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

Date:- **Thursday, 11 April 2019** **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 meeting held on 28th February, 2019 (Pages 1 - 16)

7. Communications

For Discussion

8. Intermediate Care and Re-ablement Project (Pages 17 - 26)
   Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health

9. My Front Door - Update (Pages 27 - 34)
   Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health

10. Implementation of the Health and Wellbeing Strategy 2018-25 - Update (Pages 35 - 40)
    Councillor Roche, Cabinet Member for Social Care and Health

11. Outcomes from Joint Scrutiny Workshop - Transition from Children's to Adult Services (Pages 41 - 48)
Councillor Evans, Chair, to present

12. Health Select Commission Work Programme (Pages 49 - 58)
Janet Spurling, Scrutiny Adviser, to present

13. Healthwatch Rotherham

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

15. Health and Wellbeing Board (Pages 59 - 68)

16. Date and time of next meeting
Thursday, 13th June, 2019

11th July

5th September

17th October

28th November

9th January, 2020

20th February

26th March
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, Rushforth, Taylor, John Turner, Williams and Wilson.

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

Jacqueline Kemp.

Chief Executive.

HEALTH SELECT COMMISSION
28th February, 2019

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

An apology for absence was received from Councillor Rushforth.

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

69. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

70. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

71. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 17th January, 2019.

Resolved:- That the minutes of the previous meeting held on 17th January, 2019, be approved as a correct record.

72. COMMUNICATIONS

Information Pack
Contained within the information pack were the notes from the Quality Sub-Groups and the quarterly briefing with health partners together with a copy of the Care Quality Commission (CQC) report for CGL. Also included was information about the Schools Mental Health Trailblazer including a map showing which schools were involved.

Integrated Place Plan
A response was due shortly from the Delivery Group to the questions raised in relation to the Integrated Place Plan Quarter 2 performance report that was discussed in a workshop session.

Performance Sub-Group
The Sub-Group had met recently and discussed final Adult Social Care Outcomes Framework (ASCOF) measures and benchmarking data. Notes would follow but from the workshop two further items had been identified for the work programme:-

Carers – given their rights under the Care Act and the need to enable them to carry out their important role in helping people remain independent for as long as possible.

Information, Advice and Guidance – getting this right was imperative for the new approaches and what was hoped to be achieved.

Improving Lives Select Commission
Councillor Jarvis would supply a written report to be circulated to the Select Commission Members.

Carnson House
Councillor Andrews reported that the sub-group had visited the premises and had been impressed with the improvements that had been made and how the service was implemented. There was still progress to be made in some areas but overall it was positive. The transferred staff had settled with recruitment still taking place. Peer mentor support was particular important and further recruitment was planned.

73. CQC INSPECTION OF ROTHERHAM HOSPITAL - UPDATE

Louise Barnett, Chief Executive TRFT, and Angela Wood, Chief Nurse, gave the following powerpoint presentation:-

2018 Inspection Timelines
- 25th-27th September, 2018 – Core Service Inspection: Acute
- 28th September, 2018 – Use of Resources Inspection
- 16th-18th October, 2018 – Core Service Inspection – Community
- 22nd-24th October, 2018 – Well-led Inspection

Overall Timeframes
- 23rd-27th February, 2015 – focussed announced inspection
- 27th-30th September, 2017 – focussed follow-up inspection
- 17th July, 2018 – focussed unannounced inspection

Services Inspected
- Acute
  Urgent and Emergency Services
  Medical Care
  Maternity
  Children and Young People
- Community
  Children and Young People

Overall Position – Breakdown of Ratings
- 1 Outstanding
- 45 Good
- 16 Requires Improvement
- 2 Inadequate

Headlines from Re-inspection

- Some real positives
  Our People, Digital, Multi-Disciplinary Teams
- Some real progress
  Children and Young Peoples Services
- Some real challenges
  Urgent and Emergency Services
- Some ongoing issues
  Mandatory training, risks, incidents

Some Examples of Positive Findings

- Infection Control – Wards and department visibly clean
- Sepsis – tool used, staff had access to guidance and pathway
- Multi-Disciplinary Team Working – good throughout the Trust and work had been carried out to ensure the MDTs were aligned to prevent delays. Quick referrals and improved pathways had led to a reduction in lengths of stay
- Caring Staff – privacy and dignity maintained, compassionate and a real asset
- Outliers (people being cared for in non-speciality wards) – good arrangements, daily reviews
- National Recognition – acupin therapy (wrist band on pressure point to relieve nausea)

Outstanding Practice

- Digital
  Innovative use of technology
  Award-winning in-house SEPIA system with real time information about patients
  Support clinical and operational staff

Great People

- Caring
  We have some great people who really care
- Compassionate
  People showed compassion, dignity, support for patients
- Open
  People were open, honest, shared information

Challenges and Ongoing Issues

- Raining concerns and escalation
- Urgent and Emergency Services
- Staffing
- Medicines management
- Safeguarding
- Training
- Risks

Progress made since Inspection

- Staffing
- Training and development
- Leadership and support
- Safety and governance

Summary of Must Do (47) and Should Do (27)

Service	Must Do	Should Do
Trust Level	7	3
Urgent and Emergency Care	12	10
Medical Care	11	9
Maternity	9	2
Children and Young People	4	3
Community Children and Young People	7	9
Total Overall	47	27

Our Aim for the Future

- Ambitious
  Strive for good and outstanding
- Caring
  For our patients and each other
- Together
  We all have a role to play

Further detail was provided for the Commission in relation to the principal challenges and ongoing issues identified:-

- Raising concerns and escalation – review of Freedom to Speak Up Guardian role and accessibility of that role in addition to making a permanent appointment. Looked at how staff could share information and established drop-ins for staff with the Chief Nurse and Interim Medical Director to share information around innovations and ideas as well as complaints and concerns. The drop-ins included community as well as hospital based staff

- Back to the Floor Friday – on the last Friday of the month members of the Senior Clinical Team from Nursing got back into uniform and worked on the wards and talked about the key themes for the month, medicine management, escalation and raising concerns, protected meal times had all been discussed. This enabled feedback and to be a visible presence. It was also an opportunity to talk to patients. The feedback was included in the quarterly report to the Quality Assurance Committee and a review of governance processes had taken place

- Urgent and Emergency Services – Paediatric Department – a review had been conducted of the skill mix of nurses, medical support and governance arrangements around huddles and checks. Representatives from Rotherham Clinical Commissioning Group (RCCG) had recently visited and had been very positive about the

changes that had been made. The issues around staffing had been in the context of recent CQC guidance issued just before the inspection and the Trust now exceeded those recommended levels. The Paediatric area was now almost fully established

- Urgent and Emergency Services – the leadership had been increased and dedicated support provide to allow the changes and developments to be made. There was support from NHS Management who had sent a national team to undertake a review of the streaming and flow through the department. The Trust was also doing some work around the culture, leadership and management development and how things were working in there. An action plan had been in place since the inspection which had been enhanced as it progressed. Positive feedback was being received with regard to how staff were feeling and what was happening around patient flow and the monitoring of complaints/incidents

- Staffing – this was a national issue and not particular to Rotherham. A review of the skill mix and establishment review across all wards was being undertaken. The Trust was looking to enhance recruitment of both new and experienced staff including the new Nursing Associate role. The review had considered the current position and where the Trust needed to get to in 5 years to be sustainable

- Medical Staff – looking at international recruitment to fill some of the gaps that were unable to be filled locally and would be considered for nurses as well.

- Medication Management – medicines incidents and omitted doses and the reasons behind them were being looked at. An electronic prescribing system would soon be in place with electronic drug charts feeding information directly through to pharmacy which would reduce delays associated with physical charts. There were areas to improve on but also some areas of good practice and there would be cross fertilisation of this good practice

- Safeguarding – there had been a significant improvement in safeguarding across Rotherham and the Hospital. Some of the comments made during the inspection were around the training delivered, which was both on line and face-to-face, with a suggestion that the amount of face-to-face training was strengthened to meet the inter-Collegiate requirements. This was being reviewed

- Safeguarding - capture of information would be picked up through the digital system and immediate changes were made to systems to save referrals for review later following feedback at the time of the inspection

- Safeguarding – strengthening the team to support Deprivation of Liberty internally had been suggested and would be taken forward

- Mandatory and Statutory Training (MAST) – compliant across the Trust but there were some pockets in the medical teams with doctors not as compliant with the training as one would wish them to be. Ensuring a consistent approach across all areas was needed not just across the whole of the Trust. The training provision had been reviewed as to what was mandatory and what was statutory and how it could be made more accessible for groups of staff whether it be modular or full day training

- Risk Management – work was current underway on a risk management review i.e. how to capture risks, how they were escalated and reported and ensuring that the group with responsibility for overseeing them had full executive oversight. The Terms of Reference had changed and sub-groups established to look at the risks on a monthly basis with divisions. Extra risk management and risk assessment training was being put in place so that staff knew how to use the registers and to monitor/escalate them appropriately

- Patient Safety and Governance Culture – quality care was in everyone's portfolio and the most important thing for people to take forward. The "Safe and Sound Framework" was the tool being used to drive forward all the improvements

- Safe Care and Sound Care and Listening to Patients and Staff – all the challenges and ongoing issues raised would be covered by 7 workstreams each led by the Executive Director with employees of different areas and levels within the organisation giving their opinion and support on how to take the organisation forward to the next level of quality

- Quality Improvement Faculty – the Trust was developing this and had staff on places on the NHS quality initiative. These people would be driving improvements through looking at culture, behaviour and leadership in the action plans for the quality objectives for the year, in Safe and Sound implementation and the CQC action plan. One of the main objectives would be to get the Urgent and Emergency Care Centre (UECC) from where it was currently to "Good" or "Outstanding"

Discussion ensued with the following issues raised/clarified:-

- Reiteration of concerns raised at the quarterly health briefing held on the day after publication of the CQC report whilst acknowledging that some inroads had been made. In particular the pace of progress since July, UECC staff numbers and skills/experience, safeguarding processes and training, leadership and staff engagement were highlighted

- Recognition of the changes required – not only within A&E but throughout the organisation, at all levels, and to ensure that the themes were built on with learning across the board

- CQC – had been invited back and the Trust would be re-rated but it was not known when it would take place. One of the operational objectives for the year would be very focussed on the UECC

- Visibility of senior leaders – the Chief Executive had spoken to the UECC team to understand their concerns, did they recognise the changes that had taken place and were they supportive of them particularly in Paediatrics where the changes were further advanced. The Paediatrics team was extremely positive about the changes in the staffing model and felt confident about the support they received and the service they were running despite the pressures they were under

- Paediatric A&E – the Chief Nurse was now the executive lead. Together with the Interim Medical Director, a new working model had been instigated including the closure of the paediatric area overnight and moved into the main area. Band 6 nurses with greater experience rather than Band 5 nurses now staff the Unit with a supernumerary Band 7 leader employed to oversee staffing, training and competencies and the smooth running of the departments. Other changes included a Doctor based full-time within the department, installation of CCTV in the waiting room so it could be seen from the nurses' station and other measures to include better visibility of patients

- Safeguarding Training – identified as part of the CQC action plan. Training on the deteriorating patient, induction for new starters and mentoring were also included, in addition to cross-support from the paediatric ward. A Children's Board was to be set up as a forum for information, learning and best practice for all the children's services within the Hospital

- Monitoring of Incidents within Paediatric Department – the Chief Nurse looked at incidents within the Department on a weekly basis, collated by themes and any Safeguarding concerns went straight to her. Staff also held a daily "huddle" at 3.00 p.m. on the unit to discuss staffing for the next 2 days and any issues. The minutes were shared with the Chief Nurse who was assured about the improvements made and that these would continue. Moving forward, it was the intention to have a similar process in the main UECC and ensure resources were used in a more effective way and to give people the time to make the necessary changes

- Timelines for achieving improvements on the ratings of "Requires Improvements" – there were internal milestone set out within the action plan which had been submitted to the CQC earlier that week after approval by the Board. It was a very comprehensive 42 page

document detailing how the improvements would be made. All the must do's and should do's had been responded to in the submission to the regulator. Some actions were small and others very broad under the must do's. Feedback from the CQC to the Trust on the plan would follow

- The improvement of the UECC was the top priority (actions to be completed by 31st August, 2019); the wider Trust actions would be completed by 31st March, 2020, following some audits that needed to be undertaken. It would be drive through the Safe & Sound initiative, pulling the workstreams and appropriate people together and driving that change. Changing culture and leadership styles would take longer and the Trust needed to ensure the physical actions were undertaken and would then introduce a "cultural barometer" and patient safety barometer to ensure where it was now and where it would be in subsequent years to ensure quality was embedded

- Shortcomings of UECC – there were increased numbers of patients attending A&E nationally which resulted in delays to patients being seen, assessments being delayed and pressures meant less time for staff to spend talking and listening in patients. Any incident that occurred was investigated to make sure that it could be learnt from. The journey through UECC was being reviewed looking at streamlining patients as they entered the door with various options ranging from on-site GP to ambulatory care unit rather than waiting in the main department with the aim of getting them home as soon as possible.

- Agency Staff – in light of the CQC feedback on staffing numbers, there had been increased usage of specialist agency staff within the Paediatric Department. Currently the Department was almost fully established and the use of agency staff had reduced. The Chief Nurse was not unduly concerned about the numbers of agency staff and the ones used had appropriate skills

- Staff Shortages – across the wards there was a staff shortage and sometimes staff had to move around the Trust to cover and share the risk. An assessment would be conducted by the Senior Nurses across the organisation to identify where the gaps were and where there were opportunities to move staff. The Trust had supernumary ward managers which could fill in. A risk assessment would be completed to ensure it was addressed on a daily basis. Any escalation of "red incident" wards was escalated to the Chief Nurse and her deputy who looked to pull staff without clinical responsibility in from more corporate areas. Extra beds because of throughput from the UECC would not be opened without adequate staffing

- Why had some 2017 CQC "Requires Improvement" ratings were still unchanged in 2019 and confidence now in moving to "Good" – some progress had been made with issues previously identified but there

were others still to move on. In medical wards there had been good feedback on staff engagement and on being able to support staff taking into account the workforce issues. There was confidence in the team, the plans that had been drawn up and the progress made that the Trust could move forward to "Good"

- Adult and Children's Safeguarding - there was no distinction in the CQC feedback between Adult and Children's Safeguarding. The issues were with the training and processes to capture information

- Linking with partners for support on Safeguarding – the Trust had already invited themselves to present to both the Safeguarding Adults Board and the Local Safeguarding Children's Board

- Local Plan to address the Better Births Agenda – the Interim Head of Midwifery was working on this and the issues from the inspection feedback it would be tied into the plan

- Quality Care Improvement Plan – there was a significant focus on the UECC but it included all areas to make sure the Trust drove improvements across all areas that required improvement. There was no complacency regarding the areas rated "Good" (whether rated this time or previously) with the aim of moving these to "Outstanding". The Plan would look across all the services and particularly the learning areas. The CQC were clear that on some of the areas historically identified the Trust had made a positive step change but there were others where insufficient progress had been made and these were re-highlighted. The Trust was confident in being able to embed and sustain the necessary changes through the plans

- Leadership – the Well-led Domain covered a broad range of indicators within it. It absolutely went to the heart of leadership, whether everybody understood what that vision was, had an opportunity to contribute to it, sound governance frameworks in place and ability to monitor and oversee what was being done. It was about culture. There was confidence in terms of the teams that were in place to drive that change. Some of the frameworks around governance needed strengthening further/embed and more consistency was required in what was being done. Staff engagement had to significantly improve. There was still some considerable work to go as an organisation and the Trust's engagement plans had been refreshed and its approach to that as an organisation as a whole to ensure motivating and engaging with colleagues. Staff survey results would also be taken on board

- Leadership, management and changing culture without significant changes in personnel – leadership had been strengthened at various levels, including with the new Chief Nurse from a senior clinical perspective, and also within the UECC with a new experienced manager and Head of Nursing

- Awareness of the issues in the UECC – the UECC was a brilliant new facility and the staff worked incredibly hard. UECC work was complex and with unprecedented change in the new way of working, in a new environment and a different model of care and workforce mix. There had been significant scrutiny but a failure to pick up, particularly in Paediatrics, where staff were saying that it was not safe and wanted more support in terms of nursing and medical workforce to ensure appropriate care to patients. Whilst that was raised, the Trust needed to make sure that it was acted upon and dealt with in a far more effective way at pace than it had been. Work was taking place to ensure all staff had an immediate ability to escalate concerns with better joining up across all levels to be able to provide immediate support which was viewed as a key issue

- Patient voice – feedback was received via the Friends and Family which was normally positive. The aspects identified in terms of Safeguarding were in relation to practice that had been observed rather than failure to pick up on comments made by patients

- Role of Scrutiny – the Trust had not sufficiently picked up on the critical issue in the Paediatric Department so would make it extremely difficult for Scrutiny to have done so. The Trust was strengthening the way in which it audited reports and triangulated information within the organisation and ensuring the golden thread was clear at all levels. There may be an opportunity for scrutiny around the Safe and Sound Framework which delivered the services

- Given recent events in Rotherham, it was very disappointing to read the CQC's comments about Safeguarding and CSE referrals. The Trust had made significant progress and had been working across Rotherham to support. The Safeguarding Team was working closely with the Paediatric Team to ensure professional curiosity and weekly meetings had been instigated to discuss cases and ensure a consistent approach

- Nursing Associates and internal staff development – the first national cohort of 1,000 Nurse Associates had qualified in January 2019 with the second cohort of 1,000 due to qualify in April. It was a 2 year programme run through different universities and colleges. 5 Nursing Associates had started in Rotherham 2 years ago and had just qualified. It was hoped to have a cohort of up to 30, recruited from the Trust's Health Care Assistants, who would commence their training in April and supported to go to university one day a week, one day placement on rotation and 3 days within the nursing workforce on a Ward or within a Department. Within the 2 years there would be roles identified for them within the organisation. Financial support had been received from Health Education England and providing money for backfill for when the Nursing Associates were not on the Ward. One limiting factor was the need for basic Maths and English; in-house training was planned if people lacked this. A set of competencies had

been agreed by the Nursing and Midwifery Council for Nursing Associates which would include dispensing medicines

- Workforce Planning – work was taking place on where the Trust wanted to be, what the Trust needed from Registered Nurses and Senior Registered Nurses and Nursing Associates. It was planned to enhance other roles such as that of the Health Care Assistants and to create a bridging module to become a Registered Nurse. It was important to ensure adequate support and supervision for staff so this did limit the number of trainees at any one time. Having the right competencies, training and assessment and the same standards was important

The responses to Member questions provided some reassurance but the Commission agreed to have a future progress update, potentially in September, in line with the timescale for completion of the UECC actions. Louise and Angela were thanked for their presentation.

Resolved:- (1) That the information presented and responses to the questions from Select Commission Members be noted.

(2) That, when appropriate, feedback be provided on the Safe and Sound Action Plan.

(3) That, when received, the CQC's comments on the action plan be submitted to the Select Commission.

(4) That a presentation be made to the Select Commission on the workforce mix and Nursing Associates.

74. DEVELOPING GENERAL PRACTICE IN ROTHERHAM

Jacqui Tuffnell, Head of Commissioning, Rotherham CCG, gave the following powerpoint presentation:-

National and local demand continues to rise

Year	Rotherham GP activity
2015	1,093,753 appointments
2016	1,180,601 appointments
2017	1,549,034 appointments
2018	1,604,853 appointments

We have

- Now implemented 3 weekend hubs for extended access:-
  Dinnington – Saturdays
  Magna – Saturdays
  Broom Lane – Saturday, Sunday and 6.30-8.00 p.m. Monday-Friday
- Since October 2018 we have been providing an extra 132 hours per week (from 22 hours per week) – over 430 additional appointments

- Utilisation is improving on average now over 60% and some weeks as high as 80% but DNAs are increasing – there are posters in all practices advertising the access hubs, patient feedback is very positive from those attending – part of winter communications
  Saturdays were now at nearly 100% but there was spare capacity on Sundays yet at the UECC the busiest days were at the wekends
- Increased the extended hours offer to meet demand on Monday-Friday
- Implemented Nurse, Physio, Pharmacist and Healthcare Assistant appointment
- Enabled 111 and Rotherham Hospital to be able to book directly into the hubs after triage although some patients will still choose to wait
- Started to roll-out the Rotherham 'App' for patients that could ultimately lead to a telephone consultation or face-to-face appointment – it will also be feasible to book directly into the extended access hubs – full cover April 2019 on a phased basis
- Communications – practice notices, MJoG messaging, leafleting, winter campaign
- Implementing a capacity and demand tool to help GPs manage their workload and have the right resources
- Waverley GP service has been procured – The Gateway – delays in building commencement, however, backstop of October 2020
- Implementing teledermatology – rollout commencing April

GP Patient Survey 2018

Q No.	Question	RCCG Results % good	National Results % good
Q31	Overall how would you describe your experience of your GP Practice?	84%	84%
Q1	Generally how easy is it to get through to someone at your GP practice on the phone?	71%	70%
Q2	How helpful do you find the receptionist at your GP practice?	88%	90%
Q6	How easy is it to use your practice website to look for information or access services	78%	78%
Q16	Being offered a choice of appointment	60%	62%
Q17	Satisfaction with type of appointment	73%	74%
Q22	Overall experience of making an appointment	67%	69%
Q27	Health professional recognising Mental Health needs	89%	89%
Q38	Support to manage LTC	81%	79%
Q8	Satisfaction with available appointment times	64%	66%

It was hoped that the responses to several of these question would improve over time with the introduction of the Rotherham App and patients having more control. Further training with receptionists was planned.

The world is changing

- NHS Long Term Plan and new GP contract
- Primary care networks
  30-50,000 population
  Integrating community care
  Funding additional roles
  Extended access
  Population health management
  Joining up Urgent Care Services
  Using digital technology
  Service developments

Members were reminded of keys issues that had previous been covered in terms of managing demand from patients

- Alternative workforce models
- Retaining and attracting GPs
- Care navigators
- Patients still wanting to see a particular GP at a particular time and being prepared tow ait
- Patients saying they struggle to get through to get an appointment
- Management of the worried well and self-care, no need for a GP
- Work to do on patient education

More detail was provided on the Rotherham App and leaflets were shared with Members. People would be able to access their medical record, make changes to their medication, book appointments and use a symptom checker to help decide if they could self-care or needed an appointment. To get full functionality patients needed to register formally with their practice first for security reasons.

Discussion ensued with the following issues raised/clarified:-

- Mobile App – carers would be able to access the app via proxy by the person they cared for

- Computer/smart phone – it had been surprising that the more mature residents had embraced the new technology, however, it was acknowledged that everyone did not have access to a computer/smart phone. The surgery telephones line that were currently busy would hopefully start to be less so when more utilised the digital technology to make their medical arrangements

Last year it was also agreed to link with the Council on training around the App following a recommendation from this Commission. The project manager had been discussing groups and downloading the app and they utilised it

- Offered the option for appointment at a hub – the doctor's receptionist was required to offer you an alternative venue

  Members were encouraged to feed back any issues or concerns about an individual practice to Jacqui

- Medical Records – a patient had to go to their surgery and request access to their medical records. Once that authority had been given you would be able to access it via the app. However, it was a massive job for the practice as they had to go through every patient's individual medical record but they had to do it

- Wider Services - discussions were taking place with the Foundation Trust with regard to making hospital appointments and eventually hoped it would include the Single Point of Access and all services across Rotherham

- GP Patients Survey 2018 – it was felt that the satisfaction rate would increase due to the additional workforce that was going into practices. To have the ability to divert patients to services and receive the care they required within a short time rather than having to wait for weeks. Responses could be broken down by practice. Working together in the new primary care networks would have a positive effect

- Logging in for appointments – encourage patients to use the log-in screens at their practice rather than queueing to inform reception of their arrival

- Hubs – why not include a holding message about access to a hub when people were waiting to speak to a doctor's receptionist? This idea was welcomed and would be followed up

- Appointment at a Hub – due to the contract set up by NHS England, appointments were not allowed to be used for urgent care so there had to be a booked appointment system rather than patients just turning up

- Waverley – the building of a surgery at Waverley was connected to the creation of the Waverley Centre, a shopping centre that was being created. There had been planning issues and issues with grants. Rotherham CCG was unable to hold any lease and had to appoint a GP provider, Gateway, who would sign the lease. The CCG's cut off date was now June, 2019 for it to be built by 2020

- Patient Participation Group view of ease of access – it was mixed. Some parts of the population thought it was okay to receive adequate care and access but by participating in a PPG made them realise they should be getting more and helped improve the access arrangements

Jacqui was thanked for her presentation.

Resolved:- That the report be noted.

75. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

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

It was reported that the next meeting would be held on 19th March, 2019. The agenda papers would be shared with the Select Commission once published with the ability to raise any issues/questions to be addressed at the meeting.

77. HEALTH AND WELLBEING BOARD

Consideration was to given to the minutes of the Health and Wellbeing Board held on 30th January, 2019.

Minute No. 41 (Developing a Rotherham Healthy Weight for All Plan):-

"Obesity levels are much higher in our most deprived communities: the three most deprived wards (Rotherham Ease, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6 - Councillor Keenan asked what input had been sought or would be sought from local Councillors embedded in those communities to look at best practice and what resources were they giving to those Councillors to challenge and work? I know there are individual pockets of good work going on with Rotherham United, health eating cafes and things like that and I would like to know where that is going. As one of those Councillors I am concerned it has been put out there without anyone speaking to us?

"Explore opportunities in the work place to promote physical activity such as stair challenges, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)" - Councillor Keenan asked what opportunities have been put in place for RMBC staff? It was all well and good having that but if we do not have opportunities at Riverside and indeed here (i.e. Town Hall) and including for the Councillors to take on board this exercise plan?

"Schools Meals Service provided approximately 1500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards." – Councillor Jarvis stated some children did not pay and some did pay what amounted to quite a lot in a week. This service costs schools money as they subsidised the price with people charged less than the full price, which meant the money came out of their teaching and learning budget. So we cannot be complacent and need to see what we can do about the price of school meals as in deprived areas just because children do not qualify for free school meals does not mean it has been solved.

Minute No. 44 (Rotherham Suicide Prevention and Self-Harm Action Plan):-

"After a small decrease … Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA nearest neighbour LAs" - Councillor Ellis asked would it be timely to have this back to the Commission as this was an issue the Commission had been interested in over time?

Janet Spurling, Scrutiny Adviser, confirmed that it was hoped to arrange a multi-agency workshop session for the Select Commission in April with all partners.

Resolved:- (1) That the minutes of the Health and Wellbeing Board held on 30th January, 2019, be noted.

(2) That the issues raised above be referred to the Cabinet Member for Adult Social Care and Health and the relevant officers for responses.

78. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 11th April, 2019, commencing at 10.00 a.m.

Rotherham Place Plan
Adult Urgent and Community Programme

Intermediate Care and Re-ablement Project

CONNECT HEALTHCARE ROTHERHAM CIC

Rotherham Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

NHS Rotherham Clinical Commissioning Group

VoluntaryAction Rotherham

Purpose of the Session

* Provide the Health Select Commission with an overview of the development of the Intermediate Care and Reablement Outline Business Case (a key priority for the Rotherham Place Plan)

What do we mean by Intermediate Care and Reablement?

Health and social care services providing:

* Fast response
  * Where there is an urgent increase in health or social care needs which can be safely supported at home
  * Typically 48 hours but may be up to 7 days
* Home based intermediate care
  * Including therapies, nursing, equipment and social care to support rehabilitation and recovery
* Bed based intermediate care
  * Where needs are greater than can be delivered at home but consultant led acute care is not needed
* Reablement
  * To help with learning/re-learning skills for every day living, delivered at home

Why Change?

* **People have told us**
  * They would like to be at home wherever possible
  * They would like to regain their independence
  * Current services are disjointed and can be hard to navigate
* **Care Quality**
  * Evidence shows people do better at home
  * We know that a large number of people receive care in a community bed when they could have gone home with the right support
  * Rotherham has significantly more community beds than other similar areas
  * Current services are focused on older people and their physical needs
  * Through changing the way we work, more people are going home and our community beds are not fully utilised

Current services

Community based services

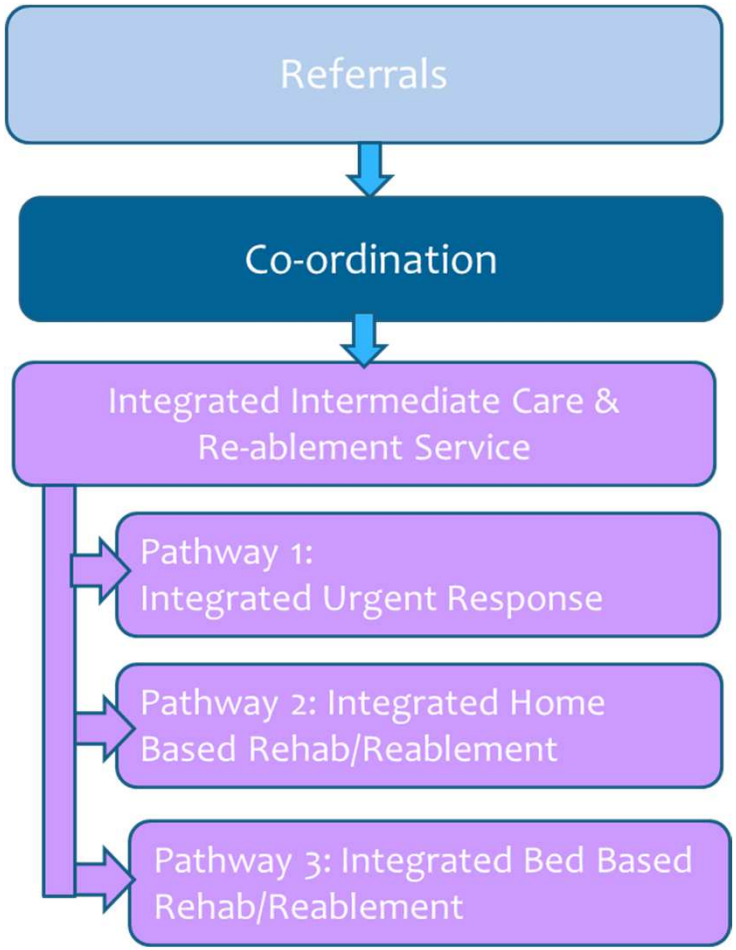
- Integrated Rapid Response (TRFT)
- Community Locality Therapy – urgent (TRFT)
- Independent and Active at Home Team (TRFT and RMBC)
- Reablement (RMBC)

Bed based services

- Intermediate care at Davies Court and Lord Hardy Court (RMBC and TRFT)
- Oakwood Community Unit (TRFT)
- Waterside Grange (Independent Sector)

- Services currently provided by a range of teams and bed-based sites
- In addition, several teams of social workers and therapists working into the bed-based provision
- People move through multiple services rather than an integrated pathway
- Significant duplication and some capacity issues in a number of services

Project Aim



* To simplify current provision to provide an integrated, multi-disciplinary approach to support individual needs across health and social care
* To re-align resource to increase support at home, reducing reliance on bed based care

Future services

Community based pathways

1. Urgent response (integrated team)

2. Home-based reablement and rehabilitation (integrated team)

Bed based pathway

3. Community bed-base – rehabilitation and reablement without nursing (integrated team)

3. Community bed-base – rehabilitation and reablement with nursing (integrated team)

- Three core integrated pathways
- Services align to work as a single team to provide the three pathways
- Increase in community capacity to meet the demand to support people at home (urgent response or rehabilitation / reablement)
- Reduction in community bed-base (phased and double-running for a period with increased community capacity)
- Integrating processes for triage and coordination to ensure people get the right support
- Reduction in duplication

Benefits

Patients and carers

- Improved experience of services
- Telling story once
- Reduced duplication and hand-offs
- Improved outcomes
- More people able to be supported at home

Commissioners (CCG and RMBC)

- Supports Rotherham Plan for 'Home First' and integration of service delivery
- Reduces over-reliance on bed base where Rotherham is an outlier
- More cost effective model

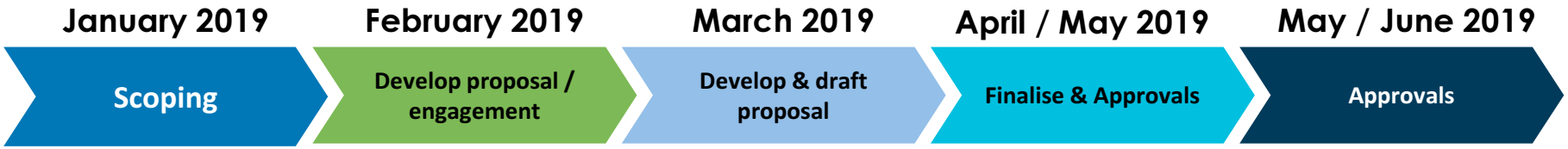
RMBC (service delivery)

- Supports delivery of the Council's target operating model and future sustainability
- Improving flow through the social care system

TRFT

- Supports the Trust's wider plans for bed configuration / estate moves
- Improving flow through the hospital and community services

Timeline

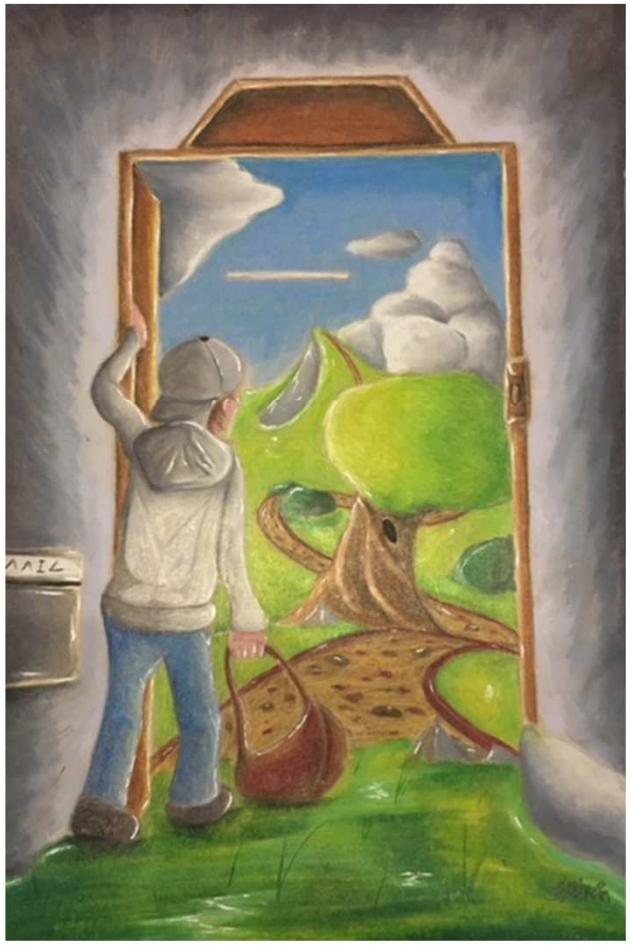


June / July 2019 onwards

Engagement, Detailed Proposals and Implementation

Your thoughts and questions …

My front door.....



ArtWorks

My front door .....

- is the vehicle for communication and engagement with all our key stakeholders.
- builds on the Learning Disability Strategy and Adult Social Care Vision ensuring the information is accessible and relatable to individuals, carers and families.
- supports potential providers to "buy into" our Learning Disability Transformation Programme by pitching their services in real-life ways.
- is our personalised approach to our Learning Disability Transformation Programme moving hearts and minds towards a positive future.
- ensures person centred planning and enables our practitioners to engage with people in a new and different ways.
- creates a narrative that changes all our thinking from a focus on decommissioning services to a focus on the real alternatives and opportunities available for individuals
- will have engagement activities that are co-produced with individuals and will enable further consultation on new opportunities.

Workstreams

The MFD Team:

- The initial staffing agreement for the My Front Door team was 10 full-time assessing staff + 2 workers from Oaks.
- 7.8 FTE from 01.04.19
- Recruitment is underway with interviews planned.
- Team average caseload is 17.52

Employment

Employment Coordinators are facilitating a number of people to access different types of employment / job based support:

- 10 people are accessing voluntary opportunities (organisations include St Vincent's, Salvation Army, RSPB, Barnardo's)
- 19 people are accessing work experience (organisations include RMBC, BA components, Costa, Pound land, Riverside Café, Mears, Life wise)
- 23 people are accessing paid work (organisations/employers include dog walking, Premier Inn, Asda, RMBC, Partech, McDonalds, Broad Horizons).
- 6 people are paid by BA components.
- A piece of work is taking place to validate figures and develop a Project Search offer with the schools and colleges.
- There has been a successful bid into European social fund which will help us expand the employment offer.

CASE STUDY

A gentleman's review took place in June 2018. The review carried out found that when Mr H attended the day centre he was reluctant to participate in any activity; he was socially isolated, often spending the day moving from room to room alone without engaging with anyone, or anything in the centre. Mr H was unsettled and his family were concerned about his happiness as they felt that he was always on the periphery of activities and not engaged.

The outcome of the review in June was to improve Mr H's emotional wellbeing, to maintain his relationship with his family, develop relationships with others, and make use of community facilities.

Following the review Mr H commenced day opportunities with a community based provider and the move to this smaller service means Mr H has become a lot more settled and he looks forward to his day. Mr H has built a relationship and rapport with two other individuals who attend the service and this is a significant development.

There has been a marked improvement in his emotional wellbeing, he has formed new friendships, and his family have enjoyed spending time together without feeling strained. Mr H is now actively participating in the community and with support he uses public transport to engage in outside activities.

Mr H's family have expressed their delight at the changes seen in Mr H and they acknowledge the positive impact it has had on their family unit. Mr H's mum said "I have got my son back, he has always got a smile on his dial". She also said "staff are working on road safety with him which is a compete break through and he now understands about pressing the button on crossings and waiting for the green man which he has never done before".

CASE STUDY

S is a young woman with a learning disability and epilepsy; she has on-going depression and was socially isolated and feeling lonely. She has been heavily dependent on her mother and sister to meet all her emotional and physical support needs. She was fearful of going out and has been reclusive for a number of years, staying in the house, excessively sleeping and refusing to engage in activities outside of her family home. **S** had tried accessing community support in the past but this was unsuccessful and other than her respite, she had limited experience of developing new relationships with her peers.

S was supported by an occupational therapist from the learning disability service to attend Social Eyes, a community based day service. She has now had an assessment of her needs and is able to use direct payments to pay for this service.

S has started to benefit from getting out of the house and is now engaging in social activities where she can meet people and build new friendships and her mum says she is now motivated to get up in a morning and is sleeping less throughout the day. **S** particularly enjoys her singing sessions in “The Banned” and recently performed with the group at the 1915 Club in Rotherham. Her mum and sister watched her singing and dancing with her all new friends in front of a crowd of people. **S** was visibly happy and enjoying herself and her mother was extremely moved at the difference in her daughter. She says that her attendance at her new service is having a positive effect on her mood and **S** is now looking at other activities that she would like to try out in the future.

My front door.....




BRIEFING PAPER FOR HEALTH SELECT COMMISSION

1.	**Date of meeting:**	**11th April 2019**
2.	**Title:**	**Update on the implementation of the Health and Wellbeing Strategy, 2018-2025**
3.	**Directorate/Agency:**	**Rotherham Health and Wellbeing Board**

4. Introduction

4.1 Rotherham's Joint Health and Wellbeing Strategy 2018-2025 was approved in March 2018.

4.2 A key factor influencing the refresh of the Health and Wellbeing Strategy was to align with a corresponding refresh of the Integrated Health and Social Care Place Plan (Place Plan) which was approved in October 2018. The Place Plan and its associated workstreams are now the delivery mechanism for the elements of the strategy relating to health and social care integration.

5. Background and context

5.1 The Health and Wellbeing Strategy includes four aims:

- Aim 1: All children get the best start in life
- Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- Aim 3: All Rotherham people live well for longer
- Aim 4: All Rotherham people live in healthy, safe and resilient communities

5.2 With the exception of aim 4, each of these aims link with the three transformation groups that are delivering on the Place Plan: children and young people (links with aim 1), mental health and learning disability (links with aim 2) and urgent and community (links with aim 3.)

5.3 An update on the delivery against each of these aims will be outlined within a presentation to the Health Select Commission.

5.4 **Development of a performance framework to measure the delivery of the Health and Wellbeing Strategy**

5.5 In July 2018, it was agreed that an accompanying performance framework would be developed to measure the successful delivery of the strategy. This framework has now been developed and approved by the Health and Wellbeing Board (please see appendix 1.)

5.6 This performance framework seeks to compliment additional information such as the Joint Strategic Needs Assessment and the Place Plan quarterly performance reports by providing a high-level and outcomes-focussed overview of performance. It is acknowledged that this framework does not capture all of the indicators that the strategy seeks to impact upon – rather, the Health and Wellbeing Board has agreed to a number of priority indicators which require a partnership focus.

5.7 In terms of how performance will be monitored, updates to the scorecard will be a standing item on the agenda. There will also be an annual session dedicated to performance taking place, which will be open to Health and Wellbeing Board members and Place Board members. The focus of these annual performance sessions will be the priority measures, but these will also be cross-referenced with supporting evidence from other sources such as the JSNA and the ICP Place Plan quarterly performance reports to provide a more rounded perspective to areas of high or low performance.

5.8 There is also the scope to conduct similar performance sessions with the Health Select Commission and other elected members.

6. Key issues

6.1 In January 2019, the NHS long term plan was published. This plan outlines the key ambitions of the service for the next ten years and how the five-year funding settlement will be utilised to transform the NHS. This plan outlines a fundamental shift in the way that the NHS will work with patients and individuals, with a greater focus on upstream prevention and avoidable illness as well as a new service model.

6.2 It is vital that there is an understanding of the implications that the NHS long term plan will have on the delivery of the Health and Wellbeing Strategy. Initial mapping against the strategy has taken place but this will need to be ongoing as the Government publishes subsequent documentation around the NHS long term plan, such as the implementation framework.

6.3 Additionally, there are several other strategic issues that have been discussed as part of updates at the Health and Wellbeing Board. These will be referred to as part of the presentation.

7. Next steps

7.1 Workshops will be taking place around the NHS long term plan and the implications for the Health and Wellbeing Strategy. This will include exploring how the wider determinants of health will be addressed to support the delivery of the plan.

7.2 Work will continue to map the Health and Wellbeing Strategy against the NHS long term plan and additional policy developments such as the implementation framework.

8. Conclusions

8.1 Progress is underway to deliver the Health and Wellbeing Strategy and to ensure that the strategy is reviewed within the context of national policy developments. A performance framework has also been developed, to measure the delivery of the strategy and ensure there is a partnership focus on a number of priority indicators.

9. Actions arising

9.1 That the Health Select Commission note the update on the delivery of the Health and Wellbeing Strategy.

9.2 That the Health Select Commission considers how they would like to receive and engage with the Health and Wellbeing Strategy performance framework.

10. Name and contact details

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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

Rotherham Health and Wellbeing Strategy 2018-2025 – performance framework

Aim	Strategic Priority	Proposed indicator
All children get the best start in life and go on to achieve their potential.	Ensuring every child gets the best start in life (pre-conception to age 3)	Smoking status at the time of delivery
		School readiness: the percentage of children achieving a good level of development at the end of reception
	Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery	Child excess weight in 4-5 year olds
	Reducing the number of children who experience neglect or abuse	The number of children subject to a CP plan (rate per 10K population under 18)
	Ensuring all young people are ready for the world of work	Average attainment 8 score
All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.	Improving mental health and wellbeing of all Rotherham people	Self-reported wellbeing – % of respondents with a high happiness score
	Reducing the occurrence of common mental health problems	A reduction in the number of referrals to Child and Adolescent Mental Health Services
		Depression recorded prevalence (% of practice register aged 18+)

		Suicide: age-standardised rate per 100,000 population (3 year average)
	Improving support for enduring mental health needs (including dementia)	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months
	Improve the health and wellbeing of people with learning disabilities and autism	Proportion of adults with a learning disability in paid employment
All Rotherham people live well for longer.	Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	Life expectancy at birth (male and female)
		Healthy life expectancy at birth (male and female)
	Promoting independence and self-management and increasing independence of care for all people	Proportion of people who use services who have control over their daily life
	Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	Health related quality of life for older people

	Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life.	Percentage of carers reporting that their health has not been affected by their caring role
All Rotherham people live in healthy, safe and resilient communities.	Increasing opportunities for healthy, sustainable employment for all local people.	The rate of the working age population economically active in the borough
	Ensuring everyone is able to live in safe and healthy environments.	Number of repeat victims of anti-social behaviour
		Number of households in temporary accommodation
	Ensuring planning decisions consider the impact on people's health and wellbeing.	
	Increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing	Utilisation of outdoor space for exercise/health reasons
	Mitigating the impact of loneliness and isolation in people of all ages	*Loneliness indicator to be confirmed following the development of the loneliness plan.*

Briefing for Health Select Commission and Improving Lives Select Commission

1	**Date of meetings:**	**11 April 2019 Health Select Commission** **16 April 2019 Improving Lives Select Commission**
2	**Title:**	**Outcomes from Joint Scrutiny Workshop Session – Transition from Children's to Adult Services**
3	**Directorate/Agency:**	**Adult Care, Housing and Public Health** **Children and Young People's Services** **NHS Rotherham Clinical Commissioning Group**

4 Review Sub-group

Membership - Councillors Cusworth, Elliot, Evans (Chair), Jarvis, Keenan and Short.

5 Purpose of this briefing

This paper outlines the outcomes of a workshop held by members of Health Select Commission (HSC) and Improving Lives Select Commission (ILSC) on 19 March 2019. The purpose was to seek assurance that young people and their families/carers will have a positive transition from children's to adult services, through clear pathways and a strength based approach that seeks to maximise independence and inclusion.

Members identified specific issues to explore in depth to ensure that:

- There is a clear understanding of the cohorts of children and young people likely to transition to adult services in the next few years, with strategies, plans and budgets aligned accordingly.
- The new pathway based on the Preparing for Adulthood[1] model will lead to demonstrable better outcomes for young people transitioning from children's to adult services.
- Services are able to evidence how young people and their families/carers have voice and influence in transition and support planning.
- Children's and adult services have a shared approach to assessment and strength based practice.

Evidence comprised briefing papers, case studies and a presentation, followed by discussion and questions to officers. The refreshed draft Education, Health and Care Plan[2] (EHCP) template was also circulated to the sub-group.

Members would like to thank the following officers for their co-operation with the planning and delivery of the workshop:

- Ian Spicer, Adult Care, Housing and Public Health
- Jenny Lingrell, CYPS and Rotherham Clinical Commissioning Group
- Gordon Waigand, Adult Care, Housing and Public Health

6 Background

The workshop resulted primarily from scrutiny of the adult social care budget position and service performance by the Overview and Scrutiny Management Board (OSMB) and from scrutiny of Special Educational Needs and Disability (SEND) sufficiency by ILSC. In addition, there are links to the nascent Social Emotional and Mental Health (SEMH) Strategy considered by the HSC as part of its focus on mental health, plus other initiatives to reduce out of borough placements.

7 Context

Legislative drivers underpin transition as the Children and Families Act (2014) and the Care Act (2014) both outline an entitlement to support for young people aged 18-25. Transition has historically been recognised as a challenge due to different criteria or thresholds in children's and adult social care services, coupled with managing the expectations of young people and their families/carers.

Rotherham schools face considerable pressure in continuing to meet the needs of pupils with SEND and increasing numbers of students have an EHCP. These plans take a more holistic approach than their predecessors, Statements of Educational Need.

Complex care placements for children and young people are jointly funded by social care, health and education and are a significant pressure on social care and health budgets. Strategies to provide provision for places locally will benefit the High Needs Block[3] budget which has accrued a cumulative deficit since 2015/6 of £15.272m. Despite increases to this budget, it has failed to keep pace with demand for specialist and bespoke education places. More local provision would result in cost reductions for health and social care. It would also make it easier for monitoring purposes to ensure needs were being met and from a safeguarding perspective.

The Adult Care budget position for 2018-19 (as at February 2019) was an anticipated overspend of £5.399m. Detailed project plans aim to deliver both the requisite outstanding savings and a balanced budget from 2019-20 onwards. However at OSMB in September it was reported that this position may be impacted by transition cases from Children's Services and also Transforming Care cases (people moving from inpatient to community based learning disability provision).

Transition is one of the priorities within the Children and Young People's Transformation workstream of the Rotherham Integrated Health and Social Care Place Plan. A new transition pathway will be launched in the summer based on the PfA model, as recommended by Ofsted and the Care Quality Commission (CQC). Initial work has focused on children with high support needs, with further consideration required to include universal and targeted help groups. The priority is to prevent gaps forming, particularly for young people with autism. Attention has also been drawn to the need to include young people with health conditions such as asthma and diabetes. In tandem, an All Age Autism Strategy is being developed and will be scrutinised at HSC later this year.

8 Findings

8.1 Understanding the cohort – numbers and main presenting needs of the children and young people

8.1.1 SEND cohort

The current picture shows 2235 people aged 14 and over across the SEND cohort. Included within this are young people with a current EHCP; those with SEN support from their school; and/or those who are open to the Children's Disability Team or Adult Transitions Team. Predominant presenting needs are in relation to children diagnosed with autism spectrum disorder (ASD) or with SEMH.

8.1.2 EHCP cohort

As at 11 February 2019 2095 children and young people had an EHCP, with moderate learning disability or ASD accounting for just over 50% of primary need. The number of EHCPs is forecast to increase by over 700 in the next two years, with a steep upward

trajectory rising to 4307 plans by 2028, in part due to better identification of needs. The sub-group were concerned by this projection and resulting implications and agreed it was critical to monitor this position closely. Officers invited Members to attend a meeting of the SEND panel where decisions are made on EHCPs following pre-assessments.

8.1.3 PfA Transition cohort
A snapshot of the dashboard showed that of the current cohort of 1171, 73.4% had no referral to adult services, 12.5% (146) had a referral through the transition team and 14.1% had another adult services referral. Given that the majority of young people do not transfer to adult services the data illustrates the key role of schools and education settings as the lead agency in planning transition for many young people. The SEND agenda includes work on post-16 provision as that is less well developed.

Although the number of young people transitioning to adult services might not be high, support packages may be costly for those with complex needs. The detailed information in the matrix means planning may commence at an early stage for the small cohort of young people with significant needs who will need to be in residential placements. Discussion with the NHS is key regarding Continuing Health Care (CHC) funding and whether a person would be fully funded. Therefore in terms of service sustainability right sizing care packages to meet needs, maximise independence and enable packages to be provided cost effectively remains imperative. (See 8.4.1 regarding CHC.)

Attention was drawn to the fact that following transition to adult services for the period from 18-25 years, service users face a subsequent transition at 25. Again preparation is vital to ensure things were done right with no “cliff edge”, as changes would result even though people were already in the adult world.

8.1.4 Transition data matrix
This recent development provides a single comprehensive view of data regarding an individual child or young person (up to age 25), including the services each receives. It will be a useful tool for cohort identification to support SEND sufficiency work and assist with identifying demand and to inform support and accommodation needs planning.

8.2 **Strategic alignment**

8.2.1 Shared priorities
Members were keen to verify that there were shared priorities between Adult Care and Children and Young People’s Services. They also sought assurance regarding common ground on dealing with expectations and workers understanding the long term implications in terms of “forever money” once a package of support had been agreed. Assurance was given that strategically this was the case, although some practitioners might still want more formal services, which comes back to workforce development to embed the strengths based approach (see 8.4.2).

Work should commence in Early Years (0-4) with a shift in direction from talking in terms of transition to talking of PfA planning from the start, eliminating the so called “cliff edge” for young people and their families. Where possible things should be put in place to support children before an EHCP is needed.

8.2.2 Strong partnership working
The PfA Strategic Group brings together Adult Social Care, Children and Young People’s Services, Education and the NHS. It also includes representatives from the Rotherham Investment Development Office, Housing, Rotherham Parent Carers Forum and Genuine Voices. Rotherham’s Housing Strategy includes complex needs, building homes to

lifetime standards and addressing out of borough accommodation, so links to the PfA approach.

The group is developing the transition pathway based on 12 joint shared principles which will ensure consistency for young people who would benefit from a PfA approach. Members were reassured that these principles include: *Person Centred Transition Planning; Aligning Assessments; Involvement and Consultation with Young People and their Families; Developing the Workforce; and Quality and Monitoring*. All of which were issues that linked to the scope of the workshop.

8.2.3 Joint Pathway between Adult Social Care, Education and CYPS
At an operational level Adult Care Transitions team works jointly with Children & Young People's Services, health and education for all new referrals for young people aged 14 to 18 with an EHCP/Care Needs Assessment who may be in need of a social care assessment. Adult Care now has greater input and earlier input into EHCPs than previously. It is also proposed that Adult Care assume responsibility for new referrals for 18 to 25 year olds with an EHCP.

It was noted that the pathway has evolved from its first iteration which focused on young people with eligible needs for Adult Social Care. Feedback suggested it needed to be broader in scope to address the needs of young people in transition who would not be eligible for adult social care and to include health transitions. In light of this, a passport approach is being developed, based on the PfA principles, for all young people and their families going through transition.

8.2.4 Looked After Children
Clarity was sought on how transition was managed for care leavers with a disability. Services would exchange information and undertake joint work but as young people stay with the Care Leaver Service (CLS) until they are 25, the Transition team was able to step back and leave it to the CLS. Some care leavers may stay with a foster carer beyond 18.

8.3 **Voice and influence**

8.3.1 Rotherham Parent Carers Forum
As mentioned above, *Involvement and Consultation with Young People and their Families* is one of the underpinning principles of the PfA pathway development. Rotherham benefits from having a good, active Rotherham Parent Carers Forum who co-chair the PfA Board and are involved in service development.

8.3.2 Families
Whilst expressing clear empathy for families who are already anxious about transition, the need for honest and realistic conversations with families was highlighted. A range of factors are at play - different legislation applies, managing expectations and the need for families to be confident in their children's abilities. Parental anxiety was often overlooked so it was question of building trust and trying to develop more of a partnership. The Adult Care Transitions Team benefitted from good staff retention so that the knowledge, experience and consistency is there and the team works more closely with families than in adult care in general. If there were tensions advocacy was important and best interest decisions would be made when necessary.

8.3.3 EHCP reviews
It was stressed that the focus in discussions with the child/young person at any age should be on their aspirations and for those with an EHCP these are reviewed annually.

8.4 **Shared approach to assessment and strength-based practice**

8.4.1 Health and Continuing Health Care (CHC)
The health side is important and addressing health needs also needs to be more at the forefront, again in partnership. Under the *Aligning Assessments* principle health and children's assessments should be aligned regarding outcomes.

Members probed into CHC and processes following the annual assessment if there had been a change whereby a person no longer qualified for full CHC funding but still required a similar level of support. They were assured people would not be left to struggle and that a joint approach to review needs and ensure the right package would be taken, with joint responsibility in cases of joint commissioning. Officers agreed it was working better now in a joint approach and a single lead at Rotherham Clinical Commissioning Group for CHC for children and adults was helpful.

8.4.2 Strength based practice
This is a key element in the new approach to social care with a focus on what people can do and their assets, personal, community or family, which tends to lead to better outcomes and is more sustainable, rather than assessing them for services. Progress has been made but is not yet fully embedded with all practitioners in both children and adult services. It was confirmed that a similar strength based approach was taken in schools and early years.

In response, further workforce development is planned, following a comprehensive training needs analysis and review of current training to reduce potential duplication and come up with a new core offer, including SEND and PfA, via a single point of access. Support for staff is crucial in the challenging process of conversations and negotiations with families i.e. expectations and to unpick what is best for the child. It is equally important in complex cases such as CHC which need good inter-agency dialogue and if there are two pots of money these need to be used effectively.

Moving on from practice, further details were provided of what was in place to meet the needs of people moving from activities in centres to community-based ones. Positive initiatives such as social prescribing were highlighted although the market and community alternatives are still being developed. The need to link in with mainstream activity and processes was emphasised and the use of Direct Payments and Personal Assistants (PAs) to facilitate shared activity with others. Information, advice and guidance is critical for service users of all ages and their families/carers and it was acknowledged that this was an area that could be improved.

8.5 **Demonstrating outcomes – short and long term**

8.5.1 Case studies
Two of these were used to demonstrate how people used direct payments to pay for a personal assistant to provide support to meet their needs. For one person this was physical care to facilitate independent living now they had returned to live in Rotherham following an out of borough placement - a better and more sustainable outcome. For another it was for support to develop skills and confidence in incremental steps on the way to achieving longer term personal aims.

Another from an education setting showed a very detailed plan covering multiple themes with a baseline position for each and clear targets for each half term in the academic year. It was very holistic and would necessitate time and support to develop the person's

skills but progress was being made and recorded. The final case outlined familiarisation work by staff in advance of a change in educational setting for a young person with autism for whom routine was crucial. Extra support may need to be put in place to support a transition, which has a cost but makes it more sustainable.

All four case studies illustrated progression over time in developing skills and confidence as people entered a new phase of their life. Members agreed the case studies showed good transition and outcomes but questioned whether they were typical and if transition was usually smooth. Officers confirmed that a lot of complex work sat behind them and that it can be a difficult process. For example, out of borough placements may be temporary, with some people not where either we or they want them to be regarding accommodation, and it may be a question of balancing freedom and calculated risk. Managing expectations will always be a factor.

8.5.2 Measuring effectiveness
There is a measure for completion of EHCPs within the statutory timescale, which is more of an output rather than an outcome measure and does not measure the quality of the plan. Ofsted/CQC inspections focus on three areas - identification of need, what is done once a need is identified, and outcomes. Special Schools also work on outcomes.

8.5.3 Qualitative measures
Questions were asked regarding annual service user surveys and satisfaction surveys. It was confirmed that generic satisfaction questionnaires are used, not ones specific to transition and that the annual survey does not include transition customers. The PfA Board had been discussing how to obtain outcomes and measures and officers recognised that more qualitative work was needed. Members concurred that this was an area to develop further.

9 Conclusions

Members welcomed the closer working between children's and adult services, and also with partners including health and the Rotherham Parent Carers Forum, to deliver Preparing for Adulthood under the key principles identified. They also acknowledged the benefits of PfA starting early in a child's life, not just in the teenage years, in terms of developing skills and confidence. There was recognition that this work is still at a relatively early stage but the sub-group felt positive and reassured by what is developing.

The new data matrix facilitates good oversight of children and young people who are likely to transition to adult services, which will assist with understanding and planning future demand. The steep upward trajectory for projected numbers of people with an EHCP was a concern and will need to be closely monitored. As large numbers of young people will not transition to adult services it is vital to develop the information, advice and guidance available and to ensure the market develops to provide a flexible and community based offer.

Further development of outcome and satisfaction measures is required to capture the difference the new pathways and revised EHCPs are making for young people and families, including in the longer term. More work is needed to embed the strengths based approach across all staff and partners, with quality assurance processes recommended to ensure consistency and quality when using the refreshed EHCP template.

10 Follow up actions for Scrutiny

Members are asked to consider taking the following actions in light of the outcomes of the workshop:

1) Improving Lives Select Commission to continue to scrutinise SEND sufficiency in its work programme and to have oversight of the EHCP trajectory.

2) Health Select Commission to have a progress update on the SEMH strategy in 2019-20, including workforce development.

3) Health Select Commission to scrutinise the All Age Autism Strategy as part of its work programme in 2019-20, with ILSC members invited to attend.

4) Members to consider undertaking student-led visits to Rotherham Opportunities College and Newman Special School.

5) Members to attend a meeting of the SEND panel to observe the decision making process for EHCPs.

6) Members to provide feedback to officers on the refreshed EHCP template.

11 Recommendations

That this briefing be noted and the following recommendations be forwarded for consideration:

1) That the PfA Board develop a range of outcome measures during 2019-20 to supplement output measures such as number of EHCPs completed in time, in order to:
   - understand the impact of the new pathway
   - capture achievement of individual aspirations, in EHCPs and in the longer term

2) That the PfA Board develop measures of satisfaction during 2019-20 for young people and families/carers with regard to the transition/PfA process and new pathways.

3) That quality assurance processes are in place to monitor the consistency and quality of EHCPs when the new template is introduced.

4) That Adult Social Care continues to develop its Information, Advice and Guidance offer in 2019-20 for all customer cohorts, including young people transitioning from Children and Young People's Services and for people aged 25 who may face a second phase of transition.

5) That training and workforce development continues to embed taking a strengths-based approach fully with staff across Children and Young People's Services and Adult Care, Housing and Public Health, and with health partners.

6) That representatives from the PfA Board, including Rotherham Parent Carers Forum, provide Scrutiny with a further progress update during 2019-20.

12 Contact Details

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Endnotes

1) **Preparing for Adulthood (PfA)**
Guidance and resources are available to assist local authorities and partners in developing their pathways to support for young people and their families/carers through transition from children's to adult services. The four main areas of focus in PfA are: - employment; independent living; health, and community inclusion.

2) **Education, Health and Care Plans**
An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support. The plans identify educational, health and social needs and set out the additional support to meet those needs. The intention is to secure the best possible outcomes for young people and, as they get older, prepare them for adulthood.

3) **High Needs Block of the Dedicated Schools Grant**
Funding source for education of pupils with an identified Special Educational Need and normally subject to an EHCP. The funding is for pupils from ages 0-25 in a range of provision including special schools, mainstream schools, alternative provision and independent specialist provision.

Health Select Commission

Ideas for Work Programme

2019-20

Health Select Commission

Recap from 2018-19 of longer term issues

- Rotherham Integrated Health and Social Care Place Plan
- Adult Social Care (development/performance)
- Mental Health (especially child & adolescent)
- Quality Improvement - NHS Trusts
- Joint health scrutiny – NHS transformation

Health Select Commission

Longer term issues for 2019-20

Adult Social Care (development/performance)

- ASCOF measures
- Enablement
- Carers' Strategy implementation
- Information, Advice and Guidance

Health Select Commission

Adult Social Care (continued)

- Delegated from OSMB for ongoing scrutiny
  - learning disability
  - intermediate care
  - “right sizing” care packages
  - home care
  - Target Operating Model

Health Select Commission

Longer term issues for 2019-20

Rotherham Integrated Care Place Plan

- Ongoing monitoring
- Performance Reports *(light touch)*
- Integrated Locality implementation?
- Maternity?

Health Select Commission

Longer term issues for 2019-20

Mental Health and Wellbeing

- Trailblazer project
- Child & Adolescent Mental Health Services
- Social & Emotional Mental Health Strategy?

Health Select Commission

Longer term issues for 2019-20

Joint scrutiny – NHS transformation

- Implementation of service changes
  - children's surgery and anaesthesia
  - hyper acute stroke
- Hospital Services Programme – 5 specialties
- SY&B response to NHS long-term plan

Health Select Commission

Carried forward from 2018-19

- Autism Strategy
- Suicide Prevention & Self-Harm Action Plan
- TRFT – CQC inspection action plan progress
- JSNA refresh update
- Quality Reports NHS providers (annual x 3)
- Rotherham Community Health Centre

Health Select Commission

Coming up in June/July

- Sexual Health Strategy
- Director of Public Health Annual Report
- Drug and Alcohol Service Update
- Response to Care Homes Workshop
- Review of Respiratory Services
- Primary Care - new guidance / GP contract

Health Select Commission

Other suggestions?

HEALTH AND WELLBEING BOARD
20th March, 2019

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Nathan Atkinson	Assistant Director, Strategic Commissioning (representing Anne Marie Lubanski)
Steve Chapman	Temporary District Commander, South Yorkshire Police
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Tony Clabby	Healthwatch Rotherham
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
Councillor Janette Mallinder	Chair, Improving Places Select Commission
Dr. Jason Page	Governance Lead, Rotherham CCG
Jon Stonehouse	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham
Jacqui Wiltschinsky	Public Health (representing Terri Roche)
Angela Wood	Chief Nurse, TRFT (representing Louise Barnett)

Also Present:-

Alex Hawley	Public Health (representing Glennis Leathwood)
Gordon Laidlaw	Communications Lead, Rotherham CCG
Councillor Short	Vice-Chair, Health Select Commission
Paul Woodcock	Strategic Director, Regeneration and Environment Services
Becky Woolley	Policy and Partnerships Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Report Presenters:-

Bev Pepperdine	Performance and Planning, RMBC
Kate Green	Public Health Specialist, RMBC

Apologies for absence were received from Louise Barnett (TRFT), Anne Marie Lubanski (Strategic Director, Adult Care, Housing and Public Health), Terri Roche (Director of Public Health) and Kathryn Singh (RDaSH).

50. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

51. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the public present at the meeting did not wish to ask a question.

52. MINUTES OF THE PREVIOUS MEETING HELD ON 30TH JANUARY, 2019

The minutes of the previous meeting of the Health and Wellbeing Board held on 30th January, 2019, were considered.

Resolved:- That, subject to the inclusion of Carol Lavell's apologies, the minutes of the previous meeting held on 30th January, 2019, be approved as a correct record.

53. LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

In accordance with Minute No. 41(4), Kate Green, Public Health Specialist, presented a report on the Local Authority Declaration on Healthy Weight (LADHW) which was a commitment encompassing services e.g. Planning, Public Health, to work collectively to positively impact on the health of the local population.

The Declaration had been developed by Food Active in the North West and was not being rolled out across the Yorkshire and Humber region following the regional Director of Public Health network collectively commissioning it.

It was proposed that the Authority work towards the LADHW as a way of bringing together relevant services as well as engaging with partners across the health and wellbeing system to use collective influence to create a healthier environment for its staff and residents. It comprised of 14 standard commitments designed to be bold but achievable with the opportunity for areas to make further local commitments to supplement the Declaration if they so wished.

Activity in relation to the commitments would be focussed mostly around the environment and culture, opportunities for physical activity and promotion of healthy messages to local people. Working towards the Declaration had the potential to support and enhance other actions in the wider Healthy Weight for All Plan which would contribute towards the local Health and Wellbeing Strategy and Place Plans.

Signing the Declaration did not mean that all the actions in relation to the commitments were complete but a statement of intent that the whole Council, working closely with partners, was committed to actions to address key challenges in relation to obesity.

The 7 'steps' suggested by Food Active to successfully adopt the Declaration were set out in the report submitted.

Discussion ensued with the following issues raised/clarified:-

- Rotherham United Community Trust carried out a lot of work in communities but partners were not always aware of where they were working

- When a food premise was inspected for food hygiene could it be included whether they provided healthy eating

- Should Childhood Obesity be more explicit in the plans given the high percentage of obese children within Rotherham?

- Whole system approach required for Obesity including parenting skills and a whole family approach

Resolved:- (1) That the proposal to work towards adopting the Local Authority Declaration on Healthy Weight by all partners be noted.

(2) That the Board contribute to activity where appropriate and consider other local priorities to be included in the Declaration.

(3) That activity be monitored as part of the wider update on the 'Healthy Weight for All' Plan under Aim 3 of the Health and Wellbeing Strategy.

54. VOICE OF THE CHILD LIFESTYLE SURVEY 2019

Bev Pepperdine, Performance Assurance Manager, with the aid of a powerpoint presentation, presented the outcome of the annual Voice of the Child Lifestyle Survey 2019.

Participation 2018

- 16 mainstream schools offered the opportunity to participate in the survey – 12 participated with 4 schools choosing not to do so and providing an explanation as to why
- 3 special schools chose to participate
- 3 pupil referral units participated
- 3,499 pupils participated in the 2018 survey (52% of the relevant population)

What is Working Well – Young People's voice about their health and wellbeing

- Fewer pupils with diagnosed medical condition
- Y10 pupils were drinking more water
- More pupils avoiding drinking fizzy sugar drinks
- More pupils avoiding high energy drinks
- Y10 pupils improved mental health
- Fewer Y10 pupils taking up smoking and fewer Y10 pupils trying

These were the areas where there had been a noticeable percentage improvement from the 2017 results

What areas are we worried about – Young People's voice about their health and wellbeing

- Increase in the diagnosis of Autism and Asthma
- Fewer pupils eating recommended portions of fruit and vegetables
- Decline of Y7 pupils and excellent mental health
- Increase in concerns around weight
- Decline of Y7 pupils and them feeling good about the way they looked
- Increase in appropriate sexual behaviour as a form of bullying
- Increase in the use of Cocaine
- Frequency of drug use on the increase
- Decline of education around the subject of Child Sexual Exploitation
- Increase of Y10 pupils having sexual intercourse after participating in either alcohol or using drugs
- Decline in the use of contraception

These were the areas where there had been a noticeable percentage decline from the 2017 results

Actions – What actions take place to share the results and highlight the impact of the survey

- Each school received their own individual data with comparison to the previous year's results highlighting what was working well and what we were worried about
- Partners received highlight reports and there was an expectation they would provide feedback on the actions taken and the impact thereof and planned actions for the future
- Results were shared with young people to help them identify and develop new ideas and to communicate positive messages to them
- Stakeholders were supported to review the results and develop action plans to address them
- Work was undertaken with schools to highlight to young people opportunities and forums where they could get involved and have their voice heard i.e. School Council, Youth Cabinet, Young Inspector

Young People's Voice

- The Rotherham Lifestyle Survey has run for 12 years and in the time over 30,000 young people had had their voice heard
- In the past 5 years, 17,410 had participated. Schools welcomed and valued the survey with 12 schools already signed up to participate again in 2019
- The high volume of young people's voices needed to be recognised and become integral to shaping and developing the services offered

Discussion ensued with the following issues raised/clarified:-

- SYPTE would carry out work around the new bus station and the young people's perception of being safe

- Work was taking place to encourage the 4 non-participating schools to take part in the 2019 survey

- Consideration to be given to the inclusion in the 2019 survey report of 5 year trend information

- Any individual/partner/organisation could request information on a specific issue

- The Improving Lives Select Commission had picked up the decrease in awareness raising around Child Sexual Exploitation. At the Commission's last meeting a presentation had been given by Barnardos on their evaluation of the reachout work they carried out. The evaluation showed that, despite the fact that it was a free offer to schools, not all schools had taken it up. Work was required on engagement across the Borough with all schools to get the message out and compare to where it was previously

- Schools were to receive significant funds from the Mental Health Trailblazer Project – could this be used as leverage to encourage participation in the survey

- Concerning that the number of young people who would not recommend Rotherham as a place to live and as a place in the future had increased again

- The need to be clear which sub-groups under the Rotherham Together Partnership were addressing which issues in the survey to avoid duplication/no action being taken and the Board trying to tackle everything when others were better equipped

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

(2) That Health and Wellbeing Strategy leads and sponsors consider the issues of the report relevant to their particular Aim and Joint Strategic Needs Assessment.
ACTION:- Becky Woolley/all Aim leads and sponsors

(3) That a summary report for each Aim be submitted setting out which areas within the report came within that particular Aim's remit.
ACTION:- Becky Woolley/all Aim leads and sponsors

55. NHS LONG TERM PLAN

It was noted that Chris Edwards, RCCG, and Becky Woolley, Policy and Partnerships Officer, were to give a presentation to an All Members seminar on Tuesday, 26th March, 2019.

56. HEALTH AND WELLBEING STRATEGY AIM 4

Aim 4: All Rotherham people live in healthy, safe and resilient communities

Stephen Chapman, South Yorkshire Police, and Paul Woodcock, Strategic Director of Environment and Development, presented an update in relation to Aim 4 of the Health and Wellbeing Strategy 2025 particularly focussing on Priority 2.

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well
What are we worried about
What needs to happen

Discussion ensued with the following issues raised/clarified:-

- The annual Get Up to Speed event was to be held next week at Magna for young people aged 10-25 years. The aim was to inspire the next generation of manufacturers and engineers

- The Dearne Valley Partnership, involving the 3 Wards in the north of Rotherham and the Wards in Doncaster and Barnsley which formed part of Rotherham, was working with local communities and local Members to increase health opportunities within those areas

- A new Equal and Healthy Communities Supplementary Planning document was in development which would strengthen any refusal of a fast food takeaway planning application although the applicant would still have to right of appeal

- Should reference be made to the new Supplementary Planning Guidance in plans with regard to Childhood Obesity?

- Participation of South Yorkshire Police in the recent national Knife Crime Week, Operation Sceptre, had involved visits to schools conveying the message regarding the carrying of a knife. There had also been targeted activity in known hotspots. During December 2018 7 people had been stopped and searched; in February there had been 120. The stop and search would continue as well as the targeting of repeat offenders

- A knife arch would be used in pubs/clubs to increase the publicity/engagement targeting those premises where known organised crime took place

- There was no direct link between the individual and Rotherham whatsoever with regard to the recent terrorist attack in New Zealand. Immediate contact had been made with vulnerable groups within Rotherham and a meeting held to provide reassurance

Resolved:- That the report be noted.

57. HARMFUL GAMBLING

Alex Hawley, Public Health, presented a report on the role of Public Health, a Council-wide approach, to identify people impacted by harmful gambling and how Council regulatory tools could help tackle gambling-related harm.

Harmful gambling was defined as any type of repetitive gambling that disrupted or damaged personal, family or recreational pursuits. It could have many and varied impacts including an individual's physical and mental health, relationships, housing and finances and affected a wide range of people such as families, colleagues and wider local communities.

Research, education and treatment of harmful gambling was overseen by the Gambling Commission, Responsible Gambling Strategy Board and GambleAware funded by voluntary donations from the gambling industry.

The LGA guidance paper outlined a number of recommendations around 'What Councils can do" which included consideration of designating an organisational lead for harmful gambling issues, awareness raising and training for frontline staff within the Council and partner organisations, development of relationships with local treatment organisations and screening processes and strengthened data collection implemented.

The following actions were recommended to ensure that Rotherham was compliance with the guidance:-

- That harmful/problem gambling be governed through the Health and Wellbeing Board
- That Public Health be allocated the organisational lead for harmful/problem gambling
- That harmful/problem gambling be addressed and included within relevant strategies including the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy and the Domestic Violence Strategy.

Discussion ensued with the following issues raised/clarified:-

- 6 days free training had been offered by the Citizens Advice Bureau. The first half day would include 50 people gaining a better awareness of gambling and then 15 looking at case studies and developing skills

- A decision was still to be made regarding the remaining 5.5 days but would probably look at the breadth of awareness and equipping officers with the skills to recognise a gambling addiction and making the appropriate referrals

- Proposal to develop a new Public Health Outcome Framework Indicator which would measure the number of referrals to the advice services. However, it was difficult to know exactly how many people had a gambling problem

- The criteria to be used for selecting the first 50 trainees

- The evaluation should include how those trainees had taken forward the training in their workplace

- The extent to which the school community was engaged. The impact on children and young people, even if not directly involved, would be key as the training was rolled out

Resolved:- (1) That harmful/problem gambling be governed through the Health and Wellbeing Board.

(2) That Public Health be the organisational lead.

(3) That Malcolm Chiddy, as lead offer, attend the Yorkshire and Humber Public Health 'Problem Gambling' Working Group.

(4) That harmful/problem gambling be addressed and included within relevant strategies including the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy and the Domestic Violence Strategy.

(5) That further discussions take place within the Council with regard to a review of Licensing policies on gaming licence applications.

(6) That a Task and Finish Group be established to oversee compliance with the recommendations within the guidance document and oversee the delivery of awareness training to frontline staff.

58. HEALTH AND WELLBEING STRATEGY PERFORMANCE FRAMEWORK

Further to Minute No. 45 of the previous meeting, Beck Woolley, Policy and Partnerships Officer, presented the updated document which also now included indicators.

The draft Performance Framework sought to compliment additional information available to the Board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high level and outcomes-focussed overview of performance based on a number of priority indicators.

One indicator remained to be confirmed – loneliness. The indicator with regard to Child and Adolescent Mental Health Services had now been confirmed.

Once approved, a scorecard would be developed including data benchmarking Rotherham's position to national and regional averages. Updates to the scorecard would become a standing item on future Board agendas.

Resolved:- That the draft Performance Framework be approved.

59. HEALTH AND WELLBEING BOARD - UPDATED TERMS OF REFERENCE

Becky Woolley, Policy and Partnerships Officer, presented an updated Terms of Reference for the Board.

It was proposed that any member of the public/provider wishing to submit a question to the Board should do so one working day before the day of the meeting i.e. by 9.00 a.m. on the Tuesday. In responding to queries, the Board may wish to provide a written response and would commit to provide a response within a month of the Board meeting.

Carole Lavelle, NHSE, reported that NHSE and NHS Improvement were coming together. Regional and national teams would be appointed but as yet it was not known what local structures would look like and any impact on Board representation.

Resolved:- That the draft terms of reference of the Health and Wellbeing Board, as now submitted, be approved.

60. CQC INSPECTION OF ROTHERHAM HOSPITAL

The Board noted that the powerpoint presentation received at the 28th February 2019 meeting of the Health Select Commission regarding the CQC inspection of Rotherham Hospital.

61. MINUTES OF THE MEETINGS OF THE ROTHERHAM ICP PLACE BOARD HELD ON 12TH DECEMBER, 2018 AND 6TH FEBRUARY, 2019

The minutes of the Rotherham Integrated Care Partnership Place Board held on 12th December, 2018 and 6th February, 2019 were noted.

62. DRAFT MINUTES OF THE HEALTH SELECT COMMISSION HELD ON 28TH FEBRUARY, 2019

The draft minutes of the Health Selection Commission held on 28th February, 2019, were noted.

63. LOCAL GOVERNMENT ASSOCIATION

The Chairman reported that the Local Government Association was conducting a new study of the history of Health and Wellbeing Boards, from their inception to present day. Rotherham had been contacted specifically to take part in the study.

A provisional undertaking had been given to taking part in the survey.

64. SOUTH YORKSHIRE HEALTH AND WELLBEING BOARDS

The Chairman reported that he had attended the quarterly meeting with the South Yorkshire Health and Wellbeing Board Chairs and ICS.

65. DATE AND TIME OF FUTURE MEETINGS

Resolved:- That meetings be held during 2019/20 and 2020/21 as follows:-

2019/2020:-

Wednesday, 29th May, 2019
10th July
18th September
20thNovember
22nd January, 2020
11th March

2020/2021:-

Wednesday, 10th June, 2020
16th September
11th November
13th January, 2021
10th March

all commencing at 9.00 a.m. venues to be confirmed.