenda items
	TRFT quality account priorities long list <i>(item added and follow ups by email)</i> - Information and rationale for choices.
26 Sept 2018	Performance Sub-group - Provisional ASCOF measures and thematic analysis
18 Oct 2018	Social, Emotional and Mental Health Strategy (SEMH) - Progress on developing strategy, what is working well and areas of concern. - Links with CAMHS
	Child and Adolescent Mental Health Services (CAMHS) - Update on implementation of Transformation Plan and areas identified previously by HSC. - Update on development of locality working and work with Early Help.
	Feedback from Performance Sub-group
	Adult Social Care update – Intermediate Care <i>(deferred, date tbc)</i>
13 Nov 2018	Visits to Health Village, Care Co-ordination Centre and Adult Care Single Point of Access
tbc	Return visit to CGL <i>(deferred, new date tbc)</i>
29 Nov 2018	Progress on Rotherham Integrated Health and Care Place Plan - Overview of governance and implementation plus quarter one performance report.
	Update on progress with new Drug and Alcohol Treatment and Recovery Service - How the new service is progressing, including progress on the key performance indicators.
	Update on work programme - Overview of progress to date and discussion on future items
	Sexual Health Strategy <i>(deferred to January)</i> - Overview of the refreshed strategy and action plan
3 & 4 Dec	<ul style="list-style-type: none"> The Rotherham NHS Foundation Trust (TRFT) Sub-group Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Sub-group

Meeting Date	Agenda items
	<ul style="list-style-type: none"> - Overview of performance on national measures, local quality priorities for 2018-19 and actions from CQC inspections. - Update on TRFT priorities for 2019-20.
Jan 2019 tbc	Performance Sub-group <ul style="list-style-type: none"> - Final ASCOF measures and benchmarking.
17 Jan 2019	Sexual Health Strategy (<i>moved from November</i>) <ul style="list-style-type: none"> - Overview of the refreshed strategy and action plan.
	Health and Wellbeing Strategy implementation <ul style="list-style-type: none"> - Overview of how the strategy is being delivered and making a difference.
	Rotherham Community Health Centre (<i>added</i>) <ul style="list-style-type: none"> - Update on future services delivered from Greasbrough.
	Response to Care Homes Spotlight (<i>date tbc</i>)
28 Feb 2019	Primary Care and Implementation of GP Forward View <ul style="list-style-type: none"> - Overview of implementation and progress on key outcomes and new models of care. - Opportunity to explore links to prevention/self-management themes.
	To add – potential for spotlight or further items – Performance Sub-Group identified Enablement/Reablement
March/ April 2019 Dates tbc	<ul style="list-style-type: none"> • TRFT • RDASH • Yorkshire Ambulance Service Sub-group sessions for year-end progress on NHS Quality Reports/Dashboard <ul style="list-style-type: none"> - Overview of performance for 2018-19 and discussion on the local priorities for 2019-20. - Final draft quality accounts circulated for consideration and comment, including on the local quality priorities for 2019-20, in March/April.
April 2019 tbc	Performance Sub-group <ul style="list-style-type: none"> - TBC
11 April 2019	Leave clear for spotlight – theme to be determined by HSC

Appendix 2

Membership of NHS Quality Account and Performance sub-groups

	RDaSH	Rotherham Hospital	Yorkshire Ambulance Service	Performance
Chair	Cllr Evans	Cllr Short	Cllr Evans	Cllr Evans
Members	Cllr Andrews	Cllr Albiston	Cllr Keenan	Cllr Andrews
	Cllr Ellis	Cllr Bird	Cllr Short	Cllr Bird
	Cllr Jarvis	Cllr Cooksey	Cllr Taylor	Cllr R Elliott
	Cllr Keenan	Cllr R Elliott	Cllr Wilson	Cllr Ellis
	Cllr Rushforth	Cllr Keenan		Cllr Jarvis
	Cllr Turner	Cllr Williams		

HEALTH AND WELLBEING BOARD
19th September, 2018

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Carole Lavelle	NHS England
Councillor Janette Mallinder	Chair, Improving Places Select Commission
Mel Meggs	Deputy Strategic Director, Children and Young People's Services
Chris Morley	Chief Nurse, Rotherham Foundation Trust (representing Louise Barnett)
Rob Odell	District Command, South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Jacquie Wiltchinsky	Consultant in Public Health (representing Terri Roche)

Also Present:-

Kate Green	Public Health Specialist, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG
Councillor Short	Vice-Chair, Health Select Commission
Janet Spurling	Scrutiny Adviser, RMBC
Hannah Upstone	Strategic Housing Assistant
6 Members of the Public	

Report Presenters:-

Tom Bell	Assistant Director of Housing
Ruth Fletcher-Brown	Public Health Specialist, RMBC
Polly Hamilton	Assistant Director, Culture, Sport and tourism
Dermot Pearson	Assistant Director, Legal Services
Sarah Watts	Strategic House Manager

Apologies for absence were received from Louise Barnett, Sharon Kemp, AnneMarie Lubanski, Kemp, Roche, Barnett, Wheatley and Watson.

11. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

With regard to the Hospital Services Review, why have you not involved the staff in such a way that they understand the whole picture of what you are asking of them and where it may lead? In terms of consultation you have hardly grasped it with the fervour it warrants. Why have you not involved the staff inside the NHS so they understand the whole of what they are working on?

The Chair stated that, from the Council perspective, he had spoken out in public, including to the regional board, of his concerns about the lack of public consultation on the regional STP. He had argued long and hard for the Local Plan to be accountable and had insisted that it come under the Health and Wellbeing Board and, therefore, the minutes of the sub-groups belonging to the Place Board were submitted to the Board meeting. There had been at least 2 All Member seminars on the Plans to inform all Members of the Council and where they could ask questions. The Health and Wellbeing Board and the Place Board were both public meetings and the item had been included on both agendas in the “open” session. The Local Place Plan was based on what was happening locally and had formulated some of the actions but there were no cuts and no involvement in private companies. This had also been subject to public meetings and was aimed at improving the health of Rotherham people and not about bringing in another organisation.

Dr. Cullen stated that, in his view as a GP, the Place Board was part of closer working together and that was reflected through the organisations to the workers. People on the ground wanted that facility to work together more closely; they were listening to the patients and did not want duplication. The Place Board was the top part that would allow better working on the ground to improve patient care and co-ordinate the best value out of the Rotherham pound.

Chris Edwards reported that the Hospital Services Review was conducted by an independent company commissioned to produce a report. The comments regarding the length of the document and how it had been publicised would be fed back. Any major service change that affected Rotherham would legally require full public consultation and any decisions would be made in public.

The Rotherham Integrated Care Partnership Agreement would tie all representatives to make the best decisions for Rotherham people and to meet the Key Performance Indicators.

Rotherham was at the forefront of the possible changes. Can we not bring a team from the Labour Party down to look at it? We would press the local labour Party to deal with this

The Chair stated that there was no problem at all with people looking at what Rotherham had done and what intended to do.

Tony Clabby, Healthwatch Rotherham, reported that an engagement event on the Hospital Services Review had been held on 10th September at the Carlton Park Hotel at which over 40 people from hard to reach communities had attended.

13. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the previous meeting of the Health and Wellbeing Board held on 11th July, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 11th July, 2018, be approved as a correct record.

14. COMMUNICATIONS

A. The following question had been received from a member of the public on 29th July, 2018, submitted to all South Yorkshire Health and Wellbeing Boards. A South Yorkshire response had been provided. The question was:-

“The organisation in charge of the Health and Wellbeing Board i.e. the council must take these questions and statements and have them answered by the board under the Public Sector Equality Act. Circumventing any relevant policy that is not law, that would block these questions or statements, any non-compliance of this request will be subject to a legal challenge by myself (name removed) and any relevant persons or peoples to whom the issue applies.

Statement:

JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

Question 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Question 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis for review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Question 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?”

A response was provided via email from the Chair which stated:-

“Thank you for your email. Unfortunately the Rotherham Health and Wellbeing Board cannot accept your request as it is not within the remit of the Board to do so.

The Health and Wellbeing Board is a strategic body whose role is to improve the health and wellbeing of the people in its area by encouraging integrated commissioning between health, social care and public health. It does not have a role in monitoring performance or waiting times, which are operational matters. You should, therefore, direct your request for information on waiting lists and the cost of clearing these lists to each individual provider of commissioned services.”

B. Peer Support Offer for Local Systems

An offer of Peer Support had been received from the Local Government Association for local systems, which included LGA NHS providers, NHS Clinical Commissioner and NHS Confederation, to provide a group of people to visit and work locally looking at what the Board was doing and how it was progressing.

However, a condition of the impending restoration of powers to the Council on 24th September, 2018, by the Secretary of State was that the Council undergo a health check in January/February, 2019.

It was felt that the Board may wish to consider the Peer Support Offer towards the end of 2019.

15. HWB STRATEGY AIM 4 UPDATE

A Draft Cultural Strategy for Rotherham 2018-2025

Polly Hamilton, Assistant Director, Culture, Sport and Tourism, presented the above document, with the assistance of a powerpoint presentation, which was developed by the Rotherham Cultural Partnership Board, an organisation formed during 2018 bringing together people and agencies that cared about Rotherham's future.

The Strategy set out Rotherham's aims for culture, leisure and green spaces and described how it would develop the local assets and resources, making the best use of what existed and building agreement about priorities for development, supporting the case for external funding and investment.

The Strategy would build understanding about how engagement with the arts, sport and natural environment could improve people's personal growth, health and wellbeing and sense of purpose. It would set out how enabling more people to participate, to get active, get create and get outdoors, would not only make sure that everyone felt part of and proud of their community but also help to strengthen the economy.

The document was out for consultation until 31st October, 2018.

The Board was asked:-

- Do you support our key goal – to enable everyone to get active, get creative and get outdoors, more often?
- Was the argument clear?
- What can you or your organisation do to support the ambitions and actions of the Strategy?
- Volunteers from NHS/CCG to develop action plan?

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

(2) That representatives email Polly Hamilton with any comments on how their organisation could support the ambitions and actions of the Strategy.

ACTION: All Board members

(3) That Dr. Jason Page and Rob Odell assist with the development of the action plan.

ACTION:- Rob Odell/Jason Page

(4) That Voluntary Action Rotherham be contacted as to whether they could assist with the development of the action plan.

ACTION: Polly Hamilton

Housing Strategy Refresh 2019-2022

Sarah Watts, Strategic Housing Manager, gave the following powerpoint presentation:-

- Overview of housing in Rotherham
 - 112,000 households – largely 3 bed semi-detached houses
 - 6,500 applicants on the housing register
 - The Council owns and manages 20,500 tenanted properties, 500 leaseholders
 - 64% were owner-occupiers, 22% social rented and 14% private rented
 - 900+ overall target for homes built (SHMA) per annum
 - 600 average delivery in recent years
 - 202 sold via Right to Buy last year
- Current Strategy: The 5 Themes - Housing growth, Social housing, Private rented housing, Affordable housing and Specialist housing
- Achievements e.g. Grant funding for new homes, Shared ownership and affordable housing, Clusters Partnership – Wates, Town Centre residential programme, Excellence in Tenant Engagement Award and Selective Licensing

- Things have changed - Housing and Planning Act 2016, Policy updates, HRA Business Plan refresh, Increasing resources, Homelessness Reduction Act and Social Housing Green Paper
- The New Strategy – Vision
 - Meeting housing need through growth
 - People living in high quality homes, affordable and energy efficient homes
 - Rotherham Council being the best housing provider in the country
 - Rotherham's people can live independently in safe, healthy and vibrant communities
 - A revitalised town centre with a new urban community
- Value of new housing - More than bricks and mortar, Economic, Social value, Energy efficiency, Health, Neighbourhoods and Community engagement
- Structure – 5 Priorities
 - Providing new homes to meet Rotherham's housing needs
 - Investing in Rotherham housing stock
 - Improving health and wellbeing through housing
 - Strengthening Rotherham's economy
 - Working in partnership to deliver the Strategy
- Timetable for Refresh
 - July-October, 2018 – consultation period
 - November 2018 – first draft
 - January 2019 – final draft
- Pipeline Projects – More new homes, housing profiles and land review, transformation of Adult Care, modern methods construction and the new Repairs and Maintenance Contract
- Public Health would be interested in the work around health inequalities and the targeting of what might need to be considered specifically
- In the past enforcement had been missing; now 95% of Rotherham citizens lived in safer and warmer homes
- It had only been quite recent that the connection between Housing and health had been taken into account
- As various parts of the Borough were developed it would change what the localities had been set up to accommodate. The Locality Plan would need to adapt

- The Local Estates Forum was crosscutting and starting to develop and look at the whole of Rotherham estates and the housing implications as well as the health implications

Resolved:- (5) That the presentation be noted.

(6) That Public Health be included in the work with regard to health inequalities.

ACTION:- Sarah Watts/Jacqui Wiltchinsky

Loneliness

Ruth Fletcher-Brown, Public Health Specialist, gave a brief update on loneliness.

It was felt that the Better Mental Health For All Group contained all the partners required to address loneliness and to get the strong message across that loneliness did not just affect older people. Following discussion it not felt necessary to have a public campaign to address loneliness as the Five Ways to Wellbeing Campaign was a good tool to use

There was a strong message that anyone could experience loneliness at any point in their life. Work was taking place in the South Multi Agency Group which had identified loneliness as a key theme and from April 2019 MECC would address Loneliness. It was felt that there should be some initial pilot work and discussions were taking place with the South MAG with regard to possibly piloting some workers making MECC around Loneliness. Discussions were also taking place with Voluntary Action Rotherham with regard to their website GISMO which tried to capture all the community groups.

The Chair stated that performance indicators would be submitted to the next meeting. A Loneliness Plan was being developed and would be submitted in due course.

Councillor Short reported that there was a Loneliness project in his Ward, working with Churches Together, and a coffee morning held every week.

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

(8) That the Five Ways to Wellbeing Group drive the Loneliness agenda

(9) That the Board support the need to take the Five Ways to Wellbeing message forward as partners and consideration be given as to it being the front facing message around Loneliness.

16. HWB STRATEGY AIM 2 UPDATE

Ruth Fletcher-Brown, Public Health Specialist, presented an annual update on the action detailed in 2 partnership action plans i.e. the Rotherham Suicide Prevention and Self-Harm Action Plan for 2016/2018 and the Better Mental Health for all Action Plan 2017-2020.

Both actions plans evidenced the work that all partners were carrying out to promote the mental health of people living and working in Rotherham and the prevention of suicide.

Better Mental Health for All

The action plan drew upon the evidence of what worked promoting the mental health for the whole population, for individuals who were more at risk of developing mental health problems and for those living with a mental health problem.

The co-ordination of the action plan was through a local implementation group with partners of the Health and Wellbeing Board represented. The focus of the work was linking into community assets (strengths) and connecting people within their local community. The Strategy and action plan recognised the skills, knowledge and expertise of individuals and the assets that communities and organisations had to improve mental health and wellbeing.

10.8% of adults over the age of 18 years in Rotherham (2014/15) had depression, the average for England for the said period being 7.3%. For self-reported emotional wellbeing (2015/16) Rotherham residents reported high levels of low satisfaction with life, low happiness and high anxiety; these rates were higher than the average for England and for the Yorkshire and Humber region.

Key Actions:-

- Film and resources produced to support the Five Ways to Wellbeing campaign completed by April 2018
- Launch of the Five Ways to Wellbeing Campaign in May 2018
- Partner organisations signed up to roll out the different topic areas (Be Active, Connect, Give, Keep Learning and Take Notice) from the launch until October/November 2018
- Work now ongoing to ensure the Five Ways to Wellbeing principles were embedded in all partners' commissioning processes and provider services
- A future focus of the Better Mental Health for All Group would be to look at actions to address loneliness in line with Aim 4 of the Health and Wellbeing Strategy. The proposal was to utilise the Five Ways to Wellbeing campaign as the public campaign to combat loneliness
- The action plan was being updated with a progress report to the November meeting

Rotherham Suicide Prevention and Self-Harm Action Plan

The Plan had been written to recognise the role of all partners in addressing the complexity of preventing deaths from suicide.

The All Party Parliamentary Group (APPG) on Suicide and Self-Harm published an “Inquiry into Local Suicide Prevention Plans in England” January 2015. The APPG considered there were 3 main elements that were essential to the successful local implementation of the national strategy. All local authorities must have in place:-

1. Suicide audit work in order to understand local suicide risk
2. A suicide prevention plan in order to identify the initiatives required to address local suicide risk
3. A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan

Key Actions:-

- Launch of the young people’s campaign STILL on World Mental Health Day on 10th October 2017 at Oakwood School
- All Rotherham schools received an updated Critical Incident Prompt sheet from Educational Psychology in May 2017
- 6 schools piloted a Whole School Approach to mental health and emotional wellbeing during 2016-17. This work had now been shared with other schools across the Borough
- Suicide prevention training provided in May 2017 by Public Health Specialist to Crossroads and Rotherham Alzheimer’s Society staff. In 2018 Youth Mental Health First aid training courses also provided to the Rotherham Parent Carers Forum and a second women’s group from BME communities
- During 2017 Wentworth Valley Area Assembly identified funding for suicide prevention work in the Maltby, Hellaby and Wickersley Wards
- 4 SafeTalk suicide prevention courses delivered in March 2017
- Bereavement pathway for children who had experienced a sudden and traumatic death revised in October 2017 and re-issued to all partners. The next revision was due in October 2018
- Rotherham Samaritans launched their bereavement support project in January 2017
- The action plan was currently being refreshed and would address issues highlighted through Rotherham’s real time surveillance work
- South Yorkshire and Bassetlaw had received NHS England funding for suicide prevention work for one year. The funding could not be used to support local plans in their entirety but could be used to support the national themes of:-

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

The Rotherham Suicide Prevention and Self-Harm Group had submitted initial proposals for spending the funding in the Borough to NHSE. The proposals had been supported by the Rotherham Mental Health and Learning Disability Transformation Board and were in line with priorities within the Local Plan. Discussions were still taking place as to how the funding would be divided. It was hoped to know of the outcome by the end of September.

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

- The 6 schools who had piloted a Whole School Approach were all meeting on a regular basis and were taking the work forward. They had presented their approach to various school meetings resulting in additional schools expressing interest
- The Whole School approach had a really strong element of environment level and local level and would feature in the new SEMH Strategy
- The participating schools had given a presentation to Children Services' Departmental meeting and looked at how it could be taken wider than schools. It had made a difference to the culture of those schools
- Rotherham CCG had bid for Trailblazer funding which would place Mental Health Workers within schools. It was hoped to hear if the bid had been successful sometime next month
- Excellent suicide prevention work had been carried out in the Wentworth Valley Area Assembly. It was now a matter of persuading individual Wards if they would fund similar work
- The refresh of the action plan gave an opportunity to establish which partners were still missing/not engaging with the work
- The Police were obviously involved in the crisis but intervention after the event to hopefully prevent a further attempt was really important
- All Healthwatch Rotherham staff had received Safe Talk training and suicide prevention training

Resolved:- (1) That the Lead Officers from their organisations continue to assist with the implementation of the Better Mental Health for All Action Plan and the Rotherham Suicide Prevention and Self-Harm Action Plan.

(2) That the proposal for the Better Metal Health for All Group being the place to implement the section on loneliness within Aim 4 of the Health and Wellbeing Strategy be supported.

(3) That the revised Rotherham Suicide Prevention and Self-Harm Action Plan be submitted in December 2018.

(4) That annual progress updates be submitted to the Board on both action plans.

(5) That updates on the NHSE funding for suicide prevention and how this was being implemented locally be submitted to the Board.

ACTION: Ruth Fletcher-Brown

17. FINAL INTEGRATED CARE PLACE PLAN

Chris Edwards, Chief Operating Officer, RCCG, presented the final draft of the Rotherham Integrated Health and Social Care Place Plan for information and endorsement.

Rotherham's first Integrated Health and Social Care Place Plan (Place Plan) was published in November 2016. It had now been refreshed to facilitate alignment with the revised Health and Wellbeing Strategy agreed in April 2018.

The version attached addressed all the comments received from partners and all sections were complete with the exception of some minor additions which would be completed shortly. It should also be noted that there was an additional priority within the Children and Young Peoples Transformation Workstream in relation to Maternity and Better Births:-

The areas to be completed were:-

- Completion of milestones and KPIs for the new Maternity and Better Births priority
- Addition of a patient story for Children and Young Peoples Transformation Workstream

Resolved:- That the final draft of the Integrated Health and Social Care Place Plan be endorsed.

18. ROTHERHAM INTEGRATED CARE PARTNERSHIP AGREEMENT

The Board received the final draft of the Rotherham Integrated Care Partnership Agreement.

The Agreement was intended to strengthen the governance arrangements underpinning the Rotherham Integrated Care Partnership Place Plan and to capture the culture of how the Place Plan Board worked together.

The Agreement was based on a Memorandum of Understanding approach and aimed to provide an overarching arrangement to oversee the development of integrated multi-agency solutions for health, care and support across Rotherham. The Agreement was not intended to be

legally binding except for specific elements such as confidentiality or intellectual property. However, if areas such as payment mechanisms and risk sharing/outcomes performance were developed over time, the partner organisations would need to consider moving to a legally binding agreement in the future.

Clause 21 of the Agreement confirmed that the Council did not have the obligations of the other parties to the Agreement in relation to the South Yorkshire and Bassetlaw Integrated Care System.

Resolved:- That the Agreement be approved and the Chief Executive be delegated, in consultation with the Chair, authority to finalise and sign the Agreement.

ACTION: Councillor Roche/Sharon Kemp

19. HEALTHWATCH ROTHERHAM ANNUAL REVIEW 2017-18

The Board received, for information, the 2017-18 annual report of Healthwatch Rotherham.

Attention was drawn to the review of CAMHS undertaken by Healthwatch Rotherham. A report would be produced by the end of the month which would contain some far reaching recommendations.

20. ADULT SOCIAL CARE VISION FOR ROTHERHAM

The Board received, for information, the Adult Social Care Vision 2017-2020, which was based on 3 key themes:-

Theme 1	Act to help yourself
Theme 2	Act when you need it
Theme 3	Act to live your life

It was a very important document that set up the framework by which current decisions were made.

21. HEALTH AND CARE SELECT COMMITTEE - REVIEW OF INTEGRATED CARE SYSTEMS

The Board noted the House of Commons Health and Social Care Committee "Integrated care: organisations, partnership and systems" seventh report of session 2017-19.

22. THE LOCAL GOVERNMENT ASSOCIATION GREEN PAPER: THE LIVES WE WANT TO LEAD

The Board noted the Local Government Association Green Paper for Adult Social Care and Wellbeing "The Lives We Want to Lead".

23. INTEGRATED CARE PARTNERSHIP PLACE BOARD

The notes of the minutes of the Rotherham Integrated Care Partnership Place Board held on 6th June, 4th July and 1st August, 2018, were noted.

24. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 21st November, 2018, commencing at 9.00 a.m. venue to be determined.